

NHS Shetland / NHS Grampian Service Framework 2012/13 – 2013/2014

Scope

As members of the North of Scotland Planning Group, NHS Shetland (NHSS) and NHS Grampian (NHSG) agree to work in partnership to provide the best possible health care services for the population of Shetland underpinned by collaborative service design and improvement effort. These arrangements take account of the statutory guidance on Regional Planning and Obligate Networks. This framework and the services it describes are an Obligate Network (as defined in the guidance issued by the Scottish Government on 4 March 2009) rather than a traditional Service Level Agreement.

An Obligate Network is a formalised arrangement between two or more healthcare organisations that secures access to sustainable services for the whole population served by these organisations. This includes access to expert opinion and development of shared protocols and pathways. In particular, NHSG acknowledge the need to formalise networks to ensure that larger centres are obligated to support and sustain healthcare services in remote and rural areas (as set out in a letter from SGHD to Chief Executives dated 4 March 2009).

This framework sets out the terms of agreement, principles and processes of the partnership between NHSS and NHSG for the provision of services and makes specific reference to a) visiting services (Appendix A), b) and acute services (Appendix B). There are currently separate specific agreements for a range of other services; mental health and learning disability services; cardiac surgery and cardiology; child protection and other areas listed as exclusions on Appendix B. Over time we intend to develop this overarching framework and suite of more specific agreements for these service areas. This framework will not cover any aspect of the overarching Partnership Agreement between NHS Grampian, NHS Shetland and NHS Orkney, which will be subject to specific individual SLAs.

Duration

The framework will run initially for the financial years 2009/10 to 2012/13 and will be reviewed thereafter. However, activity and financial figures will be agreed (prospectively) on a yearly basis for acute services. Visiting services will continue to be charged on actual visits made in year.

Over this period, NHSS and NHSG agree to continue working together to review case mix pricing and visiting service recharging.

Currency

The 'currency' of measurement for the framework will be as follows:

- Visiting consultant services delivered in Shetland – number of outpatient and/or theatre sessions (planning) – number of actual days (recharging).
- Outpatient services delivered in Grampian – number of new and follow up appointments. Non –consultant and unscheduled outpatients are currently assumed to be contained in the main framework pricing. Charges for these services are to be reviewed as part of the wider review of pricing set out above.
- Inpatient services and day case services delivered in Grampian – number of finished consultant episodes (FCEs).

Waiting Times Targets / Capacity Plan

NHSS and NHSG recognise the need to work closely together to provide high quality services without delay. In order to facilitate achievement of waiting times targets, both parties will agree a demand and capacity plan each January for the forthcoming financial year. This will set out target activity by speciality, having factored in the impact of waiting times targets. This will be summarised in a formal Demand and Capacity Plan that will set out the NHSS responsibility to provide agreed activity levels for the achievement of waiting times targets. The operational arrangements arising from any variations in year will be subject to negotiation between the Boards. Both parties agree to work together in designing patient pathways to improve the patient experience, support the achievement of waiting times targets and maximise efficiency.

Calculation of Baseline

Both parties agree to avoid unexpected fluctuations in the baseline cost of the framework wherever possible. To facilitate this, the baseline for the next financial year will be estimated in January on the basis of the two previous financial years plus a projection of the outturn for the current financial year. Where there is no consistent trend for a particular speciality then the three year average will be used. Where the trend is consistently up or down then the forecast current year outturn will be used. Further adjustments will be made as identified through the Demand and Capacity Plan. All adjustments will be jointly agreed in terms of both activity and finance. Baseline values will also be reset using actual financial values for the previous year when these become available, rather than projections.

Variations and Tolerances

The framework should operate on a “no surprise” basis on both sides and avoid unexpected financial variances where possible. In-year variations from the baseline and tolerances will be calculated as follows:

- 3% above or below baseline – no financial variation in-year – the impact will be factored into the following year’s baseline on a speciality by speciality

basis (as set out in the Calculation of Baseline paragraph) and in the light of the Demand and Capacity Plan.

- In-year variances in excess of 3% above or below the baseline will be charged or rebated at 25% of financial value.

Both parties agree to work together to minimise both operational and financial turbulence – this will require both NHSS and NHSG to monitor activity closely. NHSG will provide timely information on activity to NHSS for monitoring purposes. NHSS will monitor demand and advise NHSG accordingly. Any necessary action to be agreed by both Boards should the acute framework be under/over performing.

Developments

The methodology for rolling variations into the baseline at full cost will mean that NHSS will contribute to NHSG's fixed costs and overheads. Where additional investment is required, either as part of the arrangement between the two Boards or as part of a regional initiative, the financial value will be negotiated to ensure that there

Current Baseline Activity and Cost

The current baseline (2008/09) number of visiting clinics and sessions by speciality is set out at Appendix A.

