

APPENDIX 1

Service: Marie Curie Nursing Service		Hosted: Aberdeenshire	Budget: £836k
Description of Services: <ul style="list-style-type: none">Provision of managed care service and out of hours service for Moray and Aberdeenshire HSCPs, providing palliative nursing care to patients in the community including rapid response.			
Current Governance/Management Arrangements: <p>Operational management through Aberdeenshire HSCP Chief Nurse. Service agreement in place with Marie Curie for provision of service - regular meetings held with Marie Curie with representation from HSCPs and NHSG Finance. Regular activity reports provided by the service – further analysis presently being undertaken around detail of type of visits and interactions with patients. Regular meetings held cross sector including GMED to ensure concerns re service provision are addressed.</p>			
Current Issues: <p>Marie Curie increased the cost of their contract at the end of 2020 which led to discussions across Shire and Moray to look at alternative models of service delivery. Due to pressures as a result of COVID this work remains ongoing. Relationships have improved greatly with the service and joint working to progress a sustainable model for future service delivery.</p> <p>Marie Curie attend daily the Shire Bed/Staff huddle to promote joint working and problem solving of service gaps. Joint working to relook at a more streamlined service with a reduction from 3 pods to 2 and the introduction of a Senior Nurse to Triage all calls. This will provide a more sustainable service over winter and allow planning and progress to review the service in more detail in 2023.</p> <p>Project Manager support has been identified to undertake this work in 2023.</p>		Achievements: <p>Strong working relationships Attendance daily for Pod cover update Good use of data to determine plans for service delivery Ongoing work across both Moray and Shire to look at Out of Hours Redesign options and costs</p>	
Improvement Areas for consideration: There is the risk that any options for redesign will be out with the available financial envelope. Therefore if this is not an option to progress then support will be required from the Commissioning team to ensure a robust and measurable contract going forward.			

Service: Bladder and Bowel Specialist Service**Description of Services:**

- Specialist nursing team in bladder and bowel health, providing education and training to both patients and NHS Grampian staff; voluntary staff; Agency staff; 3rd sector support, health care workers in residential and care home settings; Schools, students at university and colleges and AHPs across NHS Grampian.
- Advisory phone line 5 days per week
- Around 6500 patients currently prescribed containment products for bladder and bowel incontinence, patients reassessed annually
- Specialist nurse led clinics in Elgin, Aberdeen city, Inverurie, Peterhead, Stonehaven
- Advisory service for Children's bladder and bowel health
- MDT with colorectal, neuro rehab, Gynae, Urology, Urogynae, Paediatrics, Social work
- Representation of NHSG at national level, tender negotiation, formulary development, national guideline development
- Support to NHS Orkney provided by Band 8A

Current Governance/Management Arrangements:

Operational management through Aberdeenshire HSCP Chief Nurse. Line manages Nurse Manager (Band 8A).

Current Issues:

22/23 budget overspend of £115,321 due to national contract extension agreed by National Procurement and 15% cost increase.

Ongoing issues with national contract impacting service ability to provide high standard of care to patients. Official letter of complaint has been submitted to National Procurement by NHSG and National leads group.

Demand to service has increased out with current staffing capacity due to changes in community nursing workforce/Health visiting/School nursing post Covid19
Increased demand on service due to impact of secondary care waiting lists, Gynae, Urology, Gastro. Health point have highlighted increase in referrals they are directing to BB service as a result.

Up skilling new staff members in each nursing base

Moving from paper records to electronic, progress is slow and fragmented.

Achievements:

Current staffing allocation full, admin team vacancy recently recruited to.

iMatter and Culture survey results show positive team environment and happy team members. Motivation and moral is high.

High engagement with service teaching program across disciplines and IJBs

Nursing staff have completed training to allow service to host student nurses.

Collaborative working with Practice Education team to deliver NHSG catheterisation clinical skills learning pathway

BB Service and PE invited to provide professional review of NES learning material to be used nationally.

Currently working with Practice Education to develop clinical skills pathway for HCSWs

Currently working with local and national procurement to update catheter formulary and identify cost savings.

