

REVIEW OF WEST GLASGOW MINOR INJURIES SERVICES

OPTION APPRAISAL INFORMATION

August 2017

CONTENTS

Option appraisal process	3
Option appraisal flow chart	5
Options	6
Benefits criteria	7
Option appraisal	9
Conclusion & next steps	15

OPTION APPRAISAL PROCESS

Introduction

NHS Greater Glasgow and Clyde Board and Glasgow City Integration Joint Board (IJB) have agreed to establish a joint process to consider options for the future of minor injuries services for West Glasgow (<https://glasgowcity.hscp.scot/review-minor-injuries-services-west-glasgow>). The minor injuries unit at Yorkhill was closed in December 2016 on a temporary basis.

A Review and Stakeholder Group has been established to undertake the review and make recommendations to the November meeting of the Integration Joint Board. A key part of the review involves an option appraisal process to consider the options above.

This paper provides information on the outcome of the option appraisal process.

What is an option appraisal?

When considering a change in services there is a need to develop and evaluate a range of potential options for providing the service in the future. Option appraisal is a process that helps examine the strengths and weaknesses of the options identified. The appraisal involves an assessment of each option against certain agreed criteria.

In this review of minor injuries services the option appraisal has been undertaken by the Review and Stakeholder Group (see below) and the outcome reported in this document will be the subject of engagement with community groups and organisations, including patients and carers who might be affected by the proposal, GPs and others.

The steps of an option appraisal

There are five steps in an option appraisal:

1. identify a list of options;
2. agree criteria to assess the options;
3. weight the criteria as some might be more important than others;
4. then assess each option against the criteria and determine a score as to how well each option performs against the criteria; and,
5. finally, calculate the weighted scores.

Review and Stakeholder Group

Those involved in the option appraisal reported below were as follows:

- Hamish Battye, Head of Planning & Strategy (Older People & South), Glasgow City HSCP
- Gary Campbell, Staff Side, Acute Services Division, NHSGG&C
- Jacqueline Carrigan, Head of Finance, South Sector Acute Services, NHSGG&C
- David Dall, Head of Human Resources, Acute Services Division, NHSGG&C
- Neil Ferguson, Head of Planning, South Sector Acute Services, NHSGG&C

- Malcolm Gordon, Clinical Director Emergency Medicine, Acute Services Division, NHSGG&C
- Anne Harkness, Director, South Sector, Acute Services Division, NHSGG&C
- Anne Marie Kennedy, Public Partner
- Jacqueline Kerr, Head of Operations, North West Locality, Glasgow City HSCP
- Rachel Killick, Public Involvement Manager, NHSGG&C
- Alex MacKenzie, Chief Officer, Operations, Glasgow City HSCP
- Kerri Neylon, Clinical Director, North West Locality, Glasgow City HSCP
- Catriona Renfrew, Director of Planning & Policy, NHSGG&C (since retired)
- Louise Wheeler, Service Change Advisor, Scottish Health Council (observer)

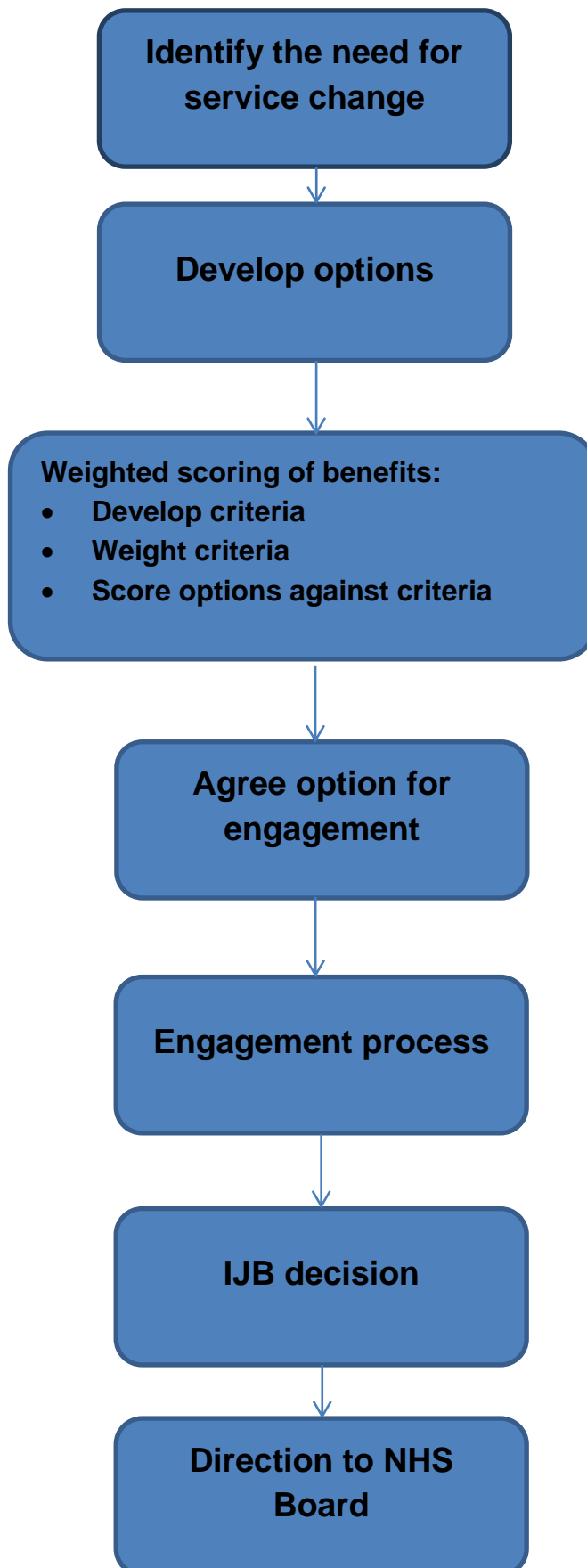
The Review and Stakeholder Group first met on 20 June 2017 to undertake the option appraisal and the minutes of that meeting are available here

<https://glasgowcity.hscp.scot/review-minor-injuries-services-west-glasgow>. At that meeting there was considerable debate about the options, the benefits criteria to be used and the weights to be attributed to each criteria. It was the unanimous view of the Group that quality of care and patient outcome should be the most important criterion in assessing the options, and therefore be given the highest weight. The view of the Group was also that access and best value should be given equal weight in recognition that best value was an important consideration in providing accessible services to the population.

Subsequently, and following discussion with the North West Locality Engagement Forum on 6 July 2017 (see link above), and taking into account the views of the Forum representatives on the Review Group, the Group revised the initial weightings to give more importance to access, and to include a health centre based model as a fourth option (see minutes of meeting held on 25 July 2017 see link above). It should be noted however that the service and clinical view remains that access and best value should be weighted equally.

This report has been updated to reflect the outcome of these discussions and includes revised weightings for access and best value reflecting the views of community representatives, the subsequent scores for all the options, and an assessment of the health centre option.

OPTION APPRAISAL PROCESS



REVIEW OF WEST GLASGOW MINOR INJURIES SERVICES

Options Description

Four options have been identified and these are described below.

- **Option 1 – re-open minor injuries service at Yorkhill** with services also available at Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit

This option involves the re-opening of the minor injuries unit at Yorkhill in the same accommodation as before. The service would operate from 09:00 to 21:00 every day and would be staffed by experienced emergency nurse practitioners.

- **Option 2 – transfer minor injuries service to Gartnavel** with services also available at Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit.

This option involves the transfer of the service to Gartnavel Hospital. The service would operate from 09:00 to 21:00 every day and would be staffed by experienced emergency nurse practitioners.

- **Option 3 – the current position** with the minor injuries services at Yorkhill closed and services available for West Glasgow from Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit.

- **Option 4 – health centre option** with the minor injuries services for West Glasgow provided from a health centre and with hospital services also available at Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit.

The service would operate from 09:00 to 21:00 every day and would be staffed by experienced emergency nurse practitioners.

REVIEW OF WESTGLASGOW MINOR INJURIES SERVICES

Benefit Criteria

In order to evaluate the options identified we have suggested a number of benefits against which we can assess them. These benefits or criteria should cover all the factors that are relevant and important to the delivery of the service. The suggested criteria are described below.

As some criteria are considered to be more important than others each criteria has been given a weight (out of 100). This then helps in the scoring of each option against the criteria.

	BENEFIT CRITERIA	WEIGHT
1.	Quality of clinical care	
	Under this criterion we assess the option as to how it performs when considering the quality of clinical care provided. We always aim to provide the highest level of care to patients. When assessing each option in turn issues considered here included patient safety, availability of clinical expertise and other clinical support services or expertise such as access to diagnostics, the potential need for patients to transfer to other facilities, and how the service complies with or exceeds recognised clinical standards. This criterion was therefore given the highest weighting of 40 out of 100.	40
2.	Access for patients	
	Here we assess how the option performs in terms of providing a reasonable level of access to minor injury services for patients in the West Glasgow area. We take into account information on travel times and distances for patients attending by public transport, and other means so for example does the location have good public transport links, and is it easily accessible by car? For patients coming by public transport where are the bus stops in relation to the service, and for those coming by car the availability of parking. Is the service fully accessible for people with disabilities? We also take into account the times of operation of the service and its convenience or otherwise for patients. Consideration is also given to other alternatives for patients such as the nearest emergency department or alternative minor injuries service. Patient access was considered to be important but not as important as the quality of care and was therefore given a weight of 30 out of 100. The service and clinical view however was that access should be weighted equally with best value.	30
3.	Quality of facilities	
	Here we are concerned with how well each option performs when taking into account the quality of the accommodation from which the service will be provided and facilities for patients. Issues to consider include the standard of clinical accommodation available, the quality of facilities for patients such as waiting areas, reception, toilets and rest areas. This was considered to be less important than other criteria and was given a weight of 5 out of 100.	5

	BENEFIT CRITERIA	WEIGHT
4.	Strategic fit	
	<p>Here we should assess the option against the strategic direction for NHS services as described in national plans and policy documents such as the National Delivery Plan www.gov.scot/healthandsocialcaredeliveryplan the NHS Board’s transforming the delivery of acute services programme https://wdclabourgroup.files.wordpress.com/2017/02/nhsggc20december2016.pdf and the Health and Social Care Partnership’s strategic commissioning plan for unscheduled care www.glasgow.gov.uk/CHttpHandler.ashx?id=37094&p=0.</p> <p>Consideration is also given to the capital and property strategies for the NHS Board and the Health & Social Care Partnership.</p> <p>A summary of the key points from these documents is attached.</p> <p>This criterion was considered the next important after quality of care, patient access and best value and more important than quality of facilities and given a weight of 10 out of 100.</p>	10
5.	Best value	
	<p>Here we assess the options against value for money considerations, the running costs of the service, any need for further investment and the use of resources such as staff time. Best value was considered more important than strategic fit and quality of facilities but not as important as quality of care and was given a weight of 15 out of 100. The service and clinical view however was that best value should be weighted equally with access.</p>	15
	TOTAL WEIGHT	100

OPTION APPRIASAL

Introduction

Here we assess each option against the criteria described above taking into account the information on minor injuries services made available for the option appraisal process. This information is available on the NHS Board's and HSCP's web sites

<https://glasgowcity.hscp.scot/review-minor-injuries-services-west-glasgow>

In this section we present the analysis on each option against the criteria. The scoring was done on a scale of 1 to 7 as follows:

- 1 = the option performs very poorly
- 2 = performs poorly
- 3 = somewhat inadequate
- 4 = performs adequately
- 5 = performs quite well
- 6 = performs well
- 7 = performs excellent

Option 1 – re-open minor injuries services at Yorkhill with services also available at Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit

	Benefit criteria	Score	Weighted score
1.	Quality of care (weight 40)		
	It was recognised that all the options would deliver on the minimum requirements for a minor injuries service, and therefore the basic quality of care would be the same for each option. Given the limited range of services at Yorkhill a number of patients would require to be directed to another hospital site This option therefore performed well and scored 5.	5	200
2.	Access (weight 30)		
	This option also performed well in terms of access (see travel times and public transport information on the web site) and scored 5 but it was recognised that the nearest bus stop was at the bottom of a hill and access may therefore be problematic for some people. Car parking was also considered to be an issue. It was noted that the average travel time by car for West Glasgow post codes was 13.7 minutes and by public transport it was 26.9 minutes. The average distance in miles for West Glasgow post codes was 3.2 miles. It was considered most attendances would be by car.	5	150
3.	Quality of facilities (weight 5)		
	The quality of facilities at Yorkhill was assessed as performing well against this criterion and offered the same standard of accommodation and facilities as the other options, and scored 5. All the options received the same score for quality of facilities	5	25

	Benefit criteria	Score	Weighted score
4.	Strategic fit (weight 10)		
	It was considered this option performed poorly when assessing it against the NHS Board's transforming delivery of acute services strategy which sees a reduction in the use of acute care and a reduction in hospital services. In addition it is known that services will not be provided on the Yorkhill site in the longer term. This option therefore scored 2.	2	20
5.	Best value (weight 15)		
	This option also performed poorly in assessing best value (see information on best value on the web site), the running costs of the unit and the level of patient activity. Providing a stand-alone unit uses more staff time than providing services in a larger department. It was also recognised that this service was the only service at Yorkhill that operated after 17.00 during the week and at weekends. This option therefore scored 2.	2	30
	Total weighted score		425

Option 2 – transfer minor injuries services to Gartnavel with services also available at Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit

	Benefit criteria	Score	Weighted score
1.	Quality of care (weight 40)		
	This option was assessed as performing well on quality of care and received a score of 6. The main reason for this was the fact that at Gartnavel there is a wider range of other services on site should patients not be appropriate for a minor injury service	6	240
2.	Access (weight 30)		
	In terms of access for patients in West Glasgow this option performed well, and scored 6 (see travel times and public transport information on the web site). It was noted that while bus stops were well positioned on Great Western Road and with Hyndland station nearby access for patients involved a short walk. Car parking can be an issue at certain times of the day. It was noted that the average travel time by car to Gartnavel was 13 minutes, and by public transport the average travel time was 24.3 minutes. The average distance in miles for West Glasgow post codes was 2.8.	6	180
3.	Quality of facilities (weight 5)		
	The quality of facilities at Gartnavel was assessed as performing well against this criterion and offers the same standard of accommodation and facilities as the other options. All the options received the same score for quality of facilities.	5	25

	Benefit criteria	Score	Weighted score
4.	Strategic fit (weight 10)		
	Gartnavel performed adequately in terms of strategic fit and the NHS Board's transforming delivery of acute services strategy a. The Gartnavel site is a significant site in the Board's strategy for acute services in the long term. This option therefore scored 4.	4	40
5.	Best value (weight 15)		
	This option performed inadequately on best value terms, and scored 3. The reasons for this were there would be a need for capital investment on the site to provide the accommodation needed to introduce the service, and staff would have to be transferred from the QEUH to staff the service. Providing a stand-alone unit uses more staff time than providing services in a larger department. Additional reception and radiology services would require to be provided at weekends and in the evenings There would also be a lead in time before the service could be operational.	3	45
	Total weighted score		530

Option 3 – status quo with the Yorkhill service closed and services available at Queen Elizabeth University Hospital, Royal Hospital for Children, Glasgow Royal Infirmary and Stobhill Minor Injuries Unit

	Benefit criteria	Score	Weighted score
1.	Quality of care (weight 40)		
	This option was assessed as performing excellently on quality of care and received a maximum score of 7. The main reason for this was the fact that the Queen Elizabeth University Hospital Glasgow Royal Infirmary and Royal Hospital for Children all benefit from having onsite the full range of acute hospital facilities and clinical expertise. Patients requiring these services would not need therefore to be transferred to another unit or hospital.	7	280
2.	Access (weight 30)		
	This option performed less well than the other two options in terms of access (see travel times and public transport information on the web site), and scored 4. It was recognised that bus stops were close to the main hospital entrances, and car parking pressures at the QEUH had eased. It was noted that the average travel time by car for West Glasgow post codes to the QEUH 17.9 minutes and GRI was 22.1 minutes. By public transport the average travel time to the QEUH was 40.3 and GRI was 33.4. The average distance in miles for West Glasgow post codes to the QEUH was 4.3 miles and to GRI it was 5.4 miles.	4	120

	Benefit criteria	Score	Weighted score
3.	Quality of facilities (weight 5)		
	The quality of facilities at the QEUH, RHC, GRI and at Stobhill were assessed as performing well against this criteria and offer the same standard of accommodation and facilities as the other options. All the options received the same score for quality of facilities.	5	25
4.	Strategic fit (weight 10)		
	This option performed well in terms of strategic fit in comparison with the other options, and scored 6. The NHS Board's transforming delivery of acute services strategy confirms that the QEUH, RHC and GRI are the main strategic sites for the provision of emergency services and the full range of acute services for Glasgow, and the role of Stobhill in the provision of minor injuries services.	6	60
5.	Best value (weight 15)		
	This option also performed well in value for money terms (see information on web site), and scored 6. No changes in accommodation would be required to implement this option and no changes to staffing levels or equipment would be needed. This option was considered as performing the best on the return it gave for the investment in facilities at the QEUH, RHC, GRI and Stobhill and in using staff time for the maximum patient benefit.	6	90
	Total weighted score		575

Option 4 – health centre option with minor injuries services for West Glasgow provided in Drumchapel Health Centre. One health centre was chosen to assess this option for staffing and facilities reasons (there would only be one team available). Drumchapel was selected as it was considered this population had the furthest to travel to existing minor injuries and emergency services.

	Benefit Criteria	Score	Weighted Score
1.	Quality of care – weight 40		
	It was recognised that all the options would deliver on the minimum requirements for a minor injuries service, and therefore the quality of care would be the same for each option. However a severe limiting factor of the health centre based option was the lack of diagnostic services and x-ray in particular. Under this option a significant number of patients would require to be transferred to hospital site. Currently approximately 42% of attendees at minor injuries units require x-ray. It was considered therefore that this option performed poorly for quality of care compared to the other options.	3	120

	Benefit Criteria	Score	Weighted Score
2.	Access – weight 30		
	In terms of access for patients in West Glasgow this option performed well. Patients in the Drumchapel area would be well served by a service from the health centre which has good public transport connections. This option performed better than the option to continue re-open the service at Yorkhill and similar to the Gartnavel option.	6	180
3.	Quality of facilities – weight 5		
	It was recognised that the facilities available to provide minor injuries services from treatment rooms within the health centres were of a high standard. Clinical rooms, waiting areas and other patient facilities were comparable to those available under the other options. This option therefore performed well.	5	25
4.	Strategic Fit – weight 10		
	The NHS Board’s transforming delivery of acute services strategy confirms that both the QEUH and GRI are the main strategic sites for the provision of accident and emergency services and the full range of acute services for Glasgow, and the role of Stobhill and the new Victoria in the provision of minor injuries services. The Board’s strategy, the National Delivery Plan and the HSCP Strategic Plan also confirm the thrust to provide more care closer to where people live, and as such this option performs reasonably well.	4	40
5.	Best Value – weight 15		
	Providing the minor injuries service in a health centre would require some capital investment in order to provide the accommodation and equipment needed to introduce the service. Nursing and clerical staff would have to be transferred from other sites. This option therefore performed less well compared to other options.	1	15
	Total weighted score		380

CONCLUSION

In summary the total weighted scores for each option were as follows:

- Option 1 – Yorkhill – **total weighted score 425**
- Option 2 – Gartnavel – **total weighted score 530**
- Option 3 – status quo - **total weighted score 575**
- Option 4 – Drumchapel health centre – **total weighted score 380**

It was agreed that option 3 was therefore the preferred option.

WHAT HAPPENS NEXT?

The information from the option appraisal and the recommended preferred option will be made publicly available and will be presented at a number of engagement events to obtain views and comments. This process will extend until early September 2017.

WHERE TO FIND FURTHER INFORMATION

Further information about the proposals and all the information that has informed the option appraisal are available on the HSCP's and NHSGG&C websites with printed copies of any documents available on request.

<https://glasgowcity.hscp.scot/review-minor-injuries-services-west-glasgow>

www.nhsggc.org.uk/patients-and-visitors/know-who-to-turn-to/minor-injuries-unit/

Information about minor injuries can be viewed here: <https://youtu.be/J28ZAJpFBII>

Comments can be emailed to: SW_CommunicationsUnit@glasgow.gov.uk

**WEST GLASGOW
REVIEW OF MINOR INJURIES SERVICES**

OPTION APPRISAL

BENEFIT CRITERIS – STRATEGIC FIT

Introduction

In this paper we outline the national and Glasgow context that inform the benefit criteria described as strategic fit. This paper summarises the key national and local documents that set the strategic context for considering changes to minor injuries services.

National context

In February 2016 Scottish Government launched the National Clinical Services strategy that sets out a framework for the development of health services across Scotland for the next 10-15 years. The strategy restates the Government's vision for healthcare:

“Our vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate, with minimal risk of re-admission.”

The 2020 vision acknowledges that:

- health and social care services are facing a rising tide of demand driven by demographic changes, advancing medical science and new technologies, at a time of constrained resources.
- as people live longer, healthy life expectancy is not advancing at the same pace. This means that we will have more people, many of whom are older, living with multiple long-term conditions and often complex needs, more reliant on support and intervention from health and social care services.
- we need to change our approach by shifting the balance of care away from acute hospital-focused care to one where there is a greater emphasis on prevention and community-based intervention.

It gives an evidence-based high level perspective of why change such is needed and what direction change should take. The strategy sets out the case for:

- planning and delivery of primary care services around individuals and their communities;
- planning hospital networks at a national, regional or local level based on a population paradigm;
- providing high value, proportionate, effective and sustainable healthcare;

- transformational change supported by investment in e-health and technological advances.

The full strategy is available at www.gov.scot/Publications/2016/02/8699.

The National Delivery Plan published in December 2016 sets out a programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The National Delivery Plan focuses on three main aims:

- we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care');
- we will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health'); and
- we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

Specifically the Plan includes the following actions to reduce inappropriate use of hospital services:

- ensure Health and Social Care Partnerships – with NHS Boards, local authorities and other care providers – make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings. This will be a key lever in shifting the focus of care across health and social care services;
- agree with partners how to deliver an ambition of raising the performance of the whole of Scotland on delayed discharges from hospitals to the performance of the top quartile of local areas. This will be done as a step to achieving our wider commitments of eliminating delayed discharges, reducing unscheduled hospital care and shifting resources into primary and community care;
- by 2018, we aim to: reduce unscheduled bed-days in hospital care by up to 10 percent (i.e. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital. A range of actions will be taken to

achieve this, including improving links between secondary, primary and community care under integration, supported by further work to understand better and take action on the extent to which emergency admissions are currently inappropriate and avoidable. As a result, people should only stay in hospital for as long as necessary and get more appropriate care in a more homely setting. It will reduce growth in the use of hospital resources, support balance across NHS Board budgets and give clear impetus to the wider goal of the majority of the health budget being spent in the community by 2021.

The full National Delivery Plan is available at: www.gov.scot/Publications/2015/05/8743

NHS Greater Glasgow & Clyde Context

In NHS Greater Glasgow & Clyde the Board's Clinical Services Strategy (CSS) was approved in January 2015 and since endorsed by the six Integration Joint Boards. The key aims of the strategy are to ensure:

- care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
- services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
- sustainable and affordable clinical services can be delivered across NHSGGC; and,
- the pressures on hospital, primary care and community services are addressed.

The strategy provides a framework to ensure that best clinical outcomes are achieved for patients and that services are:

- safe and sustainable;
- patient centred;
- integrated between primary and secondary care;
- efficient, making best use of resources;
- affordable, provided within the funding available; and,
- accessible, provided as locally as possible.

The Clinical Services Strategy is available at: www.nhsggc.org.uk/about-us/clinical-services-fit-for-the-future/

The NHS Board has also recently published an Unscheduled Care Improvement Programme to help meet the national target that 95% of attendees in emergency departments should wait a maximum of 4 hours to be treated. This standard is an important measure, not only of the efficiency of a service but it also of safety and quality of care for patients. The programme's key recommendations are that:

- medical capacity should be realigned to reflect patient demand in both the receiving areas and across the hospital system;
- options to improve Assessment Unit same day discharge efficiency should be progressed to reduce performance variation and avoid unnecessary short stay admissions. This should include considering either zoning down or closing the units overnight; and,

- improvement projects undertaken within various Sectors as ‘tests of change’ should be rolled out as part of a Board wide work programme over the next 12 months.

Glasgow City Integration Joint Board – Strategic Commissioning Plan for Unscheduled Care

The purpose of this three year plan for shifting the balance of care and improving unscheduled care is to set out:

- the HSCP’s change programme across our services, including primary care, to better support people in the community and prevent admission to hospital;
- the improvement programme in place to support the hospital discharge process and safely and smoothly transfer patients home or to other appropriate care settings; and,
- the changes we want to see in acute hospital services.

The plan outlines the strategic context for unscheduled care, and describes the current demands and pressures in the system. The plan when finalised will fulfil the Integration Joint Board’s responsibility for strategic planning of acute unscheduled care services as described in the integration scheme.

Key priorities within this plan are:

- the need to retain and extend capacity of community resources to deliver shift in balance of care. This may require transitional funding sources to be explored;
- reduce and maintain delayed discharges further at low level (e.g. 20 for the city = bed day reduction to 1,200 by March 2018);
- roll out of the North East model for community based rehabilitation across the city;
- development of the new model of care to replace continuing care, commencing with the North East and Greenfield Park, to be managed solely by HSCPs;
- the introduction of arrangements for people who attend A&E and could be more appropriately seen within primary care;
- development of alternatives to admission for GPs including direct access to diagnostics and next day outpatient appointments; and,
- a 25% reduction in deaths in hospital.

Overall it is estimated that this programme will achieve a significant reduction in acute bed days with more people being appropriately supported within the community and primary care.