Moving Forward Together: Building Future Health and Care Services
NHS Greater Glasgow & Clyde
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1. Planning for Transformation
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2. New Clinical Models of Care
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3. Digital
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Planning for Transformation
This is an ambitious programme to transform health and care in GGC, where people will access the care they need.

The future is already here – tomorrow has arrived! Technology is driving change.

Grasp the future and use these beginnings. Be pro-active and build confidence in our staff and patients.
Moving Forward Together
MFT Implementation Strategy

Background

In 2018 NHS Greater Glasgow & Clyde published a vision for its Clinical Strategy which is described in the ‘Moving Forward Together’ blueprint. The key driver is to achieve transformational change in services by creating:

• Less dependency on hospital beds by developing services in communities
• A tiered model of care with a small number of specialist centres and provision of care in homes and communities.
In 2018 NHS Greater Glasgow & Clyde published a vision for its Clinical Strategy which is described in the ‘Moving Forward Together’ blueprint.

Significant clinical engagement contributed to this vision.

The key driver is to achieve transformational change in services by creating:

- Less dependency on hospital beds by developing services in communities
- A tiered model of care with a small number of specialist centres and provision of care in homes and communities
- Cross system working – primary care, mental health services, secondary care and community care.

**Vision:** to have tiered model of care – Majority of care in local locality but recognition that specialist care is better delivered in a smaller number of sites.
Since 2018 we’ve experienced significant change in healthcare delivery that we need to respond to:

- MFT needed to be updated to reflect learnings from COVID-19, the impact of eHealth on service delivery and to scale-up innovation that is already being delivered across GGC.
- An MFT **Implementation Strategy** was required to further develop MFT and provide the estates response
- The response needs to be data driven, system wide, and reflective of the then emerging Digital Strategy
- A Clinical Roadmap is being developed as a working document to capture the further development of MFT post pandemic and 4 years further on.

In 2021 we recognised that:

The MFT Implementation Strategy is a pathfinder to this evidence based approach to clinically driven estates planning for the Scottish Government and other NHS Scotland Health Boards.
New Clinical Models of Care
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The Three Horizons

Developing a sustainable and high quality NHS

Horizon 1
0 to 2 Years – Develop Innovative and Emerging Opportunities

Horizon 2
2 to 5 Years – Implement Innovative and Emerging Opportunities

Horizon 3
5 + Years – Transformative Change – Building on Horizon 2 and Future Opportunities

Present Day – Maintain and Continuous Improvement

Adapted from McKinsey & Co
Moving Forward Together: Virtual Care

Figure 1: The Five Tiers of Virtual Care Services and Their Relationship With Illness Severity

Source: Gartner 734459 C
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Patient Experience
Virtual NHS GGC Flow Navigation Centre

- 97% of people who used the service said they would use it again
- The service is used by all ages (from under 16 to over 75)
- Over the past four months, the service has seen 5,501* patients virtually
- 80% of consultations are done using Near Me
- 91% of people had a positive experience.

“I avoided an unnecessary visit to A and E – calling 111 first was definitely the right decision. The whole process was less than an hour in total, rather than sitting in a busy waiting room for hours.”

“For me, being heard and understood by the call handler and nurse, especially as I was anxious about my child, was important. The call handler and nurse were lovely and approachable. This also helped me stay calm.”
What will GGC look like in 10+ years time?

Homes

In homes across GGC, patients are active and equal partners in care:

- Public health messaging and education
- Prevention messaging and people confident to promote their own health
- Confident and understand chronic conditions, know triggers for escalation
- Remote monitoring of known conditions, with pathways for escalation and strategies for managing concerns
- Quick and easy access to increased levels of care
- Care reaching into people’s own homes e.g. Home First Response Team, virtual wards and Hospital@Home.
What will GGC look like in 10+ years time?

Virtual GGC

- This is based on international models from North America
- Telehealth and telemedicine have developed into a new concept – the Virtual Hospital
- Virtual Hospitals are those where clinicians can provide remote care to patients based in another location through a number of smart monitors and AI devices
- The services could be provided from a centralised command centre
- We would be able to manage physical acute and community beds, and virtual wards from a single central command centre
- Provides benefits of scale and avoids duplication, inconsistency and inefficiency across the system by bringing teams physically close together.
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What will GGC look like in 10+ years time?

Community Hubs (100k-150k pop.)

- Multi purpose clinical spaces with extended access days and times, flexible and shared rooms and spaces
- Services to include:
  - AHPs and rehabilitation
  - Comprehensive assessment and measurement
  - Secondary care input
  - Mental Health
- Health improvement and prevention services in partnership with the Third Sector
What will GGC look like in 10+ years time?

Mental Health

- Patients supported to be partners in care planning
- Some specialist Board/Regional/National services provided on a single site
- Optimisation of Mental Health inpatient units providing adult admission and IPCU services
- 2 Mental Health Assessment Units
- Community mental health teams and primary mental health services
- Computerised CBT Services and app based services
- Health and wellbeing hubs in communities
What will GGC look like in 10+ years time?

**Social Care**

- Optimising use of technology to support independence
  - Wearables
  - Overnight monitoring
  - Alarms and sensors
- Rehabilitation Services reaching into acute services and into homes
- Intermediate care beds in local communities
- Smart homes and future proofing homes for frailty and dementia
- Resilient home care services and Care Home sector
What will GGC look like in 10+ years time?

Acute Care

Elective Centres
• Protecting elective capacity, and maximising productivity
• A tiered model of surgical services

Specialist Centres (GGC population and wider)
• Examples include Dental Hospital, Beatson and INS

Other Acute Services
• QEUH single highly specialised acute site acting as Trauma Centre for West of Scotland, and providing all specialist tertiary services (pop. 1.2m+). Also providing general acute services for South sector.
• GRI and RAH as Trauma Units and major acute hospitals providing services to the North and Clyde sectors
• IRH as a local Emergency Hospital, providing a range of services for a population which is more deprived and distanced from major acute sites, also providing elective care for wider GGC population.
Unscheduled Care - An Example

Principles

- Call Before Convey
- Schedule urgent care when possible
- Simple access to urgent care for patients
- A co-ordinated urgent care service

A Tiered Model of Care

- Digitally Enabled Self Care
- Primary Care Team
- Specialist Advice (Professional to Professional)
- Urgent Scheduled Intervention
- Urgent Assessment Leading to Admission
Horizon 1 – Core: Continuous Improvement

Key Activities:
• Consistency among services and sites
  - Pathways
  - Services
  - Rapid Assessment and Care Unit (RACU)
• Appropriate redirection
• Real time data to support direction
• Professional to Professional
• NHS 24 App

Digital approaches are beginning to change the way we deliver services. There are some bottlenecks and inconsistencies in our systems. Patients are beginning to use technology to improve flow.
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Unscheduled Care - An Example

Horizon 2 – Emerging: Innovative and Emerging Opportunities

Key activities:

• Coordinate the virtual offering

• Co-locate urgent care and share responsibility
  - GP OOH
  - FNC
  - ED
  - SAS
  - MIU

• Team Service Planning

• A digital front door, supported by Apps

Our digital offering is becoming more co-ordinated. Patients are increasing in confidence to manage their own conditions and to access support as it is needed.
Unscheduled Care - An Example

Horizon 3 – New: Transformative Change

Key activities:

- eHealth nerve centre
  - based on international models
- Use of artificial intelligence for triage/first point of care – a digital front door
- Only ambulance patients or those seriously ill/injured attend EDs unappointed
- Maximise use of Hospital @ Home and virtual wards
- Supporting self-care and CTACs

We will offer a coordinated route into urgent care. Our patients will understand the range of care available and will be able to step up and down the tiers as appropriate.
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Tomorrow is already here!

Key messages

Our Population
• Educated, empowered and supported by strong public health messaging to manage their own health

Our Patients
• Co-participants in decisions about their care and in monitoring health

Our Staff
• Continue to focus on care and compassion, as staff are supported to work in new ways and enjoy a fulfilling working life
Digital

Using innovation and digital technology to transform care
NHSGGC Digital Strategy 2023-28 Digital on Demand

Strategic themes
- Data and clinical informatics
- Digital clinical safety
- Remote practice
- Citizen access
- Safer use of medicines
- Workforce digital literacy and skills
- Regulatory and cyber security

Priority programmes
- Digital health and care records
- Innovation and systems development
- Safer diagnostics
- eMedicines programme
- Decision support
- Technology estate

Enabling Strategies

- Adopt, influence and support national solutions


- West of Scotland Innovation Hub, testbed for new ideas and scale innovations

West of Scotland Innovation Hub
- NHS Scotland Regional Test Bed (WoS)
- Living Laboratory (UoG)
- Health Data Exchange (DHI, Grampian, Lothian)
- NHSGGC AI Programme

https://www.woshealthinnovation.scot/
Virtual Care - Citizen Access

• Providing short-to-medium term solutions in NHSGGC and feeding into the national Digital Front Door developments, focused on sustainability

• Progressing with PatientHub
  • Digital-first outpatient appointment notifications and attachments
  • Online pre-op assessment data collection / questionnaires, started with ENT Tonsillectomy
  • Regular results (HIV viral load, Lithium)

Further information:
Virtual Care - Blood Pressure Monitoring

• Primary Care pathway for blood pressure collection to support diagnoses, intervention, treatment, and ongoing monitoring
• Built on nationally procured digital solution for remote pathways
• Patients use standalone small basic medical equipment to take readings, enter on phone app, submits to clinical teams
• Live since December 2022 - 25% of NHSGGC GP Practices engaged with 1,050 patients opted-in
• Tests of change underway with same technology for community Heart Failure, Prostate Cancer pathway and IBD pathway

Further information: https://tec.scot/programme-areas/connect-me/connect-me-clinicians/pathways/national-blood-pressure-service
Virtual Care – COPD (Dynamic Scot)

• Based on the sustained patient use, reduction in hospital admissions and range of improved secondary outcomes observed in RECEIVER trial and the DYNAMIC-SCOT COVID-19:
  • Co-designed digital service across clinical pathways.
  • Empower patients to better manage their condition at home.
  • Improve clinician's access to data and proactive personalised management for patients with COPD.

• Long-term condition management underpinned by early diagnosis, co-management, recognition and management of associated conditions, early response to deteriorations.

• Plus grown into further areas of digitally enabled service innovation:
  • Dynamic Scot - SG and NHSGGC funded for 2 year NHSGGC scale-up and NHS Lothian test-of-change (Mid-Lothian HSCP)
  • POLARIS Spirometry Astra Zeneca collaboration
  • NHS Scotland / CfSD ANIA pathway assessment
Digital Pathology

- Collaborating and supporting research and innovation partnerships which bring external funding to build NHS capabilities
- InnovateUK funded iCAIRD programme focused on AI research in Pathology and Imaging, but also enabled service benefits

- 98% of histopathology slides at NHS GGC are being routinely scanned; 80% primary reporting is digital
- Nearly 2m slides scanned, increasing by 50,000 per month.
- £2m capital investment (and growing) by Philips; third largest Philips site globally
- 70 pathologists validated to report digitally; remote reporting trial underway
- 2PB of historical data - 600TB added each year – with resilient storage for a total of 7PB (5 years data)
- Living laboratory with separate research environment, scanner and artificial intelligence integration capability
- Quadruple national award-winning
• A regional / national service with medical and diagnostic staff from over Scotland using the same platform

• There are two regional cancer MDT’s live – Molecular Tumour Board (MTB) and Gyn with the system with two more planned for 2023 – Head & Neck and Pancreatic Cancer

• 3000 Gyn patients so far

• In-house developed on Microsoft Teams and Microsoft Power Platform tools

• Development approach - matrix development team across Boards
Artificial Intelligence

• Artificial Intelligence (AI) potential to improve efficiency of services, improve patient outcomes and automate tasks

• The NHSGGC Digital Strategy 2023-28 seeks to establish a wider plan for exploiting, adopting, operationalising, and investing in AI

• Future AI Strategy for NHSGGC

• Portfolio of projects covering research, innovation, and significant focus on operationalisation of AI solutions – Referral Triage, Predicted Date of Discharge and Diagnostic Imaging
The estate is made up of some of Scotland’s most significant assets.

Key facts:

- 35 hospitals of different types
- Over 50 Health Centres and Clinics
- 100s of other buildings
- Over 1 million square metres of clinical space
- 86% Freehold Ownership
- c. 60 vacant buildings plus demolished/vacant land
- 21% of the estate constructed in the last decade
- 9% of the estate is more than a century old
- 14 PFI/DBFM = c. 10% of total GIA (124,313 sqm)
Royal Alexandra Hospital

1980’s
Moving Forward Together.

Gartnavel Royal Hospital

1990’s

Centre for Integrated Care, Gartnavel

Beatson West of Scotland Cancer Centre

2000’s
2010’s

New Victoria Ambulatory Care Hospital

Queen Elizabeth University Hospital Campus

Stobhill Ambulatory Care Hospital
Maryhill Health & Care Centre

Clydebank Health & Care Centre

Greenock Health & Care Centre

Stobhill Mental Health Facilities

2020's
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- Orchard View, Inverclyde Royal
- Gro Garden, QEUH
- “Forget me not” mural, RAH
**Moving Forward Together**

**Infrastructure Aims**

- **Board wide, Programme Initial Agreement**
- **Reflecting clinical and service need**
- **Effective use to support digital and make our estate an enabler for this transformation**
- **Prioritised projects**
- **Make best use of what we currently have – we are aiming to make progressive improvements over the next 20 years to our estate**
- **Support the 3 clinical horizons for developing a sustainable and high-quality estate infrastructure**
Programme Initial Agreement

MFT Implementation Strategy

- Estate Supply
  - Estate Performance & Capacity
  - Backlog Maintenance
  - Net Zero/Sustainability Targets

- Clinical Demand
  - Clinical Assumptions
  - Demand & Capacity Data
  - Clinical Roadmap
  - Building Blocks

Clinical Models, Block, Quantum, & Design per NHSGGC Population

Scenario planning, identifying priorities, barriers, benefits and costs

PROGRAMME IA
Quality Assessments incl. block / site functional suitability

Estates Compliance / Risk Assessments

Building / Block Running Costs e.g., utilities, FM, business rates, etc

Backlog Maintenance per site / block

Energy/carbon utilisation & cost per site / block

Bed and Room Utilisation

Recent and planned capital investment
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In conclusion

Clinical Strategy Transformation

Programme Initial Agreement

Patient

Optimise Existing Estate

Digital Strategy Transformation
Virtual Care - Dynamic-Scot COPD

Further information: https://support.nhscopd.scot/
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Thank You