<p>Building service on Trakcare to allow electronic referrals so self-referral route can be removed due to inappropriate use in primary care as a result of demand on GP services and access to appointments and community nursing workforce tasks.</p> <p>Service specialist clinic waiting lists around 24 weeks for new patients</p> <p>Availability of clinical space in City and Shire to allow us to increase clinical capacity</p> <p>Availability of office space in Inverurie to allow us to add staff to nursing team if staffing budget funds were found in order to develop the service. Community nursing/HV/SN workload could be reduced if service had additional staffing to take all continence assessment in house. I would also predict a budget saving as all patients would be prescribed a 12 week treatment plan before provision of products leading to better patient outcomes and service savings.</p>	<p>Catheter project with Transformation team looking to reduce acute and community catheter workload</p> <p>Collaborative working with NHS Orkney to support them through an options appraisal of current service provision there and what support can be given by the Grampian service.</p>
<p>Improvement Areas for consideration:</p> <p>Budget review, NP571/22 Continence pads and garments currently in tender process, initial indication from National Procurement is that next 5 year contract is likely to incur >15% increase in cost.</p> <p>Review of service delivery</p> <ul style="list-style-type: none"> • Increase in nursing staff – Service would benefit from a band 7 post to allow band 8A to take a fully operational role. Additional band 5 in City/Shire team and HCSW and Admin support in Moray team would provide more equitable service pan Grampian. • Increase in clinic capacity • Moving all continence assessment in house • Increasing teaching program, possibly working with other disciplines to deliver this • Fully move to electronic records to provide more efficiency • Develop service level agreement to formalise clinical support we provide to NHS Orkney once the review of their service and options appraisal is completed. 	

Service: Diabetes Specialist Nursing and Diabetic Eye Screening	Hosted: Aberdeenshire	Budget: £1.014m
Description of Services: Community Diabetes Specialist Nurse Team (DSN) provides advice, guidance and support to health and social care professionals and people with diabetes across NHS Grampian to support self-management. Diabetic Eye Screening Service provides screening to all patients with diabetes who are aged 12 years and older, with aim of detecting and offering timeous treatment for sight threatening diabetic retinopathy.		
Current Governance/Management Arrangements: Operational and Professional Management through Aberdeenshire HSCP Chief Nurse. Line manages Nurse Manager (Band 8A).		
Diabetes Specialist Nursing		
Current Issues: Staff retirement and reduction of hours/staffing issues Change to service delivery - education to Heath Care Professionals and service users. Up skilling new staff members New technologies and how they will be rolled out to our patients, Increase in Freestyle libre 2, CGM Increased workload due to steroid therapies being used for treatment for Covid 19 Dr Grays (DHG) have no Inpatient DSN Service (test of change being done with Inpatient DSN from ARI remote working) DSN support for pregnancy patients DGH patients. Increase in workload for DSN with reduction in Consultant support in Moray	Achievements: Appointment of new Staff member SANDRA course getting through to the QIC Diabetes Awards (Quality in Care Diabetes) and been Commended for this piece of work. Staff engagement is excellent post Covid 19 – open to thinking about what works well, what we can stop, start and keep in relation to the results of the Culture Survey DSN education training currently being offered across NHSG Virtually Staff have worked very conscientiously to provide a high quality service to patients and Primary care colleagues DSN outreach support sessions provided across NHSG	
Improvement Areas for consideration: Education delivery moving away from some online education into the classroom where it is felt that people learn and engage more Consideration on business plan for part time Practice Educator for the Diabetes Specialist Nurse Team which would be of great benefit to the team, HCP and services users.		

Working with the third sector more in relation to the Diabetes Improvement Plan.

Staffing levels to be reviewed to take into consideration the Increased demand for CGM/ Technology, Pre-pregnancy and Maternity services Inpatient DSN to improve patient care across NHSG

Inpatient DSN plan currently under a test of change being implementation in November, Ultimately looking at having a NHSG wide inpatient service.

Diabetic Eye Screening

Current Issues:

Additional screening resource has greatly contributed to recovery and reducing the current backlog, however this has added further pressure onto the administration team regarding workload increase relating to telephone call volumes, increased mailing volume, referrals to ophthalmology

A concern that has been highlighted, by most boards who provide mobile screening, is that when problems/issues present with the mobile trollies there is no support as regards manufacturer to provide new replacements. This matter has been raised at service manager meetings of all 14 boards which the action it was noted as a procurement concern with National Services Division (NSD). Grampian currently have 3 trollies in operation of which the local medical physics team are on hand to support with what resource they can offer, the trollies have been in use in excess of fifteen years and adapted over this time to accommodate newer, varying models of cameras

Achievements:

Successful recruitment of screening staff to replace staffing hours reduced due to changed working hours following return of maternity leave, staff role progression within the service

Additional camera secured at David Anderson building to aid higher volume of appointments to support recovery and to allow further sustainability of screening long term

Until the end of October 2022 a mobile camera has been utilised at David Anderson building to aid recovery, now with additional resource, all mobile cameras can be fully operational across Aberdeenshire and Moray to aid further recovery beginning November 2022

With the further relaxing of covid 19 restrictions, this has allowed the service to increase the amount of appointments that can be honoured within sustainable parameters i.e time allocated per appointment within the time available to screen in a day.

All screening locations have been recovered, with some sites granted pre bookings throughout the year

Waiting list for optical coherence tomography for people living within the Moray area has now been cleared

New public health consultant in post as of September 2022, John Mooney.

Improvement Areas for consideration:

Although DES is now beginning to change trajectory towards a positive recovery, there remains areas to improve. Through support of the lead clinician and nurse manager, ways of creating a more robust administration team will be explored. The specialised screening software, Optomize, has a next software release in November 2022 which will include functions to provide a text message reminder, may support with increasing attendance uptake and reduce DNA rates which creates further administration; there will also be the option to offer people an online booking service with the added support for people to change their appointment online – these are optional features of the system for health boards to opt in to use.

Further action is to note tasks undertaken by each role and who can support as a backfill during episodes of absence. Aim of this task is to identify fragility within roles and how these can be strengthened to avoid detriment to service.

Service: Heart Failure Specialist Nursing Service	Hosted: Aberdeenshire	Budget: £313k
Description of Services: Provision of nurse led interventions and improving self-management for patients across Grampian with moderate to severe Left Ventricular Systolic Dysfunction (LVSD) from diagnosis, through exacerbations to stabilisation and deterioration, including supportive and palliative care for terminally ill patients.		
Current Governance/Management Arrangements: Operational management through Aberdeenshire HSCP Chief Nurse. Line manages Nurse Manager (Band 8A).		
Current Issues: Reduced staffing due to maternity leave/long term sick leave Increasing referrals/workloads The service secured permanent funding in 2013 and despite considerable service expansion, the staffing level is unchanged and does not align with current service expectation/sustainability. Delay in patient review due to reduced staffing levels and increasing workloads Components; acute sector are actively pursuing funding (through various routes) for two acute HF nurses / revamped inpatient service with early supported discharge pathway which will further increase service referrals.	Achievements: Service adaption and remobilisation following the pandemic Improved integrated working across NHSG along the continuous change journey, aligning patient care with Hospital at Home/CTAC/Urgent Care services – preventing hospital admissions and delivering right time/right place/right person care Established Student Nurse Placement programme – supporting the future workforce Working towards securing funding for two acute HF nurses	
Improvement Areas for consideration: Increase Band 6 staffing level to 6.62 WTE (currently WTE: 4.62) Aim to have all Heart Failure Specialist Nurses as Independent Nurse Prescribers Support the set-up of the acute HF Service; navigating new pathways and staff development opportunities/support systems, so both services complement one another to streamline Heart Failure coordinated care/treatment planning and staff engagement Heart Failure Digital Infrastructure; pursuing a common digital infrastructure across Scotland for heart failure. The idea is that across Scotland we procure, at national level, a digital platform to facilitate diagnostic pathways for heart failure, as well as downstream monitoring, follow-up and management of patients diagnosed with heart failure. We would have the opportunity to tailor the functionality of the platform to our required specification. This approach would hopefully streamline the diagnostic process and allow us to work		

towards common standards of care whilst maintaining flexibility for individual boards to tailor their pathway as they see fit according to local resources and service pressures.

Service: Chronic Oedema Service (COS)		Hosted: Aberdeenshire	Budget: £267k
Description of Services: <p>Specialist service providing assessment and management of patients with chronic oedema.</p> <p>Education of other health care professionals to enable them to undertake or support self-management within their patient group.</p> <p>Treatment provided within outpatient clinics, hospitals and domiciliary visits. Main clinical base in Aberdeen Health Village with satellite clinics in Stonehaven, Aboyne, Inverurie and commencement of a service in Moray This is a to be a 2 day a week service and is currently operating one day a week. Out of the Oaks in Elgin.</p> <p>Referrals accepted via Consultants, GPs, Breast Care Nurses. 65% of caseload is cancer related.</p>			
Current Governance/Management Arrangements: <p>Operational management of service through Chronic Oedema Specialist reporting to HSCP Partnership Manager (South). Hosted service includes the staffing budget for all of Grampian and the consumables (garments). . The staffing budget for Moray HSCP transferred from 1st April 2022 into the Grampian service.</p>			
Current Issues: <p>Staffing: 1WTE 8b Oedema Specialist 0.4 WTE Band 6 Keyworker 0.4 WTE Band 7 to cover Moray 0.53 WTE Band 4 Admin support Current active caseload - 1045 patients New Referrals October 2021 - November 2022 - 279 January 2022 - November 2022 - 247</p>		Achievements: <p>Staff were redeployed from March 2020 – October 2020, since returning to COS staff have had to adapt to alternative ways of working as clinical space is still limited. The use of technology has been a vital part of enabling waiting times to be kept at a minimum (currently 3 week for non-urgent referrals).</p> <p>During the 6 months of redeployment no reviews other than urgent reviews took place, to date all patients have now been reviewed and ongoing appointments are up-to-date.</p>	
Improvement Areas for consideration: <p>Funding of the money for the service in Moray has happened and there is active work underway to recruit to this post and while this happens, the services is being supported a day week from the main team.</p> <p>Succession planning – as this is a small service, succession planning is vital for continuity of the service.</p>			