

National Services Division

2018/2019 Highlight Report.





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Foreword

Welcome to the 2018/19 Highlight Report from National Services Division of NHS National Services Scotland. The key achievements of national specialist services, screening programmes, national planning and networks during 2018/19 are summarised in this report.

The common denominator of what is important to us is clear - ensuring that everyone in Scotland has equitable, reliable and consistent access to high-quality care that result in the best outcomes – no matter how rare the condition, and regardless of location or how challenging the circumstances. Through joint working and a focus on this outcome, we aim to continue to serve NHSScotland (NHSS) and the population of Scotland.

As well as gaining approval for the introduction of a number of new services and networks, highlights for us this year have included:

- the establishment of the National Planning Board supported by the National Planning Team in NSD
- the continued planning for the introduction of Human Papilloma Virus (Hr-HPV) Primary Testing within the cervical screening programme in April 2020
- the ongoing success of the Scottish Trauma Network, particularly the establishment of Scotland's first two Major Trauma centres, and
- the launch of Scotland's first Peri-natal Mental Health Needs Assessment.

I hope you find this report interesting and informative and I would be keen to hear your views.

Fiona Murphy

Director, National Services Division, NHS National Services Scotland

What we do

National Services Division (NSD), part of NHS National Services Scotland, facilitates collaboration between NHS Boards and service users to plan and deliver equitable and quality assured programmes of care for the NHS in Scotland. This includes a 'once for Scotland' approach to specialist services, screening programmes, national networks and national planning. Our aim is to maximise the impact of our programmes of work to improve the health and wellbeing of the population of Scotland.

We do this in a wide variety of ways and here you will be able to find out more about the range of services we offer for a diverse range of conditions: from our governance role in helping lead NHSScotland's National Planning, to the management, development and delivery of national networks and screening programmes.

Our mission is to be a valued and trusted partner for planning, commissioning and coordinating high-quality, person-centred specialist services, national networks and population screening.

For over 20 years, National Services Division has commissioned specialist health services. These ensure that patients who need access to treatment or investigation of a very specialist nature have access to the highest possible standards of care.

We are a diverse team of programme management and commissioning experts with strong backgrounds in clinical and public health and medicine, all working within a system underpinned with strong governance. Over the years, we've been entrusted by NHSS Boards and Scottish Government with a growing number of services, networks and programmes. This is testament to our commitment to, and consistent delivery of the 'once for Scotland' ambition.

Guiding Principles

We take a national approach: We aim to reduce unnecessary variation and duplication across Scotland, and our national approach helps drive a consistent quality of care.

We have a strong clinical focus: We work to implement the principles of Realistic Medicine. This ensures that anyone receiving care is put at the centre of all decisions relating to the provision of their care.

We take a joined-up approach: Teaming up with our stakeholders, listening to our patients and working with third party experts, we build relationships and insights to understand needs.

We are working to assure equity of services for all: Supporting service providers to deliver the same level of quality and consistency of care tailored to individual needs, regardless of location or circumstances.

We offer value for money: Taking a national approach allows us to improve efficiency and offer a reliable consistent service, whilst also ensuring that available funding is used equitably.

New designations

Proposals for national designation are evaluated by the National Specialist Services Committee (NSSC). NSSC makes recommendations to NHS Board Chief Executives' Group and Cabinet Secretary for Health & Sport who then give approval to the services and networks that are to be nationally commissioned.

National designation is a complex process, it must meet several distinct and detailed criteria and demonstrate a measurable benefit to patient care. Services which meet the criteria for national designation are generally concerned with the diagnosis, care and/or treatment of rare conditions, for which there are no alternative Scottish providers, and where clear benefit can be seen in centralising experience and expertise and promoting equity of access for patients while minimising the financial risks to NHS Boards of potentially expensive treatments.

Services & Networks established in 2018

This year saw the introduction of four new services and one national network:

- **Scottish Non-malignant Stereotactic Radiotherapy Service**
- **National Percutaneous Mitral Valve Intervention**
- **Lyme Disease & Tick-borne Infections testing (as part of the specialist reference laboratories)**
- **Inherited Metabolic Disease Service (from October 2018: full reporting will begin in 2018/19)**
- **Scottish Obstetric Cardiac Network**

Specialist Services & Networks to be established in 2019/20

In the course of 2018/19, NSSC concluded that the following services and networks met the criteria for national designation and were established in 2019:

Paediatric End of Life Care Network (PELiCaN) - will support a cohort of approximately 2200 children and young people who are unstable, deteriorating or dying who should benefit from a higher level of support; to include the families of the ~400 children and young people who die each year.

Hearing Impairment Network for children and Young People (HINCYP) - will bring together multi-disciplinary health and other professionals who provide care for children diagnosed with bilateral moderate, severe or profound hearing loss at birth and for those children identified later who develop a moderate, severe or profound hearing loss. Working with families and the third and voluntary sectors the network will address known issues and drive improvement.

Systemic Vasculitis Network - will ensure that pathways for referral and management of systemic vasculitis are clearer, patient outcomes improved and appropriate coordination of care, including the use of expensive medicines is in place. It will facilitate patient access to timely specialist knowledge.

Haematology & Transfusion Medicine National Network - will create an expert group to facilitate collaborative working in laboratories within the haematology and transfusion services across Scotland. The network will facilitate service redesign and care pathway improvement, including streamlining processes, reducing unwarranted variation, optimising practice and transforming roles to meet future service needs in line with current NHS Scotland strategy and policy.

Neonatal Network - will bring together the three current regional networks to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of all neonates and their families, staff and workforce. The network will develop common standards and clinical pathways to ensure that neonates are treated appropriately and in accordance with their level of need. It will provide national guidance and strategic leadership ensuring a 'once for Scotland' approach which would reduce duplication and national variation and be well placed to identify and manage any issues that might arise in neonatal care.

Neuro-endocrine Tumours – Lutathera Treatment

Hosted by NHS Greater Glasgow & Clyde the service will provide Lutathera®, a drug-based radiotherapy treatment for patients who have been diagnosed with a specific type of neuroendocrine (hormone secreting) tumour. Lutathera therapy slows down the growth of tumours, or prevents them from growing altogether. The service will provide in-patient and follow up treatment to people with small bowel NETs that are somatostatin receptor (SSR) positive.

Retro-peritoneal Lymph Node Dissection (RPLND)

Hosted by NHS Greater Glasgow & Clyde this surgical service will provide retroperitoneal lymph node dissection (RPLND). This is a highly specialised surgical procedure designed to remove the residual lymph nodes at the back of the abdomen as part of the treatment for men and women with metastatic germ cell cancer. The service aims to remove metastatic spread.

Scottish Molecular Radiotherapy Treatment Centre (SMaRT)

Hosted by NHS Greater Glasgow & Clyde the SMaRT Service will offer molecular radiotherapy for children and young adults with specific types of cancer. Molecular radiotherapy (MRT) is defined as the delivery of radiation to malignant tissue via the interaction of a radiopharmaceutical with molecular sites and receptors. The service will be provided in a purpose-built radiotherapy suite within the children's cancer ward in the Royal Hospital for Children (RHC), Glasgow.

Specialist Services

Specialist services provide care to patients who have highly specialised needs, or those with a very rare condition. The specialist teams ensure that eligible patients, regardless of where they live in Scotland, have access to services that provide the highest possible standards of care to achieve the best quality of health outcomes.

National Services Division commissions specialist services on behalf of NHSS Boards and Scottish Government. This includes services for rare diseases or complex conditions – such as specialist services for a range of paediatric conditions, the management of spinal injuries, cochlear implantation, and solid organ and stem cell transplants.

We work to ensure access to services that meet and measure against appropriate quality standards with transparent care pathways and with clinical outcomes benchmarked against similar services whenever possible.



The next section provides a brief outline of each designated specialist services performance, provider and expenditure.

Transplant Services

Advanced Heart Failure & Heart Transplant

The Scottish National Advanced Heart Failure Service (SNAHFS) supports adult patients with severe heart failure who have not responded to treatment by medicines and various other interventions provided at local and regional levels. A number of these patients may undergo heart transplantation.

Provider	Golden Jubilee National Hospital
Expenditure	More than £3m but less than £5m
Transplants / Interventions	26

Islet Cell Transplantation

Patients over 16 years old with type 1 diabetes are considered for islet transplant alone if they have severe hypoglycaemic unawareness but normal or near-normal renal function, simultaneous islet and kidney transplant if they have renal failure and insulin-dependent diabetes or islet after kidney transplant if they have functioning kidney transplants and diabetes. Patients are offered an assessment, islet transfusion, inpatient care and follow up for life.

Provider	NHS Lothian
Expenditure	Less than £0.5m
Transplants	11

Liver Transplantation

Patients over 16 years old are considered for a liver transplant if they have a diagnosis of acute or chronic liver disease and subsequent failure, liver tumours (such as hepatocellular carcinoma, a particular type of cancer) and metabolic liver diseases/ variant syndromes. All patients are offered an assessment, transplant operation, inpatient care and follow up for life.

Provider	NHS Lothian
Expenditure	More than £5 million but less than £8 million
Transplants	108

Simultaneous Kidney Pancreas- Pancreas Transplantation

Patients over 16 years old living with type 1 insulin-dependent diabetes and end-stage kidney failure are considered for a pancreas transplant alone if they have severe hypoglycaemic unawareness but normal or near-normal renal function, a simultaneous pancreas and kidney transplant if they have renal failure and insulin-dependent diabetes and pancreas after kidney transplant if they have a functioning kidney transplant and insulin dependent diabetes. All patients are offered an assessment, transplant operation, inpatient care and follow up for life.

Provider	NHS Lothian
Expenditure	More than £0.5m but less than £1m
Transplants	12

Renal Transplantation: Paediatric

The Paediatric Renal Transplant Service offers a pathway for the provision of kidney transplants to children, including assessment, transplant operation and inpatient care. The service works in partnership with adult nephrology teams to aid transition of patients to adult services when required.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £1m but less than £3m
Transplants	14

Renal Transplantation: Adult

The Adult Renal Transplantation Service support patients over 16 years of age who are living with end-stage kidney failure. The service provides assessment of potential recipients and living donors, transplant operations and inpatient care, with a follow-up assessment prior to discharge to local nephrology care.

Provider	NHS Lothian/ NHS Greater Glasgow & Clyde
Expenditure	Over £10m
Transplants	279

Stem Cell Transplant: Adult

The Adult Stem Cell Transplantation Service, provided at Queen Elizabeth University Hospital, is for patients with haematological malignancy or bone marrow failure syndromes. Decisions as to which patients are appropriate for consideration for transplant are made by local and regional multi-disciplinary teams.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £8m but less than £10m
Transplants	83

Stem Cell Transplant: Paediatric

The service provides hematopoietic stem cell transplantation (HSCT) to children up to age 16, including all assessments and follow up. Young people known to the service still receive treatment until the age of 18. In an allogeneic transplant, the patient receives stem cells donated by another person. Conditions requiring allogeneic HSCT fall under two main categories: disorders that comprise mostly blood cancers, such as leukaemia, or non-malignant conditions, like haemoglobinopathies, primary immune deficiencies, inherited metabolic disorders and non-malignant bone marrow failure.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £1m but less than £3m
Transplants	17

Mental Health Services

Advanced Interventions

The Advanced Interventions Service (AIS) provides assessment and treatment options for people suffering from chronic and severe treatment-refractory depression (TRD). Failure to respond to other types of treatment is generally the reason for referral. Patients with obsessive compulsive disorder (OCD) may also need advanced interventions. The service also assesses patient suitability for neurosurgical treatment. They may benefit from ablative neurosurgery. The primary aim of the service is to achieve improvement in symptoms of OCD or a reduction in depressive symptoms.

Provider	NHS Tayside
Expenditure	Less than £0.5m
Assessments	25

Mental Health Service for Deaf People

Based at St John's Hospital, Livingston, the service team coordinate outreach clinics across the country providing specialist help for deaf adults with moderate or severe mental health conditions, particularly when communication difficulties complicate the diagnosis and treatment of mental health disorders for patients. Advice and training for mental health professionals to support people in their local communities is also provided

Provider	NHS Lothian
Expenditure	Less than £0.5m
Assessments	44

Child Inpatient Psychiatry

The Child Inpatient Psychiatry Unit is inside the Royal Hospital for Children in Glasgow. It provides psychiatric services for children aged five to 11 years. Specialist care at the unit is only for the most complex psychiatric cases. There are six beds available for children. Child and Adolescent Mental Health Services (CAMHS) refer patients to the unit when children fail to respond to care at a local and regional level, and they require specialist treatment.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £1m but less than £3m
Admissions	17

General Adult & Paediatric Services

Cochlear Implantation: Adult & Paediatric

The Scottish Cochlear Implant Programme (SCIP), based at Crosshouse Hospital, Kilmarnock, is for profoundly deaf adults and children. It provides assessment and specialist implantation surgery for patients with severe to profound deafness and have gained little or no benefit from conventional acoustic hearing aids. Speech and language therapy support and follow up are also part of the service

Provider	NHS Ayrshire & Arran
Expenditure	More than £5m but less than £8m
Implants	107

Cleft Lip and Palate

Based in the Royal Hospital for Children and the Queen Elizabeth University Hospital, Glasgow, this service provides cleft lip and palate treatment and care to children and adults. The service includes assessment, specialist surgery, specialist nursing and clinical psychology. Some adults who have had a cleft lip or palate repair before may still have some functional problems or be self-conscious or unhappy about their appearance. GPs may refer such cases back to the service for assessment and consideration for any further surgical intervention.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £1m but less than £3m
Procedures	249

Ear and Atresia Reconstruction: Adult & Children

The Ear and Atresia Reconstruction Service provides assessment, surgery and review for adults and children who require ear reconstruction and/or implantable hearing devices. Adults are treated at St John's Hospital Livingston, with children's services provided from The Royal Hospital for Sick Children in Edinburgh.

Provider	NHS Lothian
Expenditure	Less than £1m
Procedures	18

General Adult Services

Brachial Plexus

An integrated multidisciplinary service for traumatic brachial plexus injury and tumours involving the brachial plexus. The service, based in the New Victoria Hospital, Glasgow, provides assessment, treatment and specialist surgery where necessary, depending on the severity of the injury.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Procedures	21

Chronic Pain Management

This national service, based in Gartnavel Hospital, Glasgow offers intensive, residential pain management programmes for adults who are referred from their local health service. The expert team provides a variety of support including helping the patient to develop self-management skills to better cope with their pain.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £1m
Referrals	136

Deep Brain Stimulation

Deep brain stimulation (DBS) is a treatment that can ease the symptoms of movement and (psychiatric) disorders, for patients living with conditions such as Parkinson's and Dystonia. Based at the Institute of Neurological Sciences in the Queen Elizabeth University Hospital, Glasgow, the service provides assessment, surgical intervention, post-operative care and follow-up management post-surgery. Ongoing care is given by local services.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £1m but less than £3m
Implants	107

Hyperbaric Medicine

The hyperbaric medicine unit provides treatment and advice for diving-related illness using recompression/decompression therapy. The unit is situated within Aberdeen Royal Infirmary, and is supported by two other centres based in Oban and Stromness, on Orkney, providing 24 hours/seven days a week advice and care in response to calls from divers, to medical professionals, and in particular, the coastguard.

Provider	NHS Grampian
Expenditure	More than £1m but less than £3m
Implants	17

Photobiology

The Photobiology Unit provides a diagnostic and management advice service for patients throughout Scotland who live with UV- associated skin disorders (photosensitivity). Based at Ninewells Hospital, Dundee, specialist dermatologists examine referred patients for the diagnosis of photosensitive dermatological conditions. Clinical management arising from consultation, investigations and advice for ongoing care is also provided. The service additionally includes the investigation of cutaneous porphyrias with a clinical advice service.

Provider	NHS Tayside
Expenditure	Less than £1m
Assessments	242

Specialist Prosthetics

The Specialist Prosthetics Service is provided by a single multidisciplinary team based at West of Scotland Mobility and Rehabilitation Centre (WestMARC) at the Queen Elizabeth University Hospital, Glasgow, and the Southeast Mobility and Rehabilitation Technology (SMART) centre at Astley Ainslie Hospital in Edinburgh. The service manages assessment, prescription and provision of state-of-the-art (SOTA) prostheses to eligible patients.

Provider	NHS Greater Glasgow & Clyde / NHS Lothian
Expenditure	More than £1m but less than £3m
Devices	203

Spinal Injuries

The Queen Elizabeth National Spinal Injuries Unit (QENSIU) supports patients with acute spinal injury either following a trauma or as a result of disease or infection to the spinal cord, and ongoing lifetime care of all patients to maximise function and prevent complications of paralysis. The service provides acute surgical management and both inpatient and outpatient rehabilitation for young people and adults. The unit comprises of 12 high dependency beds, 30 rehabilitation beds, six-bedded respiratory care unit, a fully-equipped gymnasium, hydrotherapy pool and step-down unit.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £5m but less than £8m
Admissions	137

Stereotactic Radiotherapy

Highly focused Stereotactic Radiotherapy is used to treat non-cancerous conditions (arteriovenous malformations (AVM) and vestibular schwannoma (VS)). A small number of rarer tumours can also benefit from this treatment. Patients need stereotactic radiotherapy if surgery may have too high a risk of mortality or morbidity. Several beams of radiation target the tumours very precisely. In addition to those who are treated, many discuss management options with the expert team.

Provider	NHS Lothian
Expenditure	Less than £0.5m
Caseload	48

Supra-renal and thoraco-abdominal aortic aneurysms

The service, based at the Royal Infirmary of Edinburgh, repairs extensive aneurysms that extend along the thoracic (chest) and abdominal sections of the aorta. Treatment options include either open surgery or endovascular repair by inserting a stent.

Provider	NHS Lothian
Expenditure	More than £1m but less than £3m
Procedures	49

Prostrate Cryotherapy

This Cryotherapy service, based within the urology department at Gartnavel Hospital, is provided to patients with recurring prostate cancer who have not responded to radiotherapy or brachytherapy.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Referrals	8

General Paediatric Services

Chest Wall Deformity

The Chest Wall Deformity (CWD) Service provides interventions for paediatric and adolescent patients with anterior (front) chest wall deformities. Based at the Royal Hospital for Children, Glasgow, the multi-disciplinary team will assess and offer surgical reconstruction or bracing to patients with pectus excavatum and pectus carinatum or variations, and follow-up care.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Surgeries	27

Complex Airways Disorder

This service provides comprehensive support for the management of children (foremost neonates and infants) with conditions causing obstruction of the major airway. Based at the Royal Hospital for Children, Glasgow, the service provides endoscopic and open surgical interventions for children with complex breathing difficulties.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £1m
Treatments	14

Epilepsy Surgery

The Paediatric Epilepsy Surgery Service provides care for children up to the age of 16 with intractable epilepsy. Eligible children and young people will follow the [Scottish Paediatric Epilepsy Network's Continuing Epileptic Seizures Care Pathway](#), before receiving consideration by the national epilepsy team. Patients who are referred into the service, based at the Royal Hospital for Sick Children, Edinburgh, receive care delivered through a network approach.

Provider	NHS Lothian
Expenditure	Less than £0.5m
Procedures	17

Extra Corporeal Life Support

The Extra Corporeal Life Support (ECLS) Service is based in the Royal Hospital for Children in Glasgow. ECLS provides temporary life support to children with cardiac or pulmonary failure, while allowing the lungs to rest. Extra-corporeal life support uses extra-corporeal membrane oxygenation (ECMO), a supportive intensive care technique offered to children who develop acute but potentially reversible respiratory/cardiac failure.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £1m but less than £3m
Treatment	24

Interventional Fetal Therapy

The Interventional Fetal Therapy Service provides treatment for a range of conditions affecting unborn babies. Based in the Ian Donald Fetal Medicine Unit at Queen Elizabeth University Hospital in Glasgow. Using advanced technical skills and specialist equipment, the service provides high quality diagnosis and treatments to optimise the best outcome for both child and parent- to-be

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Procedures	23

Obstetric Brachial Plexus

The Obstetric Brachial Plexus Injury Service (OBPIS) assesses, diagnoses and treats young children with an injury to the brachial plexus region. Complications during childbirth commonly cause these injuries. After assessment in the Royal Hospital for Children in Glasgow, children usually receive therapeutic treatment. Occasionally they need specialist shoulder surgery. Ongoing care is also provided. An outreach clinic is available in Aberdeen to facilitate access to the service by patients from remote areas.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Procedures	3

Paediatric Intensive Care

The Paediatric Intensive Care Units (PICU) supports children and young people with life-threatening conditions. Based within the Royal Hospital for Children, Glasgow and the Royal Hospital for Sick Children, Edinburgh, the two PICUs are commissioned as a single service to provide care to the paediatric population.

There are 19 beds in Glasgow and 10 beds in Edinburgh. Both units work closely with

ScotSTAR, the specialist transport service that includes paediatrics, as well as supporting other national specialist children's services.

Provider	NHS Greater Glasgow & Clyde / NHS Lothian
Expenditure	More than £20m but less than £25m
Discharges	1,472

Spine Deformity Service

The service provides care for people who have acquired a spinal deformity in childhood or adolescence. Care is provided at both the Royal Infirmary and the Royal Hospital for Sick Children, Edinburgh. Patients referred to the service will undergo an initial assessment and investigation. Following this, a decision will be made about whether a patient is suitable for orthotics (bracing) or surgery. Reducing spinal curvature and enhancing quality of life are the aims of the treatment.

Provider	NHS Lothian
Expenditure	More than £5m but less than £8m
Caseload	192

Transcranial Doppler and MRI Deformity Service

The service offers transcranial Doppler (TCD) and MRI scanning for children and young people with relevant haemoglobinopathy (blood) disorders and is based in the Royal Hospital for Sick Children, Glasgow. TCD is a non-invasive ultrasound method used to examine the blood circulation within the brain. This straightforward test is useful in measuring in arterial blood flow and is well tolerated by even very young children. TCD is available to all eligible patients between two and 18 years old. MRI is available to those aged eight to 18 years old.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Patients scanned	82

Hydatidiform Mole

The hydatidiform mole service provides diagnosis, follow-up and support for women with a molar pregnancy. The service is based in the Department of Blood Sciences at Ninewells Hospital, Dundee. If it's suspected that a woman has a hydatidiform mole, a referral is made to the service to confirm the diagnosis. If the test result is positive, the patient is enrolled in the laboratory follow-up programme.

This allows for early identification of the signs of persistent trophoblastic disease (PTD) or the development of choriocarcinoma. The Dundee team coordinates this care and

provides ongoing follow-up and support.

Provider	NHS Tayside
Expenditure	Less than £0.5m
Registrations	136

Ophthalmic Oncology

The Scottish Ophthalmic Oncology Service provides a comprehensive service for both intra and extra ocular tumours for the adult population of Scotland. Based at the Department of Ophthalmology, Gartnavel General Hospital, the service provides diagnosis and management of malignant tumours or suspected tumours of the eye and adnexal structures in adults, where specialist knowledge is required. Review and treatment for children and young people is restricted to exceptional circumstances.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £1m
Treatments	95

Cardiac and Respiratory Services

Adult Congenital Heart Disease

The Scottish Adult Congenital Cardiac Service (SACCS) provides care for people aged 16 or over with a diagnosis of congenital complex heart disease. The service is based at the Golden Jubilee National Hospital in Clydebank and aims to assess all adults with congenital heart disease in order to improve their life expectancy and quality of life for both patients and their families, through delivery of safe and effective congenital heart surgery and catheter interventions.

Provider	Golden Jubilee National Hospital
Expenditure	More than £1m but less than £3m
Procedures	132
Surgery	112

Adult Cystic Fibrosis

The service provides specialist respiratory care for adult patients with cystic fibrosis (CF). Three specialist centres operate across Scotland, in Aberdeen, Edinburgh and Glasgow. The centre in Edinburgh also has an outreach service to both Dundee and Inverness. Mainly, the centres see outpatients to assess, treat and review adult patients. There is provision for day case and inpatient services, if patients require interventions within the three specialist services.

Provider	NHS Greater Glasgow & Clyde / NHS Lothian / NHS Grampian
Expenditure	More than £5m but less than £8m
Caseload	601

Congenital Heart Disease: Paediatric

The paediatric cardiac service (PCS) provides care for neonates and children up to the age of 16 years/transition with paediatric cardiac disease (PCD). The Royal Hospital for Children, Glasgow, is the location for this service.

Provider	NHS Greater Glasgow & Clyde
Expenditure	More than £5m but less than £8m
Surgery	229 paed only 265 paed and neonates
Interventions	189 paed only 289 paed and neonates

Percutaneous Mitral Valve & Related Interventions

The Percutaneous Mitral Valve and Related Interventions Service treat patients with valvular heart disease to improve their symptoms and quality of life, if signs of cardiac failure are identified. Based at the Royal Infirmary Hospital of Edinburgh, the Edinburgh Heart Centre offers two procedures: balloon mitral valvuloplasty and paravalvular leak closure, both minimally invasive. Patients considered to be of high operative risk can receive these procedures in preference to open surgical treatment.

Provider	NHS Lothian
Expenditure	Less than £0.5m
Procedures	27

Pulmonary Vascular Hypertension

The Pulmonary Vascular Service provides therapeutic benefits to patients with severe pulmonary hypertension. Advice is also given in the treatment of pulmonary hypertension associated with congenital heart disease in children and adults. The service is delivered across two sites: the Golden Jubilee National Hospital, Clydebank and the Queen Elizabeth University Hospital, Glasgow. As the main symptoms of pulmonary hypertension are non-specific, diagnosis is only made at the end of a five-day inpatient assessment. The results of the assessment determine which therapies or surgical interventions are appropriate. The service provides inpatient assessment, diagnosis, specialised treatment and outpatient follow-up management including emergency inpatient care provision.

Provider	Golden Jubilee National Hospital
Expenditure	More than £5m but less than £8
Caseload	654

Diagnostic, Genetics & Specialist laboratories and Services

Genetic & Molecular Pathology Laboratories

Genetic testing services are delivered through four regional centres. These laboratories collaborate through the Scottish Genetics Laboratory Consortium (SGLC) to deliver an equitable, high-quality genetic and molecular pathology testing services for Scotland. The SGLC delivers a diverse and evolving range of tests, as the number of conditions which can be tested for is increasing. A number of 'core tests' take place in all four of the centres. Other specialist tests might be performed in one or two laboratories for the whole Scottish population. The SGLC structure means that clinicians, scientists and commissioners have a national forum. Within this, they can consistently identify, evaluate and implement the most clinically viable and cost-effective approaches to genetic testing.

Provider	NHS Greater Glasgow & Clyde/ NHS Lothian/ NHS Tayside/ NHS Grampian
Expenditure	More than £15m less than £18m
No of samples received	75,721

Microbiology Reference and Specialist Laboratories

The Scottish Microbiology Reference and Specialist Laboratories provide support to guide public health responses to communicable (infectious) disease. Each laboratory maintains an archive of samples and contributes to research, quality assurance, audit and teaching, and offer analytical and advisory service to NHS boards and Health Protection Scotland (HPS). A specialist microbiological service is required when a test result is needed for a patient diagnosis that is rare. Commissioning of 13 microbiology reference and specialist

laboratories currently takes place in Scotland across three laboratories.

Provider	NHS Greater Glasgow & Clyde / NHS Lothian/ NHS Highland
Expenditure	More than £2m but less than £5m
No of samples received	81,477

Pre-implantation Genetic Diagnosis

The Scottish Pre-implantation Genetic Diagnosis (PGD) Service is for couples at risk of passing on an inherited disorder. It can significantly decrease the risk of having a child affected by a genetic condition. The service is available to residents of Scotland who meet the eligibility criteria for referral, outlined in the current Framework for Decision Making for the Scottish PGD service. PGD is offered when one or both genetic parents have, or are carriers of, a known genetic abnormality. Testing of the couples embryos takes place to determine whether an embryo is at risk of a genetic disease, with only low genetic risk embryos transferred back into the uterus.

Provider	NHS Greater Glasgow and Clyde / NHS Lothian
Expenditure	Less than £0.5m
No of cycles	78

Trace Element & Micronutrient Diagnostic Laboratory

This service specialises in the measurement and interpretation of trace elements and vitamins in clinical samples. The Scottish Trace Element and Micronutrient Diagnostic and Research Laboratory (STEMDRL) is provided by the Department of Clinical Biochemistry, NHS Greater Glasgow and Clyde. The laboratory provides a national analytical and advisory service for a range of nutritional and toxicological problems that involve essential toxic trace elements and vitamins. STEMDRL also provides a service for the determination of vitamins (A, B1, B2, B6, C, E and K).

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Activity	43,604 Test reports issued

Therapeutic Drug Monitoring

The aim of the service is to drive change in clinical practise and improve cost effectiveness of biological medicines and prescribing. The Therapeutic Drug Monitoring laboratory testing service was commissioned to undertake biologic testing for the anti-tumour necrosis factor (TNF) biologic medicines; Infliximab and Adalimumab with the aim of identifying patients who were most likely to benefit from anti-TNF biologic treatments, as well as those in whom it may be possible to reduce or withdraw anti-TNF biologic treatment without adversely affecting clinical outcomes. It is also proposed that the service would provide sustainable therapeutic monitoring to the Scottish population in which there would be equity of access across the health boards and accurate data could be collected and reported on.

Provider	NHS Greater Glasgow & Clyde
Expenditure	Less than £0.5m
Activity	7,573 Tests performed

Cervical Cytology External Quality Assessment

The Cervical Cytology External Quality Assessment scheme is hosted in NHS Tayside. The scheme comprises of two integrated components, interpretive assessment and education slides and covers participating cervical cytopathology laboratories in Scotland.

Provider	NHS Tayside
Expenditure	Less than £0.5m
Activity	171 participants

Cervical Cytology Training School

The school provides training and continuing professional development for relevant professional staff in cervical cytology screening and associated work areas as part of the Scottish Cervical Screening Programme. Relevant laboratory and screening staff can attend training at one of two centres: BioQuarter at the Royal Infirmary of Edinburgh and Queen Elizabeth University Hospital, Glasgow

Provider	NHS Lothian
Expenditure	Less than £0.5m

Financial Risk Share

We manage a number of national financial risk share schemes on behalf of NHSS Boards. These allow NHSS to pool funding across the country, so that Boards can share the financial impact of any unpredictable expenditure, in respect of the treatment, for very rare conditions that may require a high cost intervention.

Every NHSS Board makes a contribution to cover the cost of access to an agreed list of specialist treatments. The range covered by these arrangements is reviewed by NHSS Boards annually. Without these schemes an individual Health Board could face significant financial risk. The risk share schemes provide assurance to patients with very rare conditions that NHSS will cover the costs of their treatment or care.

The following risk share schemes were in operation in 2018/19:

Inherited bleeding disorders: Recombinant Blood Products

This scheme pools funds for blood clotting concentrates and drugs for people with haemophilia and rare bleeding disorders resident in Scotland. People who receive products from the scheme will be registered with one of five haemophilia centres. For several years the cost of recombinant product has reduced. This related to the reduction of price of products and introduction of a new drug for patients with inhibitors.



**Expenditure
£19.3m**

Forensic medium-secure care for patients with learning disabilities

When receiving treatment, some adults with learning difficulties require a level of security. The centre at Rowanbank Clinic is hosted by NHS Greater Glasgow & Clyde, provides specialist medium secure care for 12 patients with learning disabilities accommodating up to eight male and four female patients. There is also provision to access additional beds from NHS providers in England if required.



**Expenditure
£3.4m**

Ultra-orphan drugs for rare diseases

NHS boards pool funds to meet the costs for a small number of ultra-orphan drugs that are used to treat extremely rare diseases that are chronically debilitating or life-threatening. The majority of drugs the scheme covers are for people with inherited metabolic disorders.

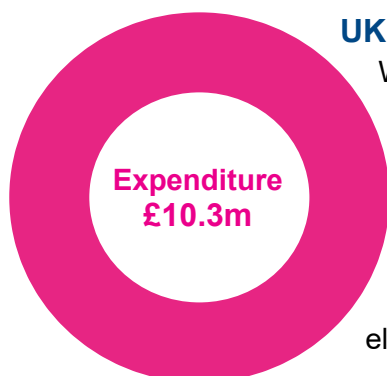
Numbers of patients on Orphan Drugs have risen significantly over the last 10 years. This is due to improved diagnosis of Fabry's disease, and a growing cohort of patients with Fabry's disease and other rare metabolic disorders on enzyme replacement therapies.



UK Specialist services

We meet the costs of specialist patient treatment outside of Scotland, on behalf of NHS Boards. Decisions about treatment for any patient referred to a service outside Scotland are made by relevant specialists and the patient's local NHS board.

Any request for funding must show that the referral is to access a proven, evidence-based, specialist intervention, that's not available elsewhere in NHSScotland.



Access to highly specialist services in England

During this year, the first NHS Scotland patients were referred to the new Proton Beam facility at the Christie Hospital in Manchester. The Proton Beam service is commissioned through NHS England and until now Scottish patients have been referred to Proton Beam centres in America and Germany.

Population Screening

Our screening team with NSD is responsible for co-ordinating the eight national screening programmes across Scotland. Each programme aims to detect early signs of disease in the population and offer a reliable pathway to referral for diagnostic testing and further treatment.

We work by bringing together the people who commission screening in NHSS Boards, Public Health experts, programme clinicians, managers and staff, IT and communication experts, and many others to discuss and agree protocols and pathways. By implementing good risk and adverse event management, we can identify and apply ongoing service improvements.

In order for a screening programme to be considered for national coordination, it must be acceptably accurate and designed to test for a disease where earlier detection and intervention would be of benefit to the patient and where the screening test does not cause unacceptable harm.

Screening policy is set by the Scottish Government Health Directorates on the advice of the UK National Screening Committee (NSC) and other appropriate bodies.



**Expenditure
supporting
screening
services and
projects
£23.3m**

Screening Performance 2018/19

Abdominal Aortic Aneurysm (AAA)

The aim of abdominal aortic aneurysm (AAA) screening is to detect aneurysms (bulges in blood vessels) early and monitor or treat them, to avoid the risk of rupture. The programme offers screening to all men in their 65th year, where around one in every 65 men will have an abdominal aortic aneurysm. Older men can opt into the programme and request screening through their local screening centre. We co-ordinate the commissioning of the programme which operates from eight centres across Scotland.

Figures to be published for 2018/19 by ISD in March 2020

Bowel Screening

The Scottish Bowel Screening Programme issues bowel screening kits to all eligible men and women aged 50 to 74 years of age across Scotland, and for those over 75 years who self-refer into the programme. Located in Dundee, the Bowel Screening Centre provides a call-recall office, helpline, and laboratory which receives and analyses all returned kits. If the test indicates the individual requires further investigation, participants are referred via the Bowel Screening IT System (BoSS) to the relevant local colorectal cancer service. The Programme transitioned to the new faecal immunochemical test (FIT) in November 2017, from the faecal occult blood test (FOBT). Information Services Division (ISD) publishes KPIs twice annually, which have demonstrated that uptake rose 8.4% in the first year after the introduction of FIT. The increased uptake in men is higher than in women, and the increase in uptake in the most deprived quintile was also greater than that in the least deprived.

Invitations	947,313
Uptake	607,116 (64%)
Self-referrals	4279 (age 75 plus)

Breast Screening

The Scottish Breast Screening Programme (SBSP) invites approximately 750,000 women aged 50-70 for breast screening over a 3-year period. Women over 70 can self refer once every 3 years. The programme offers breast screening including further assessment and diagnostic procedures to the eligible population with the aim to reduce mortality from breast cancer by maximising the number of cancers detected at an early stage. The SBSP is commissioned by National Services Division (NSD) and provided via six breast screening centres and 20 mobile units: with an intention to offer equity of access to the eligible population in both urban and rural areas of Scotland.

The latest ISD published statistics to 2018 highlight that the programme exceeds invasive cancer detection rates and that the detection of invasive cancer is happening more frequently when the tumour is small (< 15mm). Such small tumours are unlikely to be detected by physical examination, highlighting the importance of screening in the early detection of breast cancer. The attendance rate for breast screening for the 3year period 2015/16-2017/18 is above the acceptable standard of 70%, however there is a continuing falling attendance level across the nation for breast screening.

Work is ongoing within the programme to develop strategies to improve performance and share best practice given challenges with an increasing eligible population, national staffing shortages and maintaining a three yearly screening interval. A comprehensive review of the Scottish Breast Screening Programme has been approved by the Cabinet Secretary and will commence Autumn 2019 and report in late 2020

Cervical Screening

Cervical screening has proven to be an effective method of reducing the incidence and mortality of cervical cancer. Screening provides a test that involves checking cells in the cervix (neck of the womb) and a Human Papilloma Virus (HPV) test, where appropriate. The test is designed to pick up any changes so that they can be simply and effectively monitored or treated. Without treatment the changes can sometimes develop into cervical cancer. Cervical screening is routinely offered every three years to women aged between 25 and 49 years of age and every 5 years to women aged between 50 and 64. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) will be invited up to age 70 years.

We provide national coordination for the Scottish Cervical Screening Programme. From March 2020, cervical cytology (looking at cells under a microscope) will be replaced by human papillomavirus (HPV) testing as the primary cervical screening test. Cytology-based tests will still be used but only when high-risk HPV is found in a woman's sample.

Over nine out of 10 tests (91.9%) were negative with no sign of abnormal change in cells with a further 7.1% having low grade cell changes identified leading to recommended enhanced monitoring. 0.9% of women were identified as having a high risk of developing cervical cancer

Uptake	73.1%
Tests processed	407,854

Diabetic Retinopathy Screening

The Diabetic Eye Screening Programme aims to reduce the risk of sight loss for people with diabetes through early detection, appropriate monitoring and referral for treatment of diabetic retinopathy. Screening is offered annually to anyone with diabetes from the age of 12. As coordinator of this programme, we commission the Scottish Diabetic Retinopathy Screening (DRS) Collaborative which brings together individuals from all NHS boards in Scotland to facilitate the delivery of the DRS Screening Programme. It promotes equitable and accessible delivery of care, supporting health professionals. The DRS test is done at different locations across Scotland depending on the NHS board. Patients are written to directly and invited for the test. Work has begun on the specification of the software changes on the DRS IT system to support the changes in frequency and implementation of OCT.

Diabetes population known to the programme	332,438
Eligible population	283,438
Uptake (attended and successfully screened)	209,202 (73.8%)
Net total increase	13,130
Referral rate	9,119 (4.1%)

Pregnancy

There are a number of screening programmes available to pregnant women. These can help identify whether a woman and/or her baby may have rare but serious conditions. All pregnant women in Scotland are offered pregnancy screening for the following:

- Certain Infectious diseases (HIV, Hep B and Syphilis)
- Haemoglobinopathies
- Down's syndrome
- Some structural Fetal anomalies

NSD has a coordinating role in the provision of pregnancy screening programmes. Supporting the NHS boards and national protocols and guidance for the programmes to follow. This ensures consistency across the country. Finally, we assist in monitoring and evaluating the programme.

Following the NSC recommendations it has been agreed to implement the option of the inclusion of screening for Edwards syndrome (T18) and Patau syndrome (T13) as an expansion of the first trimester Down's syndrome (T21) screening test. It has also been agreed to implement Non-Invasive Prenatal Testing (NIPT) as a second line screen for those women receiving a high chance result following either first or second trimester screening for T21/13 or 18. Work is progressing in all the required work streams for a planned implementation date in summer 2020.

Newborn Blood Spot

Every baby is offered newborn blood spot screening, which is also known as the heel prick test. Ideally this occurs between 96 to 120 hours of life (or four to five completed days). Day of birth is day zero. Taking the blood sample from the baby's heel, the sample is sent for screening for the following conditions:

- phenylketonuria (PKU)
- congenital hypothyroidism (CHT)
- cystic fibrosis (CF)
- medium chain acyl-CoA dehydrogenase deficiency (MCADD)
- sickle cell disorder (SCD)
- maple syrup urine disease (MSUD)
- isovaleric acidaemia (IVA)
- glutaric aciduria type 1 (GA1)
- homocystinuria (HCU)

Samples processed 54,608

Universal Newborn Hearing

The Universal Newborn Hearing Screening (UNHS) Programme aims to identify all children born with moderate to profound deafness. The programme supports appropriate assessment and diagnosis for children and their families. One or two babies in every 1,000 are born with a hearing loss in one or both ears. Most of these babies are born into families with no experience or history of hearing loss.

As co-ordinators of the programme, we support the NHS boards and the national multidisciplinary groups, and help develop specifications, protocols and guidance for the programmes to follow. This ensures consistency across the country. Finally, we assist in monitoring and evaluating the programmes.



Developments to screening programmes: Introduction of Hr-HPV Primary Testing into the Scottish Cervical Screening Programme

Throughout 2018/19, we continued to progress plans to implement the High-Risk Human Papilloma Virus (Hr-HPV) primary testing as part of the national cervical screening programme.

The change sees the replacement of cervical cytology as the primary screening test with Hr-HPV testing and the use of cytology-based tests as the triage for women who test positive for Hr-HPV. HPV has been identified in the majority of cervical cancers. The introduction of this new test will help ensure the early signs of cervical cancer are identified and treated earlier.

The developments will include a reconfiguration of Scotland's cytology laboratory service. Proposals to become one of two 'super labs' were requested from each of the current cytology labs, and following an independent evaluation, NHS Lanarkshire & NHS Greater Glasgow & Clyde were chosen to host the laboratories. The labs will be commissioned by NSD, and collection points for the transport of samples to the processing laboratories will still be required in existing laboratories.

A six-month research study to explore women's understanding of the introduction of HPV testing to the cervical screening programme was undertaken by Research Scotland and completed in March 2019. A support pack for medical professionals is being developed to help with clear and consistent communications around the implementation of the new test.

Developments to the Scottish Cervical Call Recall System (SCCRS) are ongoing to ensure the IT system can accommodate the changes in the primary test, as are discussions around appropriate standard operating procedures.



National Networks

National Networks operate across professional, organisational and geographical boundaries, each bringing together the bespoke expertise to design and deliver models of care to achieve optimal clinical and other outcomes for patients and carers. We continue to support a diverse range of networks:

Clinical networks – These networks support service improvements for patients with rare and long-term conditions:

- Care of Burns in Scotland (COBIS)
- Children and Young People's Allergy Network (CYANS)
- Children with Exceptional Healthcare Needs (CEN)
- Cleftcare Scotland (CCS)
- Inherited Cardiac Conditions (NICCS)
- Inherited Metabolic Disorders Scotland (IMD)
- National Gender Identity Clinical Network Scotland
- Perinatal Mental Health Network (PMHN)
- Phototherapy Network (Photonet)
- Scottish Acquired Brain Injury Network (SABIN)
- Scottish Differences in Sex Development (SDSD)
- Scottish Inherited Bleeding Disorders Network (SIBDN)
- Scottish Muscle Network (SMN)
- Scottish Obstetric Cardiology Network (SOCN)
- Scottish Paediatric and Adult Haemoglobinopathies Network (SPAH)
- Scottish Paediatric and Adolescent Rheumatology Network (SPARN)
- Scottish Paediatric and Adolescent Infection and Immunology Network (SPAIIN)
- Scottish Paediatric Endocrine Group (SPEG)
- Scottish Paediatric Epilepsy Network (SPEN)
- Scottish Paediatric Renal and Urology Network (SPRUN)
- Surgical Congenital Anomalies Network Scotland (SCANS)
- Visual Impairment Network for Children and Young People (VINCYP)

Core elements of networks

Care pathway / service

improvement and planning -

mapping services across Scotland and designing the right models of care

Education to build capacity and capability in specialist care – for both professionals and carers

Collecting, analysing and reporting data

to measure and improve quality of care

Communicating and engaging with stakeholders

– ensuring that there is clear understanding and involvement in shaping and redesign of services to meet patient and carer needs.

**National
Networks
expenditure
£2.4m**

Diagnostic networks – These networks focus on linking laboratory and clinical services with users, seeking to ensure access to the right test at the right time.

- Scottish Clinical Biochemistry MDN (SCBMDN)
- Scottish Pathology Network (SPAN)
- Scottish Clinical Imaging Network (SCIN)
- Scottish Microbiology & Virology Network (SMV)

Strategic networks – Strategic networks are commissioned when nationally focused, large major change across whole pathways of care is required e.g. major trauma

- Scottish Trauma Network (STN)

Community services networks – These networks support medical care connections in local community services e.g. police, or people in custody
Police Custody

Cancer networks – These networks support the delivery of equitable, high-quality clinical care and are hosted by within the West of Scotland Cancer Network (WoSCAN), and also report to North (NOSCAN) and South East (SCAN) Cancer Networks.

Scottish Adult Neuro-Oncology Network (SANON)

Scottish HepatoPancreatoBiliary Network (SHPBN)

Scottish Sarcoma Network (Bone and Soft Tissue Sarcoma) (SSN)

Key Network achievements and developments in 2018/19

Perinatal Mental Health Network Scotland

Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have long lasting effects on women and their families, as well as new fathers or partners.

Women living with maternal mental illness, their families and the clinicians and third sector organisations who care for them have shared their experiences to help drive improvements to mental health services across Scotland. Over two years the [Perinatal Mental Health Network Scotland \(PMHNS\)](#), conducted a series of visits to understand the mental health difficulties women have experienced during pregnancy or in their first postnatal year. Their

contributions were central to the development of our [needs assessment and service recommendation report](#), which was officially launched in March 2019 by the First Minister, Nicola Sturgeon. Recognising the significance of the report, the First Minister announced an investment in excess of £50 million to improve access to mental health services for families regardless of where they live in Scotland. As well as contributing to the report, the experiences of women who had mental health difficulties during pregnancy or their first postnatal year resulted in the creation of a [Women and Families Maternal Mental Health Pledge](#). The pledge sets out patient expectations and is at the heart of improvements to care for women, their infants and families across Scotland.



Developing a sustainable Histopathology Service: Expanding the role of Biomedical Scientist

Scotland's brand new Biomedical Scientist Dissection Training School was launched in May 2018 at the Queen Elizabeth University Hospital, Glasgow. Over the course of a week, participants undertook initial training in the practicalities of dissection, and familiarisation of the principles and clinical governance in laboratories.

"The course gave me a good grounding in anatomy and pathologies of many of the specimens I am likely to come across in BMS dissection."

The programme was created and developed by the Scottish Pathology Network (SPAN) to free up medical capacity and improve turnaround of tissue dissection across all of Scotland's pathology laboratories. Expanding the role of the Biomedical Scientists to take on these procedures is a key step towards developing sustainable services through workforce modernisation, one of the deliverables of the Scottish Government's National Delivery Plan for Healthcare Science.

Initial evaluation indicated that all eleven participants (representing the ten NHS Boards that provide pathology services) were 'very satisfied' that the course had fulfilled its learning objectives.

The participants are now undergoing local dissection training and will be approved to dissect a range of tissue types within the [categories](#) specified by the Royal College of Pathologists. SPAN's long-term goal is to increase BMS dissection to 90% for less complex specimens (categories A,B,C), and to 70% for categories D&E, which will have significant impact on NHS Boards, where current rates can be as low as 2%.



Care of Burns in Scotland (COBIS)-Improving stakeholder engagement

For many people, going online is the most popular option to find information or support for health conditions. Feedback from stakeholders highlighted a need for the Network to improve the quality and accessibility of information available on the COBIS website.



In 2018, the Network launched a new Quality Strategy which included the launch of a Quality Improvement project led by the Network's Communications and Engagement Group.

We now provide easy access to clinical guidelines on the emergency management of burns in adults and children, as well as patient information leaflets on a wide variety of topics around burns management.

There are signposts to other useful resources and support organisations, news updates and information on course and conferences.

The revamp proved a success, with visits to the website increasing by 30% by December 2018. In 2019 a [physiotherapy and occupational therapy zone](#) was added to promote the sharing of clinical expertise across Scotland. This initiative attracted 120 visitors to the website the day the network announced this via email and Twitter.

Police Care Network

Intelligence-led Healthcare for People in Police Custody



An intelligence led approach has enabled the Police Care Network to develop a number of workstreams to drive improvements to the quality of care for people in custody. Gathering data produced by the Police Scotland National Custody System, the Network was able to produce a report showing trends in healthcare needs, potential gaps in service provision and opportunities for support services to get involved in improving the care for people in custody. Crucially, the data was able to evidence the number of episodes of people coming into custody, and that the majority of those were men. It also outlined important information around levels of onward referrals to people needing specialist support. The report was then made available at local, regional and national level to help inform and support operational planning for service managers and healthcare practitioners delivering custody healthcare.

Underpinned by person-centred data, the Network has also helped to inform the Impact of Minimum Unit Pricing on Crime, Safety and Public Nuisance Evaluation Advisory Group, which includes membership from the Network. The data also informs staff about the types of in-reach services they can focus on, which closely ties into the ongoing work of developing national custody hubs, and apply resources as appropriate.

Education and Training - Early intervention and diversion from the criminal justice system

The Police Care Network held its third networking event on Monday 21 January 2019 at the Grand Central Hotel, Glasgow.

It brought together people from across Scotland and different disciplines to learn from a range of initiatives taking place in the community, police custody and prison to divert people away from the criminal justice system, and towards health and social care support. Providing the earliest interventions in health and social care can improve health outcomes and reduce the likelihood of offending.

The event brought a national focus on a range of successful local initiatives allied to the Network, such as Breathing Space, Pharmacy provision in NHS Ayrshire & Arran and The South East Scotland Arrest Referral Faculty.

Scottish Trauma Network

Bringing together best practice and trauma care expertise, the Scottish Trauma Network (STN) is leading the development of a new approach to deliver the highest quality of integrated, multi-specialist care for severely injured patients across Scotland. This endeavour backed by the Scottish Government's extensive financial investment of £41.6m over five years and the committed support of all of NHS Scotland, is delivering change and improvement for patients and their families, as well as for clinical staff and services across the Nation.

Throughout 2018/19 much progress has been made to improve pathways for patients to receive high quality care, from pre-hospital right through to rehabilitation.



The establishment of Scotland's first two Major Trauma Centres in Aberdeen (October 2018) and Dundee (November 2018), marked a significant step forward in saving an estimated 40 more lives each year, as well as improving care outcomes for around 2000 major trauma patients, and 4000 severely injured patients annually. Two further MTC's will be opened during 2020/2021 in Edinburgh and Glasgow.



In partnership with the Scottish Ambulance Service, the development of "Yellow" Advanced Pre-Hospital Advanced Practitioner teams in the West and South East networks, gives specialist on-scene care for the seriously injured patient as well as those with serious medical emergencies, such as cardiac arrests. Early interventions can save lives, and prevent further 'secondary injury' such as lack of oxygen to the brain which can result in life-changing outcomes for patients.



The introduction of e-STAG by the Scottish Trauma Audit Group (STAG) means that local hospitals and regional services will have access to live reporting, as well as opportunities to produce run charts and other reports to assist with quality improvement.



You can find out more about our networks by visiting:

<https://www.nss.nhs.scot/browse/specialist-healthcare/national-networks>

National Planning

In 2018/2019 we established the NHSS National Planning Board to support areas of work that need to be planned at a national level. The Board comprises of key stakeholders from NHSScotland and Scottish Government Health and Social Care and enables a closer connection between local health board planners, regional planners and national planners – and this means that we can work for the best for the people of Scotland.

When considering what needs planned at a national NHS Scotland level, the Board consider key elements of care and service needs, such as:

Volume – how many people in Scotland in the future will need a certain service, where the expertise to provide these are, and how many centres do we need. By doing this planning, we can use NHS Scotland resources in the right way and make sure we are following the best evidence for high quality outcomes for Scotland.

Workforce – how do we deliver services where we have some shortages in workforce and plan the right workforce for the future.

Variation – where there is known differences in the way services are offered across Scotland or where we have seen differences in outcomes for patients.

Technology – where will new technology or medical advances help us in the future and how will we need to plan to bring these changes in and adapt how we provide care.



To support the NHSS National Planning Board, in NSD we have the 'National Planning Team (NPT)' which provides secretariat for the National Planning Board and all the working group as well as provides expertise to support the decision-making process. The NPT are skilled in health service management, planning, public health, data intelligence, evidence and economics and finance. The NPT lead and deliver:

Reviews – a review of existing NHS services (e.g. if there is variation across Scotland)

Service Planning – following a review or commission, the NPT may lead and support a new plan being developed to start a new service or modernise an existing one.

Commissions – national planning may request a horizon scan into a topic of health or care to develop a longer-term view. This will help NHSS prepare for the future, for example what services do we need in the next 5 – 10 years for heart disease, cancer, and stroke.

Key activities in 2018/19

- Reviews in: Robotic Assisted Surgery; Interventional Radiology
- Service Planning for: Transcatheter Aortic Valve Implantation (TAVI) services; Thrombectomy Service for Scotland.
- Commissioned horizon scans for Heart Disease, Cancer, Stroke, and Diagnostic Radiology

Clinical staff from across Scotland who are involved in the various planning work streams are all very positive and report that they feel more involved in planning the future for their services



“The National Planning Board has made an important and significant contribution to the ongoing work to establish a service to offer thrombectomy”

Professor Martin Dennis

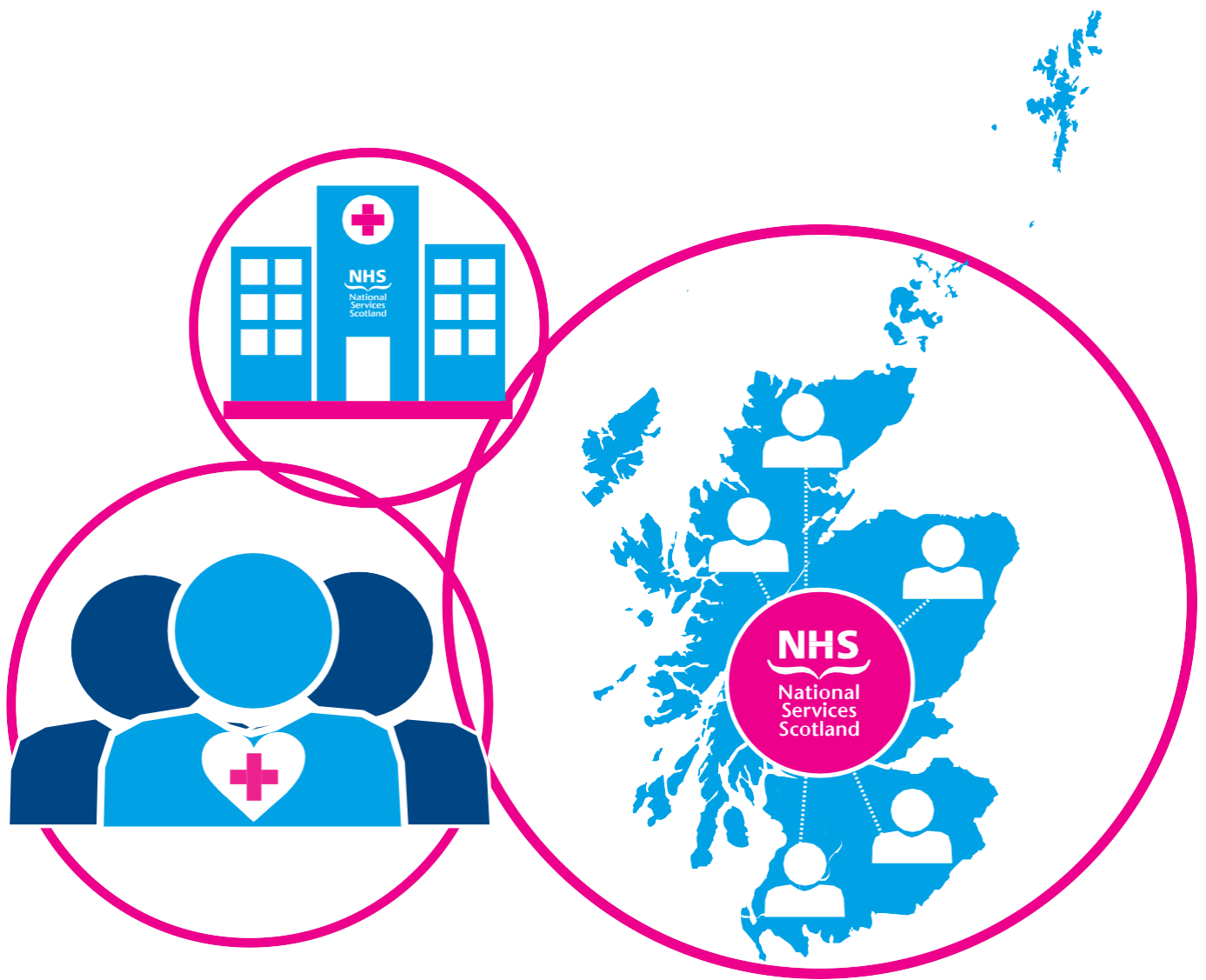
“The feedback from the clinical cancer community is unanimously positive. They have never been engaged like this in such a strategic conversation about developments in cancer on a national scale”

Dr David Dunlop

“Thank you for all your efforts with the heart disease issues in Scotland over the last few months... I’m starting to feel that we are getting somewhere... It has also been very refreshing to work with an effective team who keep things moving along!”

Dr David Murdoch

You can find out more about national planning by visiting:
<https://www.nationalplanning.scot.nhs.uk/>



For more about National Services Division please visit <https://www.nss.nhs.scot/browse/specialist-healthcare>

Or contact us at NSS.nsd-enquiries@nhs.net