The current baseline (2008/09) number of outpatients appointments and inpatient and day case episodes by speciality is set out at Appendix B.

The current baseline number of direct access laboratory and radiology tests is set out at Appendix C.

The current baseline level of consultant support to laboratory services is set out in a separate framework.

Monitoring of Activity and Cost

NHSG will send NHSS costed activity schedules showing actual activity in year and the resulting forecast outturn for the year. These reports will be issued at the end of each month using data up to and including the preceding month ie. reports for the period to end July will be issued by the end of August. Detailed information will be sent to a named contract for the Safe Haven and summary information to the Director of Finance. NHSG agree to use CHI numbers at all times. NHSS will provide details of referrals made to NHSG on a monthly basis by the month-end and a record of visiting consultant activity in NHSS outpatient clinics including clinic outcome analysis and patients added to the NHSG waiting list in particular.

Inflation and Efficiency

Both NHSS and NHSG will be required to make efficiencies across services in accordance with Efficient Government targets. NHSS expects to be able to benefit from these in terms of cash savings and/or cost avoidance and will also be able to claim its share of these savings against its own Efficient Government targets (this reflects the fact that the Efficient Government targets are set on the basis of Board of residence rather than Board of treatment). The default assumption is that the inflation uplift on the baseline cost will equate to the minimum allocation uplift across NHSS less SGHD's percentage Efficient Government targets. However, the specific rate will need to be identified and agreed each year taking all financial settlements and positions into account.

Communication

NHSG agree to attend the NHSS Commissioning Team meetings on a regular basis (it is accepted that this will usually be by video link). Key NHSS Commissioning Team members will endeavour to visit Aberdeen on an annual basis. NHSG and NHSS will work together across managed clinical networks (MCNs) and on care pathways. Both parties agree to keep the other informed of key redesign activity.

Children's Services

Most children's services will be counted in the general framework for visiting services and services provided in Grampian. However, some paediatric services are being developed as managed clinical networks via regional specialist services planning. Any contribution from national funding to the regional MCN should therefore be reflected in the framework costs in order to ensure payment is not being made twice for the same service.

Supporting Obligate Networks

There will be supporting Obligate Networks within the overall framework for the following services:

- Child Protection – medical and nursing support to Shetland needs to be formalised into an Obligate Network (or an addendum to this document).
- Mental Health and Learning Disabilities
- There will be an Obligate Network across the North of Scotland in respect of Cardiac Surgery and Cardiology.

As set out above, this framework and supporting Obligate Networks will be developed on an iterative basis.

Clinical Governance and Quality of Care

NHSG and NHSS agree to treat patients in accordance with best practice in relation to clinical governance, risk management and incident policies and procedures and in line with national NHS guidance.

NHSG is required to adhere to NHS Quality Improvement Scotland Standards for Healthcare Associated Infection (March 2008).

This will be monitored via the inspections undertaken by Healthcare Environment Inspectorate and NHSS will require assurance and regular updates in respect of any action plans arising from these inspections.

Data Protection and Confidentiality

NHSS and NHSG will comply with the Data Protection Act particularly in respect of information that NHSG holds regarding NHSS patients or staff in the context of this framework. In addition, NHSS and NHSG will comply with Caldicott Guardian principles and guidelines and follow best practice on information governance as defined nationally. In particular, NHSS and NHSG will be able to receive and send encrypted data and have secure data sharing arrangements in line with national guidance.

Complaints

NHSG and NHSS will immediately share information on any complaints made regarding treatment provided by NHSG to NHSS patients.

Travel Arrangements

NHSG and NHSS recognise the challenges in travelling between Shetland and Grampian and will endeavour to arrange appointment and discharge times which are convenient for NHSS patients (and staff) wherever possible.

Equality and Diversity

As NHS bodies, NHSS and NHSG will follow best practice on equality and diversity legislation. This goes further than just following the relevant legislation but should also pay regard to NHS guidance. Both organisations will have appropriate equality and diversity governance in place which includes appropriate policies and monitoring arrangements.

Escalation

In the first instance issues relating to activity and service performance in relation to the acute framework and visiting services, should be discussed between NHSG's Access Manager and NHSS's Assistant Director of Clinical Services. Issues relating

to the overall financial performance of the acute framework should be discussed by NHSS's Director of Finance and NHSG's designated Finance Manager.

In the event of a dispute, issues will be escalated to NHSS's Director of Public Health and Planning and NHSG's Director of Planning. If no resolution can be found, the dispute will be escalated to the respective Chief Executives. It is anticipated that all issues can be resolved either on an individual basis or in the routine meetings set out above.

Termination

In the unlikely event of a complete breakdown in the Framework or supporting Obligate Networks, it can be terminated by either party giving six months' written notice.

Signed as agreed:

Alisdair Chisholm – Director of Better Care Without Delay, NHS Grampian

Date:

Colin Marsland – Director of Finance, NHS Shetland

Date: