

NHS Fife Public Health & Wellbeing Committee

Mon 07 November 2022, 10:00 - 11:50

MS Teams

Agenda

10:00 - 10:00 **1. Apologies for Absence**

0 min

Tricia Marwick

10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

Tricia Marwick

10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 29 August 2022**

0 min

Enclosed *Tricia Marwick*

 Item 03 - Public Health Wellbeing Committee Minutes (unconfirmed) 20220829.pdf (9 pages)

10:00 - 10:10 **4. Matters Arising / Action List**

10 min

Enclosed *Tricia Marwick*

 Item 04 - Public Health & Wellbeing Committee Action List 20221107.pdf (2 pages)

10:10 - 10:25 **5. GOVERNANCE MATTERS**

15 min

5.1. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed *Joy Tomlinson*

 Item 05.1 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee - Copy.pdf (7 pages)

 Item 05.1 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC as at 20 October 2022.pdf (3 pages)


 Item 05.1 - Appendix 2 Assurance Principles.pdf (1 pages)

10:25 - 11:00 **6. STRATEGY / PLANNING**

35 min

6.1. Report on Outcomes from Existing Clinical Strategy

Enclosed *Chris McKenna*

 Item 06.1 - SBAR Report on Outcomes from Existing Clinical Strategy.pdf (4 pages)

 Item 06.1 - Appendix 1 Review of the Clinical Strategy Draft Report 2016-21.pdf (17 pages)

6.2. Progress Report on Community & Staff Engagement

Enclosed *Janette Keenan*

 Item 06.2 - SBAR Progress Report on Community & Staff Engagement.pdf (6 pages)

6.3. Strategic Planning & Resources Allocation 2023/24

Enclosed Margo McGurk

 Item 06.3 - SBAR Strategic Planning & Resources Allocation 2023-24.pdf (4 pages)

6.4. Annual Delivery Plan Progress & Winter Actions

Enclosed Margo McGurk

 Item 06.4 - SBAR Annual Delivery Plan Progress & Winter Actions.pdf (5 pages)

 Item 06.4 - Appendix 1 Annual Delivery Plan Progress Update.pdf (12 pages)

11:00 - 11:20 **7. QUALITY / PERFORMANCE**
20 min

7.1. Integrated Performance & Quality Report

Enclosed Claire Dobson/Nicky Connor


 Item 07.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)

 Item 07.1 - Integrated Performance & Quality Report - October 2022.pdf (12 pages)

7.2. Sexual Health and Blood Borne Virus Framework

Enclosed Nicky Connor

 Item 07.2 - SBAR Sexual Health and Blood Borne Virus Framework.pdf (4 pages)

 Item 07.2 - Appendix 1 Sexual Health and Blood Borne Virus Framework.pdf (23 pages)

7.3. Shingles & Pneumococcal Vaccination Invite Incident


Enclosed Joy Tomlinson

 Item 07.3 - SBAR Shingles & Pneumococcal Vaccination Invite Incident.pdf (5 pages)

11:20 - 11:35 **8. ANNUAL REPORTS**
15 min

8.1. Integrated Screening Annual Report 2022


Enclosed Joy Tomlinson

 Item 08.1 - SBAR Integrated Screening Report 2022.pdf (4 pages)

 Item 08.1 - Appendix 1 Integrated Screening Report 2022.pdf (24 pages)

8.2. Quality Framework for Community Engagement & Participation


Enclosed Janette Keenan

 Item 08.2 - SBAR Quality Framework for Community Engagement & Participation.pdf (8 pages)

8.3. Pharmaceutical Care Services Report 2021/22

Enclosed Ben Hanna

 Item 08.3 - SBAR Pharmaceutical Care Services Report 2021-22.pdf (3 pages)

 Item 08.3 - Appendix 1 NHS Fife Pharmaceutical Care Service Report 2021-22.pdf (49 pages)

11:35 - 11:40 **9. FOR ASSURANCE**
5 min

9.1. Delivery of Annual Workplan

Enclosed *Joy Tomlinson*

📎 Item 09.1 - PHWC Annual Workplan 2022-23 as at 20221031.pdf (5 pages)

11:40 - 11:45 5 min **10. LINKED COMMITTEE MINUTES**

10.1. Fife Partnership Board held on 23 August 2022 (unconfirmed)

Enclosed

📎 Item 10.1 - Cover Paper Fife Partnership Board Minutes 20220823.pdf (1 pages)

📎 Item 10.1 - Fife Partnership Board Minutes (unconfirmed) 20220823.pdf (4 pages)

10.2. Population Health & Wellbeing Portfolio Board held on 11 August 2022 (unconfirmed)

Enclosed

📎 Item 10.2 - Cover Paper Portfolio Board Minutes 20220915.pdf (1 pages)

📎 Item 10.2 - Portfolio Board Minutes (unconfirmed) 20220915.pdf (4 pages)

10.3. Public Health Assurance Committee held on 5 October 2022 (unconfirmed)

Enclosed

📎 Item 10.3 - Cover Paper Public Health Assurance Committee 20221005.pdf (1 pages)

📎 Item 10.3 - Public Health Assurance Committee Minutes (unconfirmed) 20221005.pdf (5 pages)

11:45 - 11:50 5 min **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

11.1. To the Board in the IPQR Summary

Verbal *Tricia Marwick*

11.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Verbal *Tricia Marwick*

11:50 - 11:50 0 min **12. ANY OTHER BUSINESS**

11:50 - 11:50 0 min **13. DATE OF NEXT MEETING - WEDNESDAY 11 JANUARY 2023 AT 9AM**

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 29 AUGUST 2022 AT 10AM VIA MS TEAMS**

Present:

T Marwick, (Chair)

M Black, Non-Executive Director

C Cooper, Non-Executive Member

A Morris, Non-Executive Member

C Potter, Chief Executive

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

In Attendance:

N Connor, Director of Health & Social Care

P Cumming, Risk Manager (*Item 7 only*)

S Fraser, Associate Director of Planning & Performance

G MacIntosh, Head of Corporate Governance & Board Secretary

F Richmond, Executive Officer to the Chief Executive & Board Chair

H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member W Brown, Employee Director.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 4 July 2022

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Proposed Public Health & Wellbeing Committee Dates 2023/24

The Committee **approved** the proposed dates for 2023/24.

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy: Progress Update

The Director of Finance & Strategy reported that the paper explains the high-level progress against the key strands of our ongoing strategy work and development.

The Committee took **assurance** on the progress of the strategy through the content of the report.

Alignment to the Four National Care Programmes

The Director of Finance & Strategy advised that the paper describes the mapping out to each of the four national care programmes and the specific work captured to date as part of our corporate objectives in the first year of our strategy work.

The Committee took **assurance** that NHS Fife, in developing its Population Health and Wellbeing Strategy, is aligning to the National Care and Wellbeing Portfolio.

Public Health & Wellbeing Strategy: Whole System Engagement

The Director of Nursing provided an update on whole system engagement and advised that joint working is ongoing with the Fife Health & Social Care Partnership as engagement activity is planned over similar periods; this also increases partnership working, prevents duplication and ensures widespread engagement. Clinical teams are also being invited to assess the achievements of the previous clinical strategy. It was also advised an extraordinary Grand Round introducing the strategy and inviting staff contributions will take place on 31 August 2022.

Focus Groups are being arranged across the seven localities in conjunction with the Fife Health & Social Care Partnership. Engagement with harder to reach groups will form part of this work. The Focus Groups will commence from week beginning 19 September 2022 and will be flexible in approach to maximise engagement. M Black, Non-Executive Member, noted that it is positive the harder to reach groups are being involved.

The Director of Health & Social Care provided assurance that other areas of engagement work, including the mental health estate, will also contribute to the strategy. Assurance was provided that the engagement plan is aligned to the four strategic priorities of NHS Fife. F Richmond and S Fraser were thanked for all their hard work.

C Cooper, Non-Executive Member, questioned the timeline for the commissioning of an independent company and asked if the company will support and lead on engagement with the harder to reach groups. The Director of Nursing confirmed that the company will take the lead and have an independent viewpoint.

The Director of Finance & Strategy reported that a meeting is being arranged with the company Progressive to further discuss engagement work and how this can be improved.

A Morris, Non-Executive Member, raised concern around what seems to be ambitious timings and requested a timeline be added which takes the strategy to the delivery stage. The Director of Nursing provided assurance that timelines are being monitored on a regular basis to ensure milestones are reached.

The Committee took **assurance** that the engagement plan is aligned to the four strategic priorities of NHS Fife and the output from this engagement will be included in the development of the Public Health & Wellbeing Strategy.

6.2 NHS Fife as an Anchor Institution – Progress Update

The Director of Public Health highlighted and provided an overview on the national Place & Wellbeing Programme, the NHS Scotland Community Benefit Gateway and the workshop event scheduled with local community and voluntary sector organisations, as described in the paper. Assurance was provided that work is progressing, and it was advised a more formal process of reporting will be provided in time.

A Morris, Non-Executive Member, noted that procurement is largely controlled through a central procurement function at a national level and questioned if there was more that could be done from a local perspective. The Director of Finance & Strategy noted that this is challenging in terms of movement for the Anchor programmes at a national level, and that the majority of spend is locked into national contracts. It was advised a detailed assessment has been carried out for our local procurement and an overview of the spend was provided. Assurance was provided that all opportunities to procure locally are being explored.

M Black, Non-Executive Member, questioned the criteria of those involved in the ‘no-one left behind’ programme and questioned what steps have been taken to establish if there are any gaps. The Director of Public Health advised that there is a national framework of approach and agreed to provide M Black the detail of the ‘no-one left behind’ programme outwith the meeting.

Action: Director of Public Health

In terms of applications for local needs through the Community Benefits Portal, the Director of Public Health confirmed that the four themes are all linked and have been made explicit to ensure actions are aligned to each theme to progress with the priorities.

The Committee **noted** the contents of this paper and those areas of business included in development as an Anchor Institution.

7. RISK

7.1 Corporate Risk Register - Draft Strategic Risks

The Director of Finance & Strategy provided background to the Corporate Risk Register.

The paper outlines the output profile in terms of presenting the strategic risk profile, as per the exemplar given at annex 1. Each of the 18 proposed strategic risks have been mapped to the Board’s four strategic priorities within the emerging strategy and have

also been mapped to the agreement on the revised Board risk appetite. It was advised that the current strategic level profile indicates that three of the four strategic priorities are facing a risk profile in excess of the Board's risk appetite, and it was questioned if that reflects the performance being monitored for NHS Fife. It was noted mitigations, detailed in annex 2, are in place to support the risks. It was also noted there is the potential for a visual dashboard format to be used once there is agreement on specific risks.

The Director of Finance & Strategy asked Committee members' views on the visuals proposed and questioned if all risks that are currently facing the organisation have been captured and are at the correct level. A Morris, Non-Executive Member, agreed that there is a greater connectivity through the risk profiles and risk assessment, and that more clarity is provided through the visuals, which is good progress. M Black, Non-Executive Member, agreed that there has been good progress and noted concern regarding the cyber resilience risk, and the likelihood that this will remain an area of high risk for the foreseeable future. The Director of Finance & Strategy welcomed the feedback from Members and agreed to review the cyber resilience risk level.

Action: Director of Finance & Strategy

Following a question from M Black, Non-Executive Member, on the Operational Pressures Escalation Levels (OPEL), it was advised that the process forms part of business as usual activities.

The Committee took **assurance** from the work done to date on developing the Corporate Risk Register and dashboard reporting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Associate Director of Planning & Performance noted that the risk section will be included in the next iteration of the report.

The Director of Health & Social Care advised that there is an unavoidable 12 week time lag in the data, and provided an overview on performance in Smoking Cessation, Child & Adolescent Mental Health Service (CAHMS), Psychological Therapies and Covid Vaccination, as detailed in the report.

Following a question from M Black, Non-Executive Member, an explanation was provided on the definition of 'on track' for waiting times, this reflecting the fact that a timeline is being worked towards for delivery of meeting targets.

The Director of Public Health reported on immunisation, as detailed in the report, and noted that this is the first time the child immunisation data has been included. This will continue to be included in all future reports.

The Committee took **assurance** from the report.

8.2 Community Immunisation Service Flu & Covid Vaccination (FVCV) Delivery Update

The Director of Health & Social Care provided assurance that the work and decisions taken by the Board in relation to supporting a substantive workforce, and the work around the immunisation strategy, places Fife in a good position in relation to delivery.

An overview on the current position was provided, as detailed in the paper. It was noted that the issue with national scheduling, where people were not scheduled close to their home, was advised and engagement is ongoing to rectify the situation. Assurance was provided that this was not pose any difficulty for delivery in Fife.

M Black, Non-Executive Member, questioned if there would be communications to the public at a local level in relation to immunisations. The Director of Health & Social Care advised that there are national toolkits that will be adapted locally.

The Chair asked if there was any concern for the scale of the various immunisations given to members of the public and provided an example. The Director of Health & Social Care agreed to feed back the concern to the team. The Director of Public Health added that NHS Fife co-administers Flu and Covid vaccines to make best use of resources and capture as many of the population as possible.

Action: Director of Health & Social Care

A Morris, Non-Executive Member, questioned if all appointments are carried out through the national scheduling system, noting the issues that had previous occurred. In response, it was advised that there had been lessons learned and that the system now works well. It was noted NHS Fife have representation on the national group.

Following a question from A Morris, Non-Executive Member, on the prioritisation approach within cohorts, it was advised risk assessments will take place for individuals, and those individuals are then prioritised on the waiting list.

A Morris, Non-Executive Member, also questioned if staff are being reallocated and removed from the hospital posts potentially causing additional workforce pressures. It was reported that we are now in a position of having a stable cohort of vaccination workforce, which was not the same position the previous year. However, if timescales of delivery were brought forward nationally, then this would become a challenge and a risk. Assurance was provided that the workforce is in place for delivery in December 2022 without reprioritising or reallocating staff from other areas.

The Committee took **assurance** from the update, considered the progress achieved and updated information regarding the programme, and ongoing developments in the approach.

8.3 Community Children Services Annual Report 2021/22

The Director of Health & Social Care advised that the report outlines both the national and local context. An overview on the contents of the report was provided. The Director of Public Health highlighted that the preventive contribution from core services to children in their early years is crucial.

C Cooper, Non-Executive Member, praised the report and thanked the team for the assurance provided in this area.

It was agreed this report should go onward to the Board meeting in September 2022.

Action: Director of Health & Social Care

The Committee took **assurance** on the work undertaken by Fife Health Promotion Service during 2021/22 to support delivery of strategic priorities and public health priorities for the people of Fife and the priorities for 2022/23.

8.4 Local Delivery Plan Standard for Psychological Therapies: Update at June 2022

The Director of Health & Social Care spoke to the paper and highlighted appendix 1, which details a range of improvement actions that are taking place. It was reported the demand for psychological therapies is high and that this is challenging in terms of capacity to recruit and pathways for delivery of care.

It was highlighted that there has been a reduction since February 2022 of 53 people who have been waiting over 53 weeks, and a focus continues on reducing longest waits. An overview was provided on performance. Assurance was provided that work is ongoing to increase the number of referrals.

Assurance was also provided that psychological therapies is scrutinised in depth and that there are a range of improvement activities that are ongoing. It was also noted that the risk in relation to demand and recruitment is being closely monitored through the Integrated Performance & Quality Report (IPQR) with a further detailed report to come back to this Committee.

M Black, Non-Executive Member, queried the rationale which has driven developments within Adult Mental Health systems in recent years (detailed in appendix 1) to 'identify' blocks within current system and better understand demand-capacity ratios within tiers of the service, noting that the blocks are already known. The Director of Health & Social Care explained that the blocks are iterative and identifies what else can be carried out or delivered.

A Morris, Non-Executive Member, questioned what happens to those who are waiting over one year to be referred, and queried if their condition worsens, over this time, would this result in a need for more intensive treatment. Assurance was provided that there is a point of escalation within the service, should anyone deteriorate during the waiting time.

The Committee was informed on the current performance, the benefits realised from the improvement actions and the ongoing risk in relation to recruitment and took **assurance** that this is actively being managed through the Psychology Service, is actively being monitored and data is included in the IPQR.

8.5 Child & Adolescent Mental Health Service (CAMHS) Performance & Recruitment Update

The Director of Health & Social Care spoke to the paper and advised that the report details the 18-week referral & treatment position and the ongoing activity in relation to the CAMHS service. The support from the Scottish Government was highlighted and it was advised that this has allowed an opportunity to scrutinise. The report outlines a range of influencing factors and improvement actions. It was also noted, in line with the

Scottish Government and Public Health Scotland, that CAMHS will no longer have tier two psychological services as they are not the threshold for CAMHS intervention and will be extracted from submissions; this will provide a more accurate waiting time analysis, which is comparable with other Health Boards in Scotland.

An overview on recruitment was provided, and the Chair questioned if there was a willingness to over recruit. The Director of Health & Social Care agreed to explore this option with the team.

Action: Director of Health & Social Care

C Cooper, Non-Executive Member, queried if there was an opportunity in the redesign of the service for other sectors to support in areas that are potentially missing or any other support that is required. The Director of Health & Social Care agreed to ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.

Action: Director of Health & Social Care

An explanation was provided on the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper. The Chair questioned why Fife receive more referrals compared to other local authorities. The Director of Health & Social Care agreed to feed this back to the team and provide an update in the next iteration of the report.

Action: Director of Health & Social Care

The Medical Director added that Omicron has had an impact on waiting times and delivery of health services across all NHS Scotland Boards and that it can be difficult to understand the reasons for variation in referral patterns between Boards. The Chair, on behalf of the Committee, acknowledged how difficult the situation is.

It was agreed to hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.

Action: Director of Health & Social Care/Board Committee Support Officer

The Committee was informed on the progress against achieving the Scottish Government CAMHS 18-week referral to Treatment Target (RTT), current referral and waiting times activity and took **assurance** on the progress on recruitment and further actions to achieve these objectives.

8.6 Health Promoting Health Service Update

The Director of Public Health spoke to the paper and advised that prior to the pandemic, there was a change in approach from the Scottish Government with a lighter touch and self-assessment approach to the different objectives. It was noted the programme is continuing, however it has not had the same level of scrutiny from national colleagues. It was reported that the paper outlines the work that has been carried out throughout the course of the pandemic, with the four outcomes linking in well with our strategy. It was noted that developments nationally are awaited regarding the future direction of the programme.

The Committee took **assurance** from the update.

8.7 Joint Health Protection Plan

The Director of Public Health spoke to the paper.

Following a question from the Chair, the Director of Public Health confirmed that the paper is also presented to a future meeting of the Fife Partnership and that she would clarify the timescales for this.

The Committee **endorsed** the updated Joint Health Protection Plan 2022-24.

9. INEQUALITIES

9.1 Child Poverty Action Plan

The Director of Public Health spoke to the paper and advised that there is a proposed change to the way the Child Poverty Action Plan will be reporting in future. Fife Partnership have included the Child Poverty Action plan within the delivery plan for the overarching Tackling Poverty and Preventing Crisis Board.

It was confirmed that this paper will also be presented to a future meeting of the Fife Partnership.

The Committee took **assurance** from the report, which was provided to members for information.

10. ANNUAL REPORTS

10.1 Immunisation Annual Report

The Director of Public Health spoke to the paper, noting it describes the key points over the course of the previous year. It was advised that there was a high uptake across all of the child immunisation programmes, although there are still areas for improvement.

It was reported that work is ongoing to complete an equality impact assessment, and data gathering is progressing well and will be concluding in the coming months, with an update brought back to this Committee.

The Committee **noted** the findings of the NHS Immunisation Annual Report provided to members for **assurance**.

11. FOR ASSURANCE

11.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

12.1 Minutes of Population Health & Wellbeing Portfolio Board held on 12 May, 9 June and 14 July (unconfirmed)

12.2 Public Health Assurance Committee held on 3 August 2022 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

13.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT MEETING

Monday 7 November 2022 at 10am via MS Teams.

KEY:	Deadline passed / urgent
	In progress / on hold
	Closed

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 7 November 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	29/08/22	Child & Adolescent Mental Health Service (CAMHS) Performance & Recruitment Update	To hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.	NC/HT	Early 2023	In progress. Dates being explored.	In progress
2.	To explore the option of over recruiting with the team.		NC	01/03/23	Will be included in the report to the PH&WB Committee in March 2023.	Deadline not reached	
3.	To ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.						
4.	To feed back to the team and provide an update in the next iteration of the report re the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper and to also explain why Fife receive more referrals compared to other local authorities.						
5.	29/08/22	'No-one left behind' Programme	To provide M Black the detail of the 'no-one left behind' programme outwith the meeting.	JT	September 2022		Lucy Denvir has been in contact with M Black and provided information. M Black is welcome to contact Lucy if further information is required.
6.	29/08/22	Corporate Risk Register -	Members are welcome to provide feedback on the Corporate Risk Register.	Committee Members	September 2022	Complete.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
7.		Draft Strategic Risks	To review the cyber resilience risk level.	AG	September 2022	Complete. Risk was reviewed at Executive Directors' Group meeting on 20/10/2022.	Closed
8.	29/08/22	Community Children Services Annual Report 2021/22	Report to go to the Board meeting on 27 September 2022.	NC	September 2022	Complete.	Closed

Meeting:	Public Health and Wellbeing Committee
Meeting date:	7 November 2022
Title:	Corporate Risks Aligned to Public Health & Wellbeing Committee
Responsible Executive:	Margo McGurk, Director of Finance and Strategy, NHS Fife
Report Author:	Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the first cycle of reporting to the governance committees on the corporate risks, following Board approval on 27 September 2022. The content reflects the baseline starting position for launching our new approach. This report will evolve and be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 20 October 2022 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to our 4 strategic priorities. This allows us to present the corporate risks in a manner which facilitates effective and focused scrutiny.

This approach will create the conditions for deeper conversations around assurance on the effectiveness of mitigations in terms of:


- relevance
- proportionality
- reliability
- sufficiency

This will be particularly important for risks which are deteriorating or static over time.

2.3 Assessment

NHS Fife Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite	Summary Statement on Risk Profile
To improve health and wellbeing	5	3	2	-	-	◀▶	High	The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate	
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate	Mitigations are in place to support management of risk over time with some risks requiring daily assessment.
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate	Assessment of corporate risk performance and improvement trajectory is in place.
Total	18	14	4	0	0	◀▶	Moderate	

Risk Key <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="background-color: #ff0000; color: white;">High Risk</td><td style="background-color: #ff0000; color: white;">15 - 25</td></tr> <tr><td style="background-color: #ff9900; color: white;">Moderate Risk</td><td style="background-color: #ff9900; color: white;">8 - 12</td></tr> <tr><td style="background-color: #ffff00; color: black;">Low Risk</td><td style="background-color: #ffff00; color: black;">4 - 6</td></tr> <tr><td style="background-color: #00ff00; color: black;">Very Low Risk</td><td style="background-color: #00ff00; color: black;">1 - 3</td></tr> </table>	High Risk	15 - 25	Moderate Risk	8 - 12	Low Risk	4 - 6	Very Low Risk	1 - 3		Movement Key Improved - Risk Decreased No Change Deteriorated - Risk Increased
High Risk	15 - 25									
Moderate Risk	8 - 12									
Low Risk	4 - 6									
Very Low Risk	1 - 3									

Details of the risks aligned to this Committee are summarised in Table 1 below and at Appendix 1. Please note:




- the content of the risk register will be reviewed and further developed as appropriate, between each committee cycle with consideration at the Risks and Opportunities Group and recommendations to the Executive Directors' Group (EDG);
- the risk target levels are under review to ensure they reflect the level to be achieved at year end (i.e. March 2023)

To this end, EDG reviewed the register on 20 October 2022 and agreed:

- The following risk should be realigned to the committee where the subject is reported:
 - Primary Care Services - from the Clinical Governance Committee (CGC) to the Public Health & Wellbeing Committee (PHWB) Committee

Governance Committee and Aligned Corporate Risk Overview

Table 1 Risks aligned to the Public Health and Wellbeing Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	1 1 - -	◀▶	<ul style="list-style-type: none"> • Population Health and Wellbeing Strategy • Health Inequalities 	<ul style="list-style-type: none"> • N/A for this committee cycle as Corporate Risk Register is being presented for the first time
 To deliver value and sustainability	- 1 - -	◀▶	<ul style="list-style-type: none"> • Policy Obligations in Relation to Environmental Management and Climate Change 	
 To improve the quality of health and care services	1 - - -	◀▶	<ul style="list-style-type: none"> • Primary Care Services 	

Deep Dive Review of Corporate Risks

An objective of the new approach is to enable better scrutiny of our corporate risks. To achieve this, deep dive reviews will be commissioned for risks:


- identified by the governance committees
- identified by EDG
- considered by the Risks & Opportunities Group with recommendations into EDG

As this is the first cycle of reporting, a decision was taken to carry out a deep dive review on the risk associated with Policy Obligations in Relation to Environmental Management and Climate Change.

Members will be asked to identify deep dive (s) to be reported to the Committee from its first meeting in 2023. The Committee work plan will be developed to reflect same.

Corporate Risk Selected for “Deep Dive”

This section provides details of root cause (s) and management actions associated with the required mitigations.

Corporate Risk Title	Policy obligations in relation to environmental management and climate change
Strategic Priority	 To deliver value and sustainability
Risk Description	There is a risk that if we do not put in place robust management arrangements and the necessary resources,

	we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'		
Root Cause	<p>The Scottish Government have implemented a policy on tackling climate change following the worldwide climate change requirements which are displayed as 17 United Nations (UN) Sustainable Development Goals.</p> <p>NHS Scotland is aiming to become a net-zero health service by 2040 at the latest. We are part of an international coalition of over 50 countries to date who have committed to developing low-carbon health systems.</p> <p>Collaboration between Scottish Government and NHS Scotland has resulted in the development of a 2022-2026 Climate Emergency Strategy to address areas within the Sustainability Agenda. There are five main themes currently being lead by NHS Scotland in its infancy stages:</p> <ol style="list-style-type: none"> 1. Sustainable Buildings & Land 2. Sustainable Travel 3. Sustainable Goods & Services 4. Sustainable Care 5. Sustainable Communities <p>The current resource level within the Estates Directorate assigned to work on areas of sustainability is insufficient.</p> <p>A restructure of duties for some existing staff will assist with tackling more of the agenda alongside partnership working with local 3rd sector organisations including a partnership director appointment with FCCT (Fife Coast & Countryside Trust) and local governments (Fife Council) however due to the scale of the task within topic 1 above alone, 'Sustainable buildings and land', NHS Fife will need to implement a series of projects across the Estates to meet this demand over the next 18 years, somewhere in the region of over tens of millions capital investment is required on our source of heat projects to replace fossil fuel sources (gas and oil) with non fossil fuel systems (electric heat pumps etc).</p> <p>It is expected that the majority of capital will be funded by the Scottish Government however internal resource to deliver these projects is currently insufficient and unrealistic to achieve.</p>		
Current Risk Level	Moderate 12	Likelihood 3	Consequence 4
Target Risk Level (in year delivery)	To be confirmed	Likelihood To be confirmed	Consequence To be confirmed
Management Actions (current)			
Action	Status		
An effective Governance Structure has been implemented by staff named as the 'Executive Lead' and 'Sustainability Champion' as identified within the NHS Scotland Strategy.	Complete & ongoing		
Regional working group set up with regular meetings with NHS Lothian and NHS Borders.	Complete & Ongoing		

Recent delivery of £1.5 million of renewable energy sources and energy improvement works across various NHS Fife properties	On Track – ongoing – completion end of Nov 22
9 NHS Fife sites have been surveyed with a view to net zero and a further 3 sites ongoing now as result of a national tender programme	On Track – ongoing
Development of a Greenspace 2030 Strategy underway working and partnering with external 3 rd sector organisations to link the space with the resource and funding. Workshop involving various NHS Fife staff complete and now into the 2 nd phase of developing the strategy.	On Track – ongoing – completion end of March 2023
Active participation in Plan 4 Fife	On Track – ongoing
Implementation of a Travel platform to support NHS Fife staff with the commute and ability to track commute emissions (as required by national reporting standards)	On Track – ongoing
Design project underway to decentralise and achieve 'net zero' at the Cameron Hospital site	On Track – ongoing
Attending National Working groups with the sustainability agenda as the focus	On Track – ongoing
Created better opportunities for active travel including e-bike loan schemes	Complete & ongoing
Target for full EV fleet by 2025 underway	On Track – ongoing
Outsourcing the population of the EMS (Environmental management system) however ongoing management of this system will be required from various parties (legal requirement for boards)	On Track – ongoing
Management Actions (future)	
Action	Status
Development of SBAR to demonstrate employment of energy related posts within the Estates Directorate which will potentially 'pay for themselves' with the ongoing commitment to renewable energy projects showing significant savings to the board year on year in gas and electricity consumption costs, whilst also meeting the demands of the policy and strategy requirements and the UN Sustainable Development Goals. This will align with the SPRA requirements.	On Track – March 2023
9 sites which have been surveyed, £11 million investment is required to deliver these projects to enable the sites to be net zero on GHG's (Greenhouse gases) as per policy objective. Funding may come from SG but no NHS Fife resource to deliver. The point above may address this issue in part.	Not started yet – 2023 potential start date
Development of more EV chargers across NHS Fife to align with national and local requirements	Not started yet – 2023 potential start date
Realignment of existing post duties to meet above criteria's (subjects 1-5) (Namely travel & transport, waste, energy projects)	Not started yet – 2023 potential start date
Further discussions on sustainable care to progress, with a view that a national approach will be taken	Not started yet – 2023 potential start date
A report on supply chain carbon emissions is required by all boards. NHS Scotland are taking the lead on this to ensure a consistent approach rather than individual boards progressing as a 'knee jerk'	Discussions started October 2022

Action Status Key
Completed
On track
Significant level of delivery

challenge
At risk of non delivery
Not started

2.3.1 Quality / Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to improve staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

Subject of the paper.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Subject of the paper.

2.3.6 Climate Emergency & Sustainability Impact

Subject of the paper.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time, most recently with the Board on 27 September 2022 and at EDG on 20 October 2022.

2.3.8 Route to the Meeting

EDG on 20 October 2022 and the Director of Finance and Strategy on 27 October 2022

2.4 Recommendation

- Assurance

3 List of appendices

The following appendices are included with this report:


- Appendix No. 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 20 October 2022
- Appendix No. 2, Assurance Principles

Report Contact

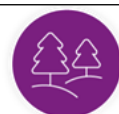
Pauline Cumming

Risk Manager, NHS Fife
Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 20 October 2022


 To improve health and wellbeing							
	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
1	Population Health and Wellbeing Strategy There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development. The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.	Mod 12	Mod 8	◀▶	Chief Executive	Public Health & Wellbeing
2	Health Inequalities There is a risk that if NHS Fife does not develop and implement an effective strategic approach to	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population. Public health department and wider partners'	High 20	Mod 10	◀▶	Director of Public Health	Public Health & Wellbeing

	<p>contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>ongoing programme of work on reducing health inequalities relating to Public Health Priorities, Health Promotion, Vaccination, Screening, and Dental Public Health (ongoing).</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p>					
--	--	---	--	--	--	--	--



To deliver value and sustainability

	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
4	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global</p>	<p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed.</p> <p>Regional working group and representation on the National Board.</p> <p>Active participation in Plan 4 Fife.</p>	Mod 12	Mod 10 (5-10 years)	◀▶	Director of Property & Asset Management	Public Health & Wellbeing

	Climate Emergency and Sustainable Development, Nov 2021.'						
	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
 To improve the quality of health and care services							
10	Primary Care Services There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.	A Primary Care Governance and Strategy Oversight Group has been established. The group brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It is co-chaired by the Medical Director and the Director of Health and Social Care. The group will provide assurance to NHS Fife Board and the Integration Joint board through the appropriate sub committees. The establishment of this group will allow governance and scrutiny of all aspects of primary care delivery and to provide a focus for improving patient care for the population of Fife.	High 16	Mod 10	◀▶	Director of Health & Social Care	Public Health & Wellbeing

Assurance Principles, Developed by NHS Lanarkshire

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or Escalation
Recording
- Scrutiny of risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

GENERAL QUESTIONS:

• Does the risk description fully explain the nature and impact of the risk?
• Do the current controls match the stated risk?
• How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly
• Will further actions bring the risk down to the planned / target level?
• Does the assurance you receive tell you how controls are performing?
• Are we investing in areas of high risk instead of those that are already well-controlled?
• Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?

SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

• History of the risk (when was risk opened); has it moved towards target at any point?
• Is there a valid reason given for the current score?
• Is the target score: <ul style="list-style-type: none"> ○ In line with the organisation's defined risk appetite? ○ Realistic/achievable or does the risk require to be tolerated at a higher level? ○ Sensible/worthwhile?
• Is there an appropriate split between: <ul style="list-style-type: none"> ○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now? ○ Actions – planned initiatives which should take it from its current to target? ○ Assurances - which monitor the application of controls/actions?
• Assessing Controls <ul style="list-style-type: none"> ○ Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? ○ Overall, do the controls look as if they are applying the level of risk mitigation stated? ○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
• Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> ○ Are they are on track to be delivered? ○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? ○ Are they likely to be sufficient to bring the risk down to the target score?
• Assess Assurances: <ul style="list-style-type: none"> ○ Do they actually relate to the listed controls and actions (surprisingly often they don't)? ○ Do they provide relevant, reliable and sufficient evidence either individually or in composite? ○ Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> ▪ the control is working ▪ action is being implemented ▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level ○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> ▪ 1st line – management / performance / data trends? ▪ 2nd line – oversight / compliance / audits? ▪ 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE

Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Meeting:	Public Health and Wellbeing Committee
Meeting date:	7 November 2022
Title:	Report on Outcomes from Existing Clinical Strategy
Responsible Executive:	Chris McKenna, Medical Director Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- NHS Board strategy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Clinical Strategy was produced in 2016 and provided the strategic direction of travel for health care services in Fife between 2016-21. Working is currently under way to write the Population Health and Wellbeing (PHW) Strategy.

This report summarises feedback from clinical teams on the progress made against the recommendations of the Clinical Strategy.

2.2 Background

The Clinical Strategy made 19 recommendations that were derived from the report recommendations from the 7 clinically led workstreams. The published strategy also

included *Recommendations in Practice* that have been used to review and critically appraise the progress made since 2016.

The paper outlines the 4 main transformation programmes that were prioritised from the Clinical Strategy namely:

1. Acute Services Transformation: reduction in unwanted variation, standardisation, redesign of services in line with Realistic Medicine and Regional working
2. Community Redesign: Urgent Care Redesign, development of Community Hubs and community hospital redesign
3. Mental Health Redesign
4. Medicine Efficiencies

Reporting of progress against programme plans for each transformation programme was provided as assurance to the Clinical Governance Committee on a regular basis since 2016.

2.3 Assessment

Feedback was received from the chairs and teams of the workstreams involved in writing the Clinical Strategy in 2016. Progress was documented then summarised in the attached paper.

The seven workstreams from the Clinical Strategy were:

1. Urgent Care Workstream
2. Scheduled Care
3. Chronic Conditions
4. Cancer Services and Palliative Care
5. Women And Children's Services
6. Mental Health and Learning Disabilities
7. Estates, Digital & Information and Support Services

The summary of the main achievements is presented as well as (1) an indication of whether the recommendations in practice has been achieved or not and (2) alignment of the recommendation in practice to NHS Fife's current strategic priorities.

The feedback indicated that significant work had been carried out in most areas which also reflected changes in services during the COVID period. In many cases, although the original recommendations in practice had been achieved since 2016, similar pieces of work are ongoing or still relevant in a slightly different form reflecting changes in national policy and local focus.

In many cases, a local strategy/strategic framework has been produced outlining key priorities for services going forward. The paper captures the strategies and strategic frameworks aligned to the new PHW strategy.

The feedback from clinical teams including the review of the Clinical Strategy, will be used to inform the Population Health and Wellbeing Strategy and the associated delivery plans.

2.3.1 Quality/ Patient Care

The Review of the Clinical Strategy summarises the improvements in quality and patient care since the publication of the Clinical Strategy.

2.3.2 Workforce

Workforce was a key to the delivery of the previous strategy and this is demonstrated in the changing profile of the workforce and importance placed in the PHW Strategy.

2.3.3 Financial

The financial pressures were managed over the years of the Clinical Strategy. Financial pressures were, where practical, found within existing budgets.

2.3.4 Risk Assessment/Management

The risks associated with this work were identified and managed through the Board Assurance Framework for Strategic Planning since 2016.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity including health inequalities were addressed in the Clinical Strategy 2016-21. An EQIA has been completed and signed off for the PHW Strategy.

2.3.6 Other impact

No other impacts are anticipated.

2.3.7 Communication, involvement, engagement and consultation

There was extensive public and staff engagement during the consultation for the Clinical Strategy.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group (by email) 18 October 2022

2.4 Recommendation

The Committee are invited to take:

- **Assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

3 List of appendices

- Review of the Clinical Strategy Draft Report 2016-21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

Review of the Fife Clinical Strategy 2016-21

Draft v1.1: 19 October 2022

VERSION CONTROL

Draft V 1.0	18/10/22	First draft distributed to EDG
Draft v1.1	19/10/22	Revised draft following comments from EDG

CONTENTS

1 Introduction1

2 2016-2021 Clinical Strategy Summary2

3 Workstream Updates2

 3.1 Urgent Care Workstream2

 3.2 Scheduled Care4

 3.3 Chronic Conditions.....6

 3.4 Cancer Services and Palliative Care7

 3.5 Women And Children’s Services9

 3.6 Mental Health And Learning Disabilities10

 3.7 Estates, Digital & Information and Support Services11

4 Strategic Approach to Clinical Strategy 2016-202113

5 Conclusion13

1 INTRODUCTION

In 2016 NHS Fife published its 5-year Clinical Strategy, outlining its key priorities and recommendations for the next 5 years. The Clinical Strategy 2016-2021 was developed in partnership with a wide range of stakeholders and described the future model of healthcare for the people of Fife. This was facilitated by the creation of 7 multiprofessional work streams.

1. Urgent Care
2. Scheduled Care
3. Chronic Conditions and Frailty
4. Cancer, Palliative Care and End of Life Care
5. Woman and Children
6. Mental Health & Learning Disabilities
7. Estates, Digital & Information and Support Services

19 key recommendations in the Clinical Strategy were produced from individual workstream reports.

The progress in the delivery of the key recommendations have been affected by the unprecedented demands of the Covid pandemic and the consequent impact on NHS Fife health and social care systems. This report aims to detail the progress clinical teams have made towards the recommendations set out in the strategy while recognising the context in which we are now developing our new Population Health and Wellbeing Strategy has changed dramatically since 2016.

The report will hence be a light touch acknowledgement of the ambitions set out in 2016 and will major on the need to focus on moving forward, yet still being cognisant of the excellent work completed and the need to recognise that areas of development remain a work in progress and will carry forward into the next generation of clinical and care system development.

This report was collated by working with clinical and managerial teams across Acute Services and the Health and Social Care Partnership. Feeding into existing management and clinical groups mindful of the impact on individuals and teams time given the ongoing significant service pressures.

2 2016-2021 CLINICAL STRATEGY SUMMARY

'The main ambition of the strategy was to shape the delivery of healthcare in Fife over the next five years and beyond and was the Boards' response to the changing needs of a rising and ageing population'

The following guiding principles were used:

1. The provision of services will be needs based, proportionate, person centred and developed in partnership with people.
2. A whole system approach to support and services will be adopted across health and social care and other agencies.
3. Where appropriate, support and services will be delivered as close to people's home as possible in a timely manner.
4. The provision of all health care will be value based in terms of outcomes, efficiency of resources and cost effectiveness.
5. People will take responsibility for their own health with a focus on prevention and early intervention and avoidable admission into hospital

3 WORKSTREAM UPDATES

Each workstream produced a number of recommendations which were refined to a set of recommendations in practice and 19 key recommendations. The Recommendations in Practice have been used for each workstream to provide evidence of progress.

Status will be completed based on review of progress and recognising changes or updates in strategic direction.

3.1 URGENT CARE WORKSTREAM




Recommendations in Practice


Urgent care pathways will be developed to optimise the patient experience through the input of the multi-disciplinary team.

Urgent care hospital services will be restructured to ensure they provide the best care for the people of Fife.

More urgent care services will be provided in the community rather than the acute hospital.

An electronic patient record accessible to urgent care professionals in all sectors will be developed.

Achievement	Status	Current strategic priority
<p>Delivery of Urgent Care Centres following the Ritchie Report</p> <p>The number of urgent care centres were reduced and a shift to a multi-disciplinary approach was achieved successfully covering Out of Hours Services (Urgent Care).</p> <p>In late 2020, the national redesign of Urgent Care was implemented with the introduction of the Flow and Navigation Centre (FNC). This continues to be delivered. This has and will result in new models of care adopted, changing the way emergency and urgent care are delivered in Fife.</p>	<p>Completed but ongoing under new Unscheduled Care Collaborative</p>	
<p>Patient pathways</p> <p>In 2017, two community programmes were established: Community hubs and work with HHG individuals. Single point of access (SPOA) for community services was set up but has now transitioned into the Flow and Navigation Centre (FNC) with a SPOA for east and west Fife. Patient pathways in place include H@H, ICASS, Palliative Care and direct admission to Admission Unit 1 (AU1)</p> <p>Community huddles were set up with a multi-disciplinary team to support the management of community services.</p>	<p>Completed but ongoing</p>	
<p>Community Services</p> <p>The introduction of STAR beds in health and social care provides rehabilitation services to support patients on discharge to return to their place of residency, and on occasion can prevent an admission to Acute care. There are 29 STAR beds across Fife, accessed through social work, and are a step down for Community Hospital, acute care, and social work.</p> <p>The Pharmacy First service, which replaced the previous Minor Ailment Service, provides a patient centred and highly accessible route to care for those experiencing a wide range of clinical conditions. The Board has 14 contractors currently delivering direct care utilising independent prescribing skills.</p>	<p>Completed but ongoing</p>	

Achievement	Status	Current strategic priority
<p>Accessible Electronic Patient Records</p> <p>The Clinical Portal is now in place and accessible to clinicians across Fife and neighbouring boards. Morse was implemented in 2018/19 for Community Services. This has enabled Primary Care to access records and helped with High Health Gain work.</p>		

Transformation work continues across Urgent Care and the community with the ambition to continue to improve and redesign the services.

3.2 SCHEDULED CARE

Recommendations in Practice



Reconfigure scheduled care services to optimise the achievement of best patient outcomes.


Better joined up pathways of care for scheduled care through primary and secondary care will be developed.

Develop one stop community investigation clinics.

Locality based clinics will be supported by specialist consultants.

Make better use of technology to provide care and support and avoid

Achievement	Status	Current strategic priority
<p>Early Diagnosis</p> <p>Early Cancer Diagnosis Centre pilot started in 2021 has successfully diagnosed more patients than expected with vague but concerning symptoms. Given the success of the pilot, options to expand the remit of the service are being explored.</p>	Recent development and ongoing	
<p>Optimisation of Services</p> <p>The introduction of the jack and jill ophthalmology theatres at QMH in 2018 has significantly changed the ophthalmology surgical pathway and improved patient care.</p> <p>The introduction of Cytosponge, an innovative practice redirects patients to this new diagnostic modality reducing the</p>	Completed but ongoing	

Achievement	Status	Current strategic priority
<p>need for gastroscopy.</p> <p>Since 2021, Robotic Surgery has been introduced within three specialties (Colorectal, Gynae-oncology and Urology Cancer patients) and it is anticipated that this will attract high calibre candidates when future consultant posts are advertised in general surgery and urology.</p>		
<p>Joined Up Pathways</p> <p>Fife Referral Organisation Guidance (FROG) was developed during the COVID period and launched at the end of November 2021. This provides guidance on how referral information is managed between primary and secondary care.</p> <p>The establishment of a GP pathway for Irritable Bowel Syndrome (IBS) has improved the care of patients, within general practice or through signposting to other services.</p> <p>Phlebotomy services are now embedded in the community supporting scheduled care.</p> <p>Procedures of low clinical value and low volume surgery have continued to be reviewed and revised over the years. More collaborative regional working is in place that has supported a regional approach to clinical pathways as well as training opportunities</p>	Completed but ongoing	

Locality based clinics and more community based scheduled care services were ambitious and for a number of reasons this was not progress although better access to all continues to be an ambition.

3.3 CHRONIC CONDITIONS

Recommendations In Practice




Make better use of technology to help and support people to manage their own health conditions at home.


All patients in care homes will have standardised health related documentation and anticipatory care plans.

Single multi-specialty clinics will be developed for people with multiple conditions.

Redesign of chronic management to be needs led and not age based.

Develop a sustainable workforce with appropriate skill mix and strong links to the 3rd sector to support people with chronic conditions and frailty. necessary return outpatient appointments.

Achievement	Status	Current strategic priority
<p>Data sharing There are data sharing agreements in place where required but work is still required to make the system more seamless and integrated. There has been an improvement in the availability of hardware and software across services but there is still work to be carried out.</p>	Ongoing	
<p>Anticipatory Care Plans for Care Home patients Work began in 2016 to establish an electronic anticipatory care plan (ACP) known as eKIS, for patients with long term conditions. More progress was made as a response to COVID and as part of the Home First strategy work which requires GPs as only GPs can access and update the plan.</p>	Completed	
<p>Needs led Chronic Conditions Management A Single Point of Access is in place and links with Discharge Hub in Acute to enhance continuity of care. This service has supported by an MDT and provides care planning co-ordination. The development of Community Treatment and Assessment Centres (CTACs) to deliver a range of interventions for the community – for example, community phlebotomy, enhanced multi-disciplinary teams and immunisation services.</p>	Partially completed but ongoing	

Achievement	Status	Current strategic priority
<p>Improving Health and Wellbeing</p> <p>The Clinical Quality Clusters have been introduced in General Practice/Primary Care with the aim to improve population wellbeing, health, reduce inequalities and consider clinical priorities for the cluster population.</p>	Completed	

3.4 CANCER SERVICES AND PALLIATIVE CARE

Recommendations in Action



All opportunities to promote healthy lifestyles, screening uptake and early detection of cancer will be taken by health professionals.


We will develop and expand acute oncology services in Fife in line with the National Clinical Strategy.

We will develop single points of contact to help people with life limiting conditions access the right services, support, and advice at the right time.



Where possible, patients will have a unified and shared anticipatory care plans.

Cancer Services

Achievement	Status	Current strategic priority
<p>Screening and early detection</p> <p>qFIT as a diagnostic tool has been implemented in Fife and is routinely used to support referral criteria. Bowel screening uptake is approximately 66% which is in line with the Scottish uptake.</p>	Completed	
<p>Service Developments</p> <p>The Macmillan Improving Cancer Journey is fully implemented, and the Single Point of Contact Hub will integrate and compliment the work already in place.</p> <p>Most patients now receive Systemic Anti-Cancer Treatment (SACT) in Fife with specialist treatment.</p> <p>In 2017, Dermatoscopes were funded in GP practices to help detect early signs of skin cancer. In 2021 exploration of the use of Photo Triage has been taken forward.</p>	Completed but ongoing through Cancer Framework	

Achievement	Status	Current strategic priority
<p>Gaps in cancer services have led to clinical nurse specialist appointments in: Breast, Colorectal, Head & Neck, Lung, Gynaecology, Upper GI and Urological cancers and rarer cancers: Sarcoma, Brain/Central Nervous System and Cancer of Unknown Primary.</p> <p>Treatment summaries have not been implemented and are a key action in the Cancer Framework 2022 - 2025.</p>		
<p>Development of Oncology and other Services Within the last 5 years, an Acute Oncology nurse led service has successfully been introduced in Fife. A skill mix review resulted in the appointment of a nurse consultant in SACT and expanded roles for Advanced Clinical Nurse Specialists for Lymphoma, the Early Cancer Diagnosis Centre and Urology.</p>	Completed but ongoing through Cancer Framework	

Palliative Care




Achievement	Status	Current strategic priority
<p>Service Redesign The service was redesigned at pace in response to the Covid pandemic which involved reducing bed numbers and increasing the community input by providing increased clinical assessment and personal care at home. This has proved very successful.</p>	Completed	
<p>Digital Enablement Moving to the MORSE system has vastly improved communication and information sharing both within the specialist service and with other health care professionals.</p>	Completed	

3.5 WOMEN AND CHILDREN'S SERVICES

Recommendations in Action

Redesign maternity and paediatric pathways with appropriate multidisciplinary workforce skill mix for the delivery of clinical services.

Develop a workforce that has the appropriate training and education to deliver future maternity and paediatric services.

Achievement	Status	Current strategic priority
<p>Prevention and Wellbeing Achievement of UNICEF Gold accreditation for maternity and re-accreditation for NNU - re-designed the smoking cessation service and continued with alcohol brief intervention training/delivery.</p>	Completed	
<p>Service and Pathway Redesign Best Start Recommendations are ongoing with the workload workforce tool leading to a detailed review in midwifery.</p> <p>There has been an enhancement of the paediatric nursing establishment to improve sustainability within the service.</p> <p>Other development posts in midwifery include Midwife Educator role, Bereavement Midwife, Perinatal Mental Health Midwife/Nurse, and Midwifery Care Assistant (MCA) role. In Community Child Health a psychologist has been introduced to support with the appropriate triage of patients.</p>	Completed but ongoing under Women's Health Plan	
<p>Digital enablement Badgernet has been implemented in Maternity and Neonatal Services but still being developed. Full EPR for NNU has not yet been agreed.</p> <p>Work is almost complete on migration of the Community Paediatric service to a single shared electronic patient record.</p>	Ongoing	

Dedicated work under the auspice of the Women's Health Plan is underway across NHS Fife and Public Health with the aim of meeting the recommendations within the plan.

3.6 MENTAL HEALTH AND LEARNING DISABILITIES




Recommendations in Action


We will reconfigure mental health and learning disability services to ensure equity across Fife.

We will review and where appropriate reconfigure mental health inpatient sites across Fife.

A single point of access for emergency mental health advice and assessment will be available

Development of the liaison psychiatry service and community based multiprofessional teams.

Achievement	Status	Current strategic priority
<p>Reconfiguration of Services Community Mental Health Teams (CMHT) for adult and older adult service are now in place providing care at home or as close to home as possible.</p> <p>Pathway building capacity within the third sector and self-management is the first step to deliver a robust, evidenced-based treatment with the CMHT development. A third sector (voluntary) review currently in progress will ensure that the right voluntary organisation will be providing services with the greatest impact.</p>	Completed but ongoing in the Mental Health Strategy	
<p>Inpatient Services A review of inpatient services is currently ongoing for Mental Health and will go to option appraisal and public consultation.</p> <p>National level development discussion continues for an inpatient unit in Scotland for Children and Young People Learning Disabilities Services (CYPLD). Support for an inpatient unit in Scotland for CYPLD is ongoing with NHS Fife continuing to support this in a collaboration with Scottish Government.</p>	Completed but ongoing in the Mental Health Strategy	
<p>CAMHS and PT Action 15 primary care workers are now in place which has improved the number of rejected referrals for treatment.</p> <p>Investment in CAMHS and PT has improved access to services with availability of 70% for one-to-one appointments for adults with PT/complex trauma work and meets need in different way.</p> <p>Changes in practice for those patients with personality disorders means patients are treated locally using an established care</p>	Completed but ongoing through new priorities for CAMHS and PT	

Achievement	Status	Current strategic priority
pathway.		
<p>Digital Enablement</p> <p>The Mental Health Service activity is recorded on TrakCare which included Community Psychiatric Nurses (CPNs). Trakcare is still used for referrals and activity, but MORSE is now implemented within the service.</p> <p>Drug monitoring service is delivered at day hospitals with the day hospital service now being part of CMHT.</p>	Completed	

The recommendations on the development of mental health services have not been realised or there has been a change in practice which means they are no longer relevant. The Mental Health Strategy and subsequent transformation programme should address such recommendations as the older adults' MDT liaison psychiatry service and the development of a bio psychosocial model of care.

The CYPLD recommendations from the Clinical Strategy were not achieved. There is however a continued ambition to review CYPLD services to create a service in which a single CYLPD-MDT, which has a single management structure and single set of case notes, is co-located to enable partnership working with other agencies.

3.7 ESTATES, DIGITAL & INFORMATION AND SUPPORT SERVICES




Recommendations in Action

Telehealth and Telecare will be used to aid self-monitoring of health condition.

Estate and facilities will be flexible and fit for purpose.

We will move to a paper-light system with an electronic patient record.

We will work to increase the uptake of people booking appointments and ordering repeat prescriptions using technology.

Achievement	Status	Current strategic priority
<p>Telecare and Telehealth</p> <p>The Technology Enabled Care (TEC) programme ran in NHS Fife and Fife Health and Social Care Partnership focussed on supporting primary/community patients during 2017/8 and complemented the existing telecare work by Fife Council.</p> <p>There were 4 pieces of work: <i>Blood Pressure monitoring, SNAP40, Advanced Risk Modelling for Early Detection (ARMED), Near Me</i></p> <p>Near Me was limited in its use pre COVID but was adopted quickly by clinicians to consult with patients virtually. This was adopted across primary, community, acute care and Mental Health by a range of clinicians.</p>	Complete but ongoing under Digital and Information Strategy	
<p>Property and Asset Management</p> <p>The onset of Covid-19 and the widespread utilisation of digital technology has meant that there is much scope for further delivery. Closer working relationships are now in place with Fife Council.</p> <p>There will be a trend towards agile working which will see a mix of home based and multi-site working environments. A key principle is the organisation making best use of space.</p> <p>Review of the estate has taken place for Primary Care and Mental Health inpatients. Progress has been made on the Fife Elective Orthopaedic Centre (National Treatment Centre in Fife) and the Lochgelly and Kincardine Health and Wellbeing Centres with opening dates in 2023.</p>	Complete but ongoing under PAMS Strategy	
<p>Pharmacy and Medicines</p> <p>Pharmacy has delivered increasing levels of direct clinical care by Pharmacists and Pharmacy Technicians over the last five years.</p> <p>In the primary care setting, Pharmacotherapy is a key component of wider GMS transformation, and the team is now 3-4 times larger than it was in 2016.</p> <p>Specialist pharmacy services, including the pain service, deliver clinics regularly while Pharmacy First Plus is embedded with a</p>	Complete but ongoing under Pharmacy and Medicines Strategy	

Achievement	Status	Current strategic priority
plan for further growth.		

Implementation of Paperlite has been challenging and has been implemented where opportunities have arisen. This is an NHS Fife corporate objective for 2022/23

The ambitious recommendation of electronic prescribing has not been achieved but is also a corporate objective for 2022/23 and should be achieved in the next few years

4 STRATEGIC APPROACH TO CLINICAL STRATEGY 2016-2021

The implementation of the Clinical Strategy in 2016 was approached by identifying four key priorities for NHS Fife which underpinned all aspects of the Board’s strategic planning at that time. These four priorities were:

1. **Acute Services Transformation** including reduction in unwanted variation, standardisation, redesign of services in line with Realistic Medicine and Regional working
2. **Community Redesign** including Urgent Care Redesign, development of Community Hubs and community hospital redesign
3. **Mental Health Redesign**
4. **Medicine Efficiencies**

Reporting of progress against programme plans for each transformation programme was provided as assurance to the Clinical Governance Committee on a regular basis. Any new programmes of work had to demonstrate alignment to the Clinical Strategy.

The Annual Operational Plans (AOP) submitted and agreed with the Scottish Government between 2017-19 highlighted these programmes as the key priorities for NHS Fife with progress described year on year.

On reflection, the focus and reporting of the 4 key priorities did not report to the governance structure all the good work, contained within the Clinical Strategy, being carried out throughout the organisation over the years.

5 CONCLUSION

The review of the Clinical Strategy 2016-21 was produced using detailed feedback from the clinical and managerial teams across NHS Fife and Fife Health and Social Care Partnership. In addition to the 4 transformation priorities that were taken forward at that time (detailed in the last section), a significant amount of progress has been achieved across the health and care services since the publication of the Clinical Strategy.

Going forward, the outcome of this review and the fuller feedback from teams will be used to shape the Population Health and Wellbeing Strategy and the associated delivery plans.

Dr Chris McKenna
Medical Director
NHS Fife
18 October 2022

Susan Fraser
Ass Director of Planning and Performance
NHS Fife

Meeting: Public Health and Wellbeing Committee

Meeting date: 7 November 2022

Title: Progress Report on Community & Staff Engagement

Responsible Executive: Janette Keenan, Director of Nursing
Margo McGurk Director of Finance and Strategy

Report Author: Susan Fraser, Associate Director of Planning and Performance
Fay Richmond, Executive Officer

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A core part of the development of the NHS Fife Population Health and Wellbeing Strategy has been engagement with both the citizens of Fife and our staff and clinical teams. This report provides an update on the work to date and some emerging themes, providing assurance to the group.

2.2 Background

The Population Health and Wellbeing Strategy has a different focus from the traditional clinical strategy. This aligns with the Board four strategic priorities and is supported by enablers across Digital and Information, workforce, property and asset management and finance.

The last Clinical Strategy was developed in a different time. We have had a global pandemic, and continue to deal with the consequences, a cost-of-living crisis and deepening and increasing inequalities. The need to do something different and whilst still delivering our clinical services, recognise the need for prevention and early intervention is significant.

To develop and deliver this new approach it is necessary to understand our communities and their needs. We have used different methodologies to achieve this knowledge:

- Review of the clinical strategy- with clinical teams
- Forward look (5 years) with clinical teams
- Public Health Assessment of Fife and identifying themes
- Public Health workshop – attended by clinicians and partners
- Community Conversations survey – citizens of Fife and staff
- Focussed engagement work – communities and seldom heard groups
- Staff engagement

Much of this work is the beginning of conversations, and as the strategy and delivery plan develop and are integrated into our daily delivery of health services, they will continue.

2.3 Assessment

Engagement work has been undertaken for many months, both with the people of Fife and our staff and clinical teams.

Work to date

- Winter 2021/ Spring 2022 – initial meetings with teams to review clinical strategy outcomes
- December 2021 - online and hard copy survey of citizens and staff. **368** responses from staff members, living in Fife, and **587** from citizens, a total response of 958. Whilst the response groups were not representative of the population or staff profile, they still provided useful insight to the opinions of public and staff.
- June 2022 - Public Health workshop which produced common themes and priorities from across health, social care, and partners
- August 2022 - Grand round and survey available to all staff to attend/respond. **34** responses were received, and common themes have been identified
- Summer/ Autumn - 2022 return visits with teams to confirm clinical strategy outcomes and discuss forward view for next 5 years.
- Autumn 2022 - locality-based focus groups and a mixture of focus groups and 1:1 interviews for seldom heard groups. Individuals have self-selected for the locality focus groups and a more targeted approach has been taken for the seldom heard community.

All the feedback and data we have received is being collated to inform the Population Health and Wellbeing Strategy.

Common themes have emerged, with synergy across the different method activities. From the Public Health workshop and Grand Round survey these included an overarching need for interagency collaboration to deliver health and social care in Fife. Other themes included:

- A need to increase early intervention and address inequalities
- Scaling up our effective pathways
- Ensure a healthy NHS environment
- Support staff health and wellbeing
- Promote employability

The focus groups, supported by Progressive Ltd, have built on the themes of the survey and the insights we gained. Initial reports indicate that there have been a number of focus groups that have taken place with a range of public representatives from across all 7 Fife localities. The seldom heard and protected chrematistic focus groups and interviews are being held this week. Progressive have shared some very early feedback on activity to date, please consider this as draft as we await a fuller report in due course.

Interim Update from Progressive – Autumn Community Engagement

This activity complements previous quantitative work, which aimed to offer as many Fife residents and NHS Fife healthcare workers as possible the opportunity to answer questions about health and wellbeing in Fife, the quality and delivery of health and care services in Fife, and topline views on delivering value and sustainability across services; gathering primarily statistical data on these questions.

The follow up work currently being conducted has a different aim – instead of measuring *quantity*, qualitative research is being used to capture the more nuanced, subjective, and less quantifiable aspects influencing people's views.

At this stage in the project we have spoken to 25 residents across Fife localities, using focus groups to stimulate discussion and gauge levels of agreement. Focus groups have lasted around 90 minutes each giving us the opportunity to explore views and experiences in detail.

Participants (recruited by NHS Fife), who have come forward to take part in discussions have provided insight into experiences across a considerable range of health and care services, providing rich detail, and we are incredibly grateful for their time and openness in sharing their experiences.

Good progress towards the projects' objectives (see below) is being made, and we hope to be able to build and expand on findings as research continues, the next stage being focus groups and interviews planned for the coming weeks with groups identified as more marginalised or hard to reach.

Some initial themes from research so far are outlined below (please note full analysis has not yet been completed):

1. Some positive experiences of services were shared and generally positive feelings towards NHS Fife staff were expressed, however there were strong concerns about the support and systems in place to allow staff to provide the service(s) residents want/need due to a perceived nationwide lack of resources and funding.
2. Access to services was considered difficult or inconsistent by many in relation to:
 - GP appointments (either because there are no full time GPs at the nearest practice, only telephone appointments are offered or waiting times to book an appointment are too long, with strong dissatisfaction recorded relating to GP appointment systems where people have to be on the phone early morning and are then held in a queue for a long time)
 - mental health services (very limited access to mental health services for children were noted in particular, meaning that diagnoses and treatment are unacceptably delayed. Long wait times for services were also noted as well as poor continuity of care between children's and adult services)
 - community support services (with lack of availability noted across a range of support areas, including for example elderly care support, social isolation support, and fitness classes aimed at those with long term health conditions).
3. Appointments taking place remotely was accepted as necessary and convenient by many, with the caveat that these should not systematically be the appointment type offered and that appropriateness be fully considered.
4. Pharmacies were particularly praised – some spoke of being able to get advice and prescriptions on the spot, finding this much easier than contacting a GP.
5. Wait times for treatment were another concern frequently mentioned by residents in relation to referrals, receiving results, and treatment.
6. Communication both directly to patients (not being kept up to date), and between services, was noted as an issue of concern, and there were concerns around NHS Fife adopting a systems-based approach rather than a patient-first approach (i.e. people being passed around different services with no-one taking responsibility for overall health and treatment).
7. This led to many believing you have to keep track of your own health as 'no one else will do it for you' i.e. you have to know what treatment you received/ all previous comms with different departments as there is no centralised point doing it for you (as you might expect a GP to).
8. Concern expressed that people who are not assertive, who do not have online access or who do not understand the access systems/processes will not receive the care they need – a high level of persistence needed at times.
9. Suggestions around improvements to health and wellbeing in Fife were typically focused on finding solutions to issues with existing services rather than proposing new ones, reflecting the concern around services felt by residents, however increasing outreach into the community to help with social isolation, issues related to poverty and addiction, support for the elderly etc. were suggested.

10. Some also felt making better use of technology (e.g. with an online booking system or app which includes booking, test results, appointments, and use of technology to improve communication between services), should be explored.

11. There was low awareness of alternatives to GP or even NHS, e.g. pharmacies, charities, etc.

Progressing our Staff Engagement

We are planning further engagement with staff, including support and non-clinical teams. Working with staff side colleagues we will ensure that the engagement opportunities are accessible to all across NHS Fife and the offerings are in different formats e.g, Teams, survey and face to face. A workshop event is planned for the next Area Partnership Forum in November to agree the approach to this work.

2.3.1 Quality / Patient Care

The strategy will actively support the delivery of a system that empowers individuals to manage their own health and well-being. This is being done through the identification of the current inequalities e.g, deprivation, life expectancy differences and the emerging and current issues, e.g., cost of living, waiting times. As well as supporting individuals and communities to undertake preventative care e.g, health eating, stop smoking alongside early intervention e.g, screening and supported to access services; health, social care and 3rd sector as required.

These actions will build on the information and wider issues that have been identified by staff and citizens through surveys and focus groups e.g, access, mental health and wellbeing.

2.3.2 Workforce

Health and wellbeing is core to the strategy, both for those staff that are citizens of Fife but also the wider staff group including those in rotational and training posts.

2.3.3 Financial

The financial framework required to support the delivery of the Population Health and Wellbeing Strategy will be a key component of this work.

2.3.4 Risk Assessment / Management

The Population Health and Wellbeing Strategy will contain a robust risk assessment that will be monitored throughout the development and implementation of the Strategy.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Whilst undertaking this engagement work, we have made efforts to ensure that our responsibilities are all met. The general focus group work was planned as locality based, recognising the differences in the localities across Fife. Having identified, through the EQIA, the seldom heard groups, additional work has been undertaken to ensure their voices are heard e.g., multi- faith group

2.3.6 Climate Emergency & Sustainability Impact

In developing and delivering the strategy, we have offered a mixture of face to face and online engagement options. This has reduced our impact on the climate whilst increasing the opportunities for some, whilst balancing needs identified through EQIA.

Overall, the strategy is being co-designed with clinicians, staff and citizens, and cognisant is being given to how the models of care need to consider the climate and sustainability, including staff availability.

2.3.7 Communication, involvement, engagement and consultation

The detail of the engagement is described in the SBAR

2.3.8 Route to the Meeting

Previous papers have been taken to this board on the engagement process and progress made.

- Portfolio Board 13 October 2022

2.4 Recommendation

The Committee is asked to take:

- **Assurance** – The Engagement process is ongoing to inform the Population Health and Wellbeing Strategy and a final report will be presented to the committee when the engagement is complete.

3 List of appendices

n/a

Report Contact

Fay Richmond

Executive Officer

Email: fay.richmond@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	7 November 2022
Title:	Strategic Planning and Resource Allocation 2023/24
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Strategic Planning and Resource Allocation Process

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process for 2023/24 is in progress.

The SPRA process is a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 5-year financial and strategic plan to support the delivery of the Population Health and Wellbeing

Strategy. This paper describes the SPRA process and provides an update on the submission process.

2.2 Background

This is the third year of the Strategic Planning and Resource Allocation process which brings together the planning of services with financial and workforce implications of service delivery and change. It is an annual process which details how each directorate/programme supports the delivery of the overall organisational strategy.

2.3 Assessment

Stakeholder feedback has suggested a workshop would be very helpful to stakeholders to provide guidance and support to completing and providing the requested information. Consequently, 5 workshops have been organised for the end of October and beginning of November as follows:

Tuesday 25th October, Estates & Facilities, 2pm - 4pm, Albert Room - VHK

Wednesday 26th October, WCCS, 11.30am - 1.30pm, HH Floor 2 Meeting Room

Wednesday 26th October, Corporate Directorates, 3pm-5pm, HH Floor 2 Meeting Room

Wednesday 2nd November, PCS, 9.30am - 11.30am, Lecture Theatre - VHK

Wednesday 2nd November, ECD, 2.30pm - 4.30pm, Lecture Theatre - VHK

Colleagues from Planning, Workforce and Finance will deliver several presentations to inform how the process will be taken forward, key outcomes to be delivered, and the many challenges we currently must balance alongside our ambition and delivery of our objectives. This will be followed by a walk-through of the SPRA template with some worked examples and opportunity to ask questions and seek any clarifications required to complete the process.

Templates for completion have been revised but will not be distributed until after the workshops are complete and will be further revised if required to take account of any points raised by stakeholders at the workshops. Templates will then be distributed and once returned, submissions will be collated and reviewed to report back to EDG in January 2023 on the proposed service changes and programmes that will be discussed and then prioritised. These service changes and programmes will be considered in terms of alignment to strategic priorities, quality of care as well as financial and workforce

implications. Further workshops will be held in early January to provide feedback, enable further revision and information to be collated before submission to EDG.

Once completed, the governance of this work will be to provide a paper on the outputs from the SPRA process to the committees and through to the Board.

Key dates:

25 Oct-2 Nov	Workshops Held
4 November	SPRA Templates distributed to Directors
16 December	Deadline for SPRA submissions
January 2023	Workshop 2 – Feedback/further revision
January 2023	Summary of submissions to EDG followed by prioritisation
March 2023	Governance Committees
March 2023	Final SPRA report to Board

2.3.1 Quality / Patient Care

The main aim of SPRA process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the SPRA process.

2.3.3 Financial

Financial planning is key to the SPRA process.

2.3.4 Risk Assessment / Management

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives.

2.3.5 Equality and Diversity, Including Health Inequalities and Anchor Institution Ambitions

Equality and Diversity is integral any redesign based on the SPRA process.

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, Involvement, Engagement and Consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the SPRA process.

2.3.8 Route to the Meeting

- EDG, 20 October 2022

2.4 Recommendation

The Public Health and Wellbeing Committee is asked to:

Take **assurance** from the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

3 List of appendices

None

Report Contact

Maxine Michie

Deputy Director of Finance

Email: maxine.michie@nhs.scot

Meeting:	Public Health and Wellbeing Committee
Meeting date:	7 November 2022
Title:	Annual Delivery Plan Progress & Winter Actions
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to the:

- Annual Delivery Plan 2022/23

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This paper reports the status update as at end of September for deliverables submitted as part of the Annual Delivery Plan (ADP) for 2022/23. This was requested in ADP feedback letter received by Scottish Government on 21st September.

2.2 Background

The Annual Delivery Plan (ADP) for 2022/23 was submitted to Scottish Government at the end of July, including Deliverable Template with status as at end of June. Request for September update was received on 21st September with schedule in place for further updates that will be required for December and March.

The update for status at end of September, which included incorporating key actions for winter, was submitted to Scottish Government on 28th October.

2.3 Assessment

Key achievements and challenges/barriers to progress

Workforce

- Three-Year Workforce Plan is in the process of being published in December 2022
- Staff Health & Wellbeing Framework will be presented to Staff Governance Committee in November 2022
- Multi-disciplinary team has been established to deliver a range of workplace and related staff support services
- Recruitment of Band 2 to 4 Nursing & Midwifery roles has been increased
- Latest phase of our East Region Recruitment Shared Service model implementation has been completed
- e-Rostering implementation programme has commenced

Recovery and Protection of Planned Care

- Two year wait target for Outpatients will be met
- Routine, longer wait inpatient cases are able to be prioritised on the QMH site
- NTC Fife Orthopaedics expected to be operational on time
- Work is ongoing with specialities to optimise the CfSD driven tools, specifically ACRT and PIR
- The Maggie's Prehabilitation pilot has been rolled out in Fife
- Funding for Rapid Cancer Diagnosis Services has been confirmed for 2022/23
- 2 CT scanners being replaced without loss of activity due to the presence of a mobile CT unit
- Recovery plan funding not sufficient to deliver plan outlined
- Complex TTG cases cannot be prioritised on VHK due to urgent cases
- Activity continues to be restricted due to unscheduled care pressures
- Fife allocation of additional capacity to NTC has been reduced
- Lack of revenue funding for an additional CT scanner

Stabilising and Improving Urgent and Unscheduled Care

- High Impact Change Areas of focus for Fife have been identified
- Utilising data to better understand the pressures on our system, to target change ideas that will have the biggest impact prior to winter
- Testing of Emergency Nurse Practitioners supporting redirections to Minor Injuries at QMH is showing increased attendances through this pathway
- Initial feedback on the vision of Home First model, from engagement events, has been positive
- Through the continued implementation of the GMS contract (2018), we have been able to increase the wider multi-disciplinary support to all practices across Fife
- Overall attendances to the Emergency Department (ED) within Victoria Hospital (VHK) remain high
- Low discharge profile within the VHK and the impact of the workforce challenges

NHS Dental Services

- Public Dental Service has fully remobilised all aspects of care and epidemiology
- General Anaesthetic service for children is still limited by anaesthetic availability from the acute unit
- No practices across Fife are taking on new patients

Mental Health Transition and Recovery Plan

- Development of a CAMHS Urgent Response Team for young people is on track
- CAMHS additional workforce to ensure capacity to meet demand is approximately 92% complete

- Perinatal and Infant Mental Health service has transitioned to the management of CAMHS
- Regional workgroups established to address those elements of the national service specification for CAMHS
- Recruitment has been successful within Psychology General Medical Service in Clinical Health
- Medication Assisted Treatment (MAT) Standards 1 to 5 implementation plan is progressing
- Workplan developed to deliver tier 1 and 2 interventions for MAT Standards 6 and 10.
- Commissioned 3rd sector organisation provides peer support for patients with dementia across 6 meeting centres at various locations across Fife
- Tests of change have been established through the governance of the Neurodevelopmental Strategic Oversight Group
- Service plan has been developed for Fife HSCP Eating Disorder Service
- Proposal developed for locality based Mental Health and Wellbeing hubs
- **Recruitment has been challenging in some areas on Psychology with posts requiring to be readvertised**

Supporting and Improving Social Care

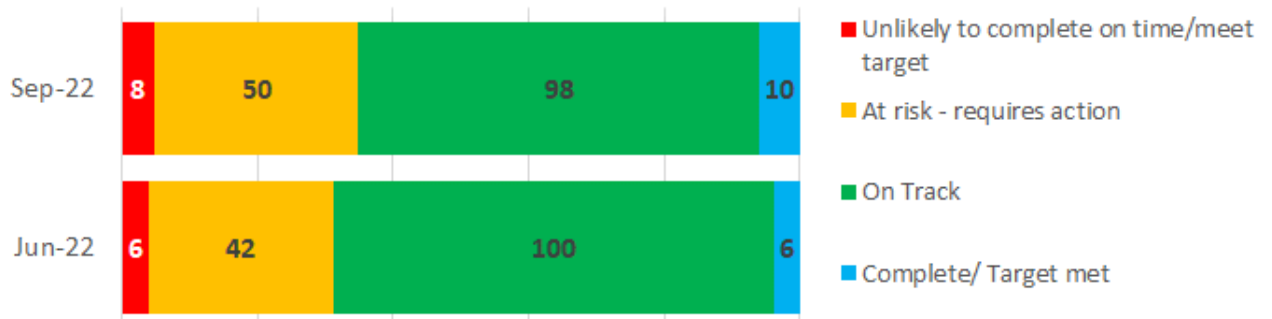
- Social Work working alongside the Hospital Discharge Team as part of the Front Door model to increase the speed of assessment
- New pathways in development ensuring care home residents have timely access to professional support and clinical advice
- New version of Smartlife in Fife service due for release in November
- Hourly rate to care at home providers has increased, in light of the ongoing costs of living increases especially around fuel costs

Sustainability and Value

- Where plans are slipping, pipeline schemes are being identified and are currently being worked up to come forward to the Financial Improvement and Sustainability (FIS) Programme Board for approval to move to implementation
- A Realistic Medicine Plan has been developed with timings and resources needed to ensure deliverables are met

Summary of High-Level Deliverables; June and September 2022

The graph below illustrates the status of the high-level deliverables in the ADP for June and September



Deliverables 'unlikely to complete on time/meet target' as at the end of September are listed below. Those in **bold** are changes from June status.

- Reducing long waits; Diagnostics, Outpatients and TTTG
- Bed Modelling Exercise
- Re-patriation of breast screen-detected cancer surgery to NHS Fife
- Development of transition support for children with diabetes
- Radiology -7 day working
- Secure adequate funding to ensure minimal levels of service delivery for Spiritual Care
- **Maintain current Education Programme.**
- **Recover NHS dental services to a position comparable with pre-pandemic service provision with a focus on clearing the backlog in routine dental care and reducing oral health inequalities amongst children**

Deliverables 'completed/target met' as at end of September are listed below. Those in **bold** are changes from June status.

- Implementation of the recommendations of the AU2 QI project
- Remodelling of Service Management across W&C services including Community Paediatrics
- **Delivery of appointments by both technology and face to face as a hybrid provision for review appointments in MH and LD**
- Ensure sufficient and timely availability of social work staff for under 65s to ensure timely assessment and discharge, including where appropriate, to interim placements.
- Patient pathway developed to ensure streamlined flow of information from NHS 24 to Unscheduled Care to enable patients to be seen at the right time in the right place
- Successful transitioning of Public Health Covid response team including Test and Protect teams
- Embed Corporate Programme Management Office (PMO) to support service change across NHS Fife
- **Production and monitoring of NHS Fife Annual Delivery Plan for 2022/23**
- **Review and update of IPQR**
- **Pharmacy Robotics (PAMS)**

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the central to the aims and objectives of the ADP.

2.3.2 Workforce

Workforce implications arising from the ADP have been considered and have been included in the Strategic Planning and Resource Allocation process.

2.3.3 Financial

The financial implications of the ADP will be covered separately in the medium term financial plan for 2022/23.

2.3.4 Risk Assessment/Management

The management of risks are integral to the delivery actions of the ADP and will be reviewed on a quarterly basis.

2.3.5 Equality and Diversity, including health inequalities

Equality and diversity are considered in the delivery actions of the ADP and will be reviewed on a quarterly basis.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the ADP.

2.3.8 Route to the Meeting

- EDG Comment – 24th October 2022

2.4 Recommendation

Committee is asked to:

- **Note** the status of deliverables from the Annual Delivery Plan 2022/23 at the end of September 2022.

3 List of appendices

The following appendices are included with this report:

- NHS FIFE ADP 2022-23 September Update

Report Contact

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

Susan Fraser
Associate Director of Planning and Performance
Email: susan.fraser3@nhs.scot

Update on Annual Delivery Plan 2022/23

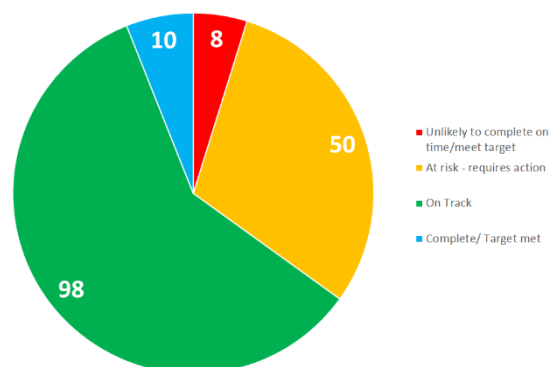
1 Introduction and Context

This is an update on progress to September 2022 relating to the Annual Delivery Plan for health and care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for 2022/23.

Services were asked to update on achievements over the last 6 months and identification of any barriers preventing delivery of the actions.

2 Summary

Status of all deliverables at the end of September is detailed below. Additional deliverables have been added in relation to winter readiness. There were four deliverables completed from position at end of June with two further unlikely to be completed on time.



3 National Priorities

3.1 Workforce

3.1.1 Three Year Workforce Plan

NHS Fife’s Three-Year Workforce Plan is in the process of being published in December 2022, following Scottish Government feedback. The activity within the plan outlines how we integrate support for our employees to stay well, into all of our work and takes account of the 5 Pillars of the Workforce journey: Plan, Attract, Train, Employ and Nurture.

3.1.2 Staff Wellbeing

The NHS Fife Staff Health & Wellbeing Framework, developed in partnership, will be presented to our Staff Governance Committee in November 2022. The Framework details the range of initiatives and services in place and to be developed that will facilitate our employees to stay healthy and well at work. The Framework also enables

the ongoing review of the effectiveness of our work in this area to maximise the benefits/outcomes for our employees.

A multi-disciplinary team, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals, has been established to deliver a range of workplace and related staff support services. This work will be co-ordinated by the Staff Health and Wellbeing Group.

3.1.3 Recruitment and Retention

Recruitment of Band 2 to 4 Nursing & Midwifery roles has been increased to utilise additional Scottish Government funding and introduced our International Recruitment service, which is on target to recruit our initial aim of 40 Nurses and 3 Radiographers.

Work on developing local progression opportunities through our Employability programme has included a range of activities to identify and deliver enhanced training and job support to our local communities with the Kickstart initiative being a positive organisational commitment, continuing from our commencement of a dedicated programme of work in 2021/22.

Our immediate aims on workforce sustainability have directed efforts on recruitment as noted below in our Winter readiness activity and progressing Mental Health workforce priorities.

Latest phase of our East Region Recruitment Shared Service model implementation has been completed. This is to create a modern, sustainable recruitment function as well as using innovative recruitment approaches through targeted local and national campaigns aimed at targeting a range of job groups.

The e-Rostering implementation programme has commenced this year, and this will be a key element of our workforce planning activity with key links to both financial sustainability and safe staffing activity.

3.2 Recovery and Protection of Planned Care

3.2.1 Planned Care Activity

Enhanced infection control procedures were stepped down at the end of September, but the pressure of unscheduled care continues to impact on outpatient and inpatient capacity. There is a continued focus on urgent and cancer patients along with those who have been waiting more than 18 months and 2 years.

The new recovery plan was submitted to the Scottish Government but disappointingly the funding received was not what was expected and is not sufficient to deliver the plan outlined. Additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity

has been undertaken since April apart from Breast Surgery outpatients to maintain urgent waiting times.

The two year wait target for Outpatients will be met however lack of funding compromises delivery of the December and March targets with Colorectal patients most at risk of being affected.

Inpatients and daycases have waited over 2 years and there is no plan to list patients on the Victoria Hospital (VHK) site. Routine, longer wait inpatient cases can be prioritised on the Queen Margaret Hospital (QMH) site however complex cases cannot be prioritised on VHK site due to the focus on urgent cases and the lack of capacity due to boarding patients.

Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies.

Every effort has been made by both management and clinical teams to move as much activity as possible to QMH. There are plans early 2023/24 for an additional theatre within QMH following refurbishment work to create a further local anaesthetic room.

Completion of the National Treatment Centre (NTC) Fife Orthopaedics remains on track, with the facility expected to be operational by January 2023. The Fife allocation of the additional capacity has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month. The Director of Acute Services is continuing dialogue with colleagues in Scottish Government on this matter.

3.2.2 Centre for Sustainable Delivery (CfSD)

Regular meetings are scheduled with CfSD leads following each month's Heatmap submission to ensure connectivity and opportunity for prioritised specialties. Work is ongoing with specialties to optimise the CfSD driven tools, specifically ACRT and PIR.

3.2.3 Supporting patients to wait well

Patients who have been waiting a long time receive regular written communication to confirm they still require their procedures or to be seen and are provided with a number to contact if they have any concerns or if their condition has worsened.

3.2.4 Cancer

The Maggie's Prehabilitation pilot has been rolled out in 8 centres across Scotland including Fife. There are weekly universal sessions for anyone with a cancer diagnosis at any stage with any prognosis. The pilot is promoted via local groups and social media. Over 90% of patients who visited feel they can make positive changes to their wellbeing.

Funding for Rapid Cancer Diagnosis Services has been confirmed for 2022/23, the service is running well with a conversion rate to cancer of 14%. Referrals are increasing and all professionals in primary care are encouraged to refer. Discussions are ongoing for consideration of a proposal to test a direct referral route from community pharmacy and looking at adopting the principles of the service into Hepatobiliary and Upper GI pathways. The service has reached the finalist stage in the Scottish Health Awards for Innovation.

3.2.5 Recovery of diagnostic activity

The new recovery plan, which included a sustainable workforce plan, was submitted to the Scottish Government but unfortunately the funding received was not what was expected. Further additional Radiology and Endoscopy activity has been paused whilst the impact and revised plan are developed.

Whilst Radiology activity is greater than projected there are challenges with ultrasound capacity. Within the Endoscopy service, no additional activity has been undertaken and core activity continues to be restricted due to unscheduled care pressures.

There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits.

Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics which has now reached 52% of all referrals in radiology and the pressure from unscheduled care.

The replacement of imaging equipment has gone well in 2022/23 with two CT scanners being replaced without loss of activity due to the presence of a mobile CT unit. However, reducing the backlog is at risk due to lack of revenue funding for an additional CT scanner.

3.3 Stabilising and Improving Urgent and Unscheduled Care

3.3.1 Urgent and Unscheduled Care

Following the launch of the national Urgent and Unscheduled Care Collaborative in June, the Unscheduled Care Programme team completed the self-assessment requested by Scottish Government. This identified the following High Impact Change Areas of focus for Fife:

- Care Closer to Home
- Redesign of Urgent Care
- New Models of Acute Care
- Discharge without Delay

Within each of these priority areas, improvement plans will be further developed with key trajectories and linkage to key performance measures. Along with reporting to the national team, all high impact change areas have operational delivery groups in place reporting to the integrated Unscheduled Care Programme Board on a monthly basis, and onwards to the Portfolio Board.

We have sought, through utilising data to better understand the pressures on our system, to target change ideas that will have the biggest impact prior to winter. These include:

- Increasing pathways available to the Scottish Ambulance Service via our Flow and Navigation Centre, including social care, community respiratory teams and Hospital at Home
- Rapid enhanced senior clinical assessment of Primary Care presentations to our Medical Assessment Unit
- Introduction of virtual ward rounds for patients boarded out of their specialty ward or within a surge ward, to improve discharge planning.

Planning is currently in place to create better health infrastructure around our Care Homes, which includes better access to community-based services such as Hospital at Home and improved Anticipatory Care Planning. Supporting this further, plans are in place to create better Urgent Care support to care homes, both in and out of hours. This will include improved access to Urgent Care Advanced Nurse Practitioners in hours to all Care Homes, providing responsive and proactive support. Out of hours, we are currently trialling direct access for Care Homes to our GP Out of Hours Service, with the intention to roll this out from early November.

Testing of Emergency Nurse Practitioners supporting redirections to Minor Injuries at QMH is showing increased attendances through this pathway, but overall attendances to the Emergency Department (ED) within VHK remain high. Performance is largely impacted by the low discharge profile within the VHK and the impact of the workforce challenges across the whole site.

Work is ongoing with teams to maximise alternative pathways and reduce ED attendances, including admissions unit pathways. The Operational Escalation Framework (OPEL) triggers are under review to ensure scoring metrics accurately reflect whole site position.

Engagement events on the Home First model are actively underway. Initial feedback on the vision for the service has been positive with useful points raised to inform the detail of the Home First Strategy and intended future projects needed to define a Single Point of Access model.

Subgroups have completed several of their previously identified key actions/projects. The output from the current stakeholder events will see such areas re-focus contributions to the intended cross cutting strategic projects around the new model.

The Front Door model is progressing. This Programme will support greater understanding of all teams and services in scope, inform the mapping of current ways of working and help to identify measurable benefits.

A new coordinator has been appointed in relation to embedding Planned Date of Discharge (PDD) across Fife. This is currently being implemented in 4 wards across Acute Services and Health & Social Care.

3.3.2 General Practice appointments

NHS Fife GP Practices continue to offer a combination of face-to-face, telephone and virtual consultations. This is supported by a wider multi-disciplinary team (MDT) of Physiotherapists, ANPs, Treatment Care nurses and pharmacists, supporting GPs as senior expert generalists.

Through the continued implementation of the GMS contract (2018), we have been able to increase the wider multi-disciplinary support to all practices across Fife. In terms of the three priority areas outlined within Memorandum of Understanding 2 (MOU2) we have successfully delivered the Vaccination Transformation Programme (VTP), rolled out 65% of scoped Community Treatment and Access Centre (CTAC) Services and continue to develop our Pharmacotherapy services whilst awaiting clear National Guidance. Furthermore, our multi-disciplinary resilience team will commence in post by the end of November, which will support the wider work on maintaining sustainability across General Practice.

We are awaiting outputs from current trials taking place across Scotland in terms of localised GP activity Data.

3.3.3 Winter Readiness

Capacity and Flow meetings, consisting of Senior Managers and Strategic Planning colleagues amongst others, continued throughout the year recognising ongoing pressures on health and care system. Planning for winter 2022/23 began in May with a workshop to collate views from wider clinical teams across NHS Fife and the Fife Health & Social Care Partnership on what went well during 2021/22 and what changes are required ahead of the forthcoming winter period.

A further workshop has taken place, with themes considered and incorporated into deliverables within the Annual Delivery Plan (ADP). A further Acute Services focussed workshop is planned for the end of October, output will be incorporated into ADP in due course.

The recently received Winter Checklist is to be discussed and completed, with input from services and relevant output also to be included within the next ADP update.

The table below details deliverables that will be linked to Winter Readiness:

Deliverable	Lead
Discharge without Delay	Emergency Care
Review and Development of OPEL - Acute	Emergency Care
Band 2 Pool	Emergency Care
Maximise utilisation of QMH Theatres	Planned Care
Deliver Home First and enable Prevention and Early Intervention	Community Care
Continue to reduce delayed discharge	Community Care
Review and Development of OPEL - HSCP	Community Care
Redesign of Urgent Care in close working with partners	Primary & Preventative Care
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife	Primary & Preventative Care
eRostering	Digital
Optimise communications with all clinical teams in Acute Services and HSCP	Infection Control
Updating of Business Continuity plans	Public Health
Pharmacy First/Pharmacy First Plus Delivery	Pharmacy
Supporting the Health and Wellbeing of our Staff	Workforce
Attracting & Recruiting Staff to deliver Clinical and Workforce Strategy	Workforce
Internal and External Communications relating to Winter	Communications
Expand the reach of performance benchmarking and national planning initiatives	Planning

3.4 NHS Dental Services

The Public Dental Service has fully remobilised all aspects of care and epidemiology.

General Anaesthetic service for children is still limited by anaesthetic availability from the acute unit with access difficulties in practice continuing. No practices across Fife are taking on new patients therefore contributing to a mounting strain on daily emergency services whilst recruitment remains unsuccessful.

To facilitate access to care, an area wide review of patient lists is being undertaken.

3.5 Mental Health Transition and Recovery Plan

3.5.1 Mental Health Strategy

A review of the local Mental Health Strategy is underway and will be informed, in due course, by the publication of the revised national strategy, expected in April.

The Mental Health project team, in partnership with the operational team is developing the key building blocks. Engagement with our stakeholders will be led by the Mental Health Project Team and supported by the HSCP Participation and engagement team.

3.5.2 CAMHS

The development of a CAMHS Urgent Response Team for young people is on track with all posts recruited to and due to be in position by end of October. Revised job plans are in development to ensure clinical provision is sustainable.

Recruitment of additional workforce to ensure capacity to meet demand is approximately 92% complete, with all posts either recruited to or in the process of appointment. All core service posts are now filled which has resulted in adequate capacity to manage current demand.

The Perinatal and Infant Mental Health service has transitioned to the management of CAMHS to ensure alignment with other Perinatal and Infant Mental Health and Learning Disability services.

Regional workgroups have been established to address those elements of the national service specification, specifically forensic service, secure inpatient units, inpatient pathways, and unscheduled care.

3.5.3 Psychological Therapies

Recruitment has been successful within General Medical Service in Clinical Health including specialist with expertise in Functional Neurological Disorders. Additional resource is significantly reducing waiting time for assessment.

However, recruitment has been challenging in other areas with posts requiring to be readvertised including Unscheduled Care Brief Psychological Intervention Service vacancy that was not filled during recent recruitment round.

3.5.4 Alcohol and Drugs Partnerships (ADPs)

Medication Assisted Treatment (MAT) Standards 1 to 5 implementation plan is progressing:

- Same day prescribing is available at Methil Drop in and same day treatment further implemented at two static sites whilst LAIB (Long acting injectable buprenorphine) uptake is progressing.
- Addiction Services nurses have attended Methil Drop in since end of July with rapid access to treatment provided from September. Rapid access clinics in Kennoway and within Lynebank Hospital, Dunfermline commenced in September.
- Hospital Liaison Service is to continue following recruitment to pharmacy role within the team.

- Mapping work has commenced with Criminal Justice Social Work, SACRO (Scottish Association for the Care and Resettlement of Offenders) Custody Navigation Project and Phoenix Futures Prison Inreach to implement Standards 1 and 2 within justice settings.
- Embedding of Standards 1 to 5 is being progressed with a short life working group measuring progress in harm reduction practice and vaccination delivery.
- Workplan has been developed with Alcohol and Drug Partnership services for the improvement and workforce development required to deliver Tier 1 and 2 interventions (Standards 6 and 10).

3.5.5 Dementia - Post Diagnostic Support

Fife HSCP have commissioned STAND (Striving for A New Day), a 3rd sector organisation, to provide peer support for patients diagnosed with dementia. They now provide 6 meeting centres at various locations across Fife, providing a key contribution to our range of supports for people experiencing dementia, and their families.

3.5.6 Neuro-developmental Pathway

In partnership with, and investment from Fife Council and through the governance of the Neurodevelopmental Strategic Oversight Group, two tests of change have been established.

- Collaboration with Educational Psychology and Schools in West Fife was established to deliver immediate, proportionate intervention and support to young people with neurodevelopmental needs. This is already delivering a reduction of some 42% of individuals being referred on for Autism Assessment.
- Mental Health OT post, situated with 3rd Sector One Stop Shop, to provide clinical input, assessment, guidance, and signposting to people with Autism/ Neurodevelopment needs was appointed to in August.

3.5.7 Eating Disorders

Fife HSCP Eating Disorder Service have developed a service development plan which will provide a significant boost to multi-disciplinary capacity, recruitment is underway to deliver this.

3.5.8 Perinatal and Infant Mental Health

Both a targeted service within the wider community and specialised interventions for individual infants and their caregivers is being provided.

Expertise within the team means that individualised, specialist interventions can be made in ways that can be adapted to support the emotional wellbeing needs of infants. Targeted work in the wider community is also supported through links with 3rd sector

agencies to share learning and to ensure that the Voice of the Infant is prioritised in all settings.

3.5.9 Mental Health & Wellbeing Teams in Primary Care

A Multi-Disciplinary Oversight group has been established, reflecting colleagues from Mental Health, Primary Care and 3rd sector. This working group has developed the proposal for the development of locality based Mental Health and Wellbeing hubs, which is a cornerstone of the refreshed local Mental Health strategic direction.

Work is in the final stages to commission people with Lived Experience who will, supported by Officer colleagues, plan, prepare and initiate co-production of a design for hubs in three localities in year 1, expanding to all 7 localities in year 2.

3.5.10 Mental Health Officers

Fife HSCP have invested significantly into the Mental Health Officer service, to enhance capacity for the range of statutory requirements associated with both the Mental Health (Care and Treatment) (Scotland) Act and the Adults with Incapacity Act.

The investment is being used to employ an additional team manager and eight Mental Health Officers (MHO) resulting in two teams covering East and West Fife. Recruitment is in the final stages with majority of posts now filled.

There is a fundamental contribution to the support for Flow and Navigation, addressing and preventing delayed discharge across the system for those patients who lack capacity to make informed decisions regarding their welfare. MHOs will therefore directly contribute to the Hospital Discharge Teams and the evolving front door model.

3.6 Supporting and improving social care

Planned Date of Discharge (PDD) is now part of the Discharge Without Delay Programme. Social Work have been working alongside the Hospital Discharge Team as part of the Front Door model to increase the speed of assessment, but also to signpost to the community, where appropriate, in order to avoid admissions and create greater capacity within the hospital and the social work teams.

The next phase of developing the service provided by the Care Home Assurance and Support Nurse Team, is ongoing in partnership with colleagues. This work will create new pathways ensuring care home residents have timely access to professional support and clinical advice with the aim of preventing unnecessary admissions and enabling planned interventions to keep residents safe in their own home. Care Homes are also supported with Anticipatory Care Planning processes.

The Smartlife in Fife Service continues to be provided to the people of Fife and specific services on a 24/7 basis with new version due for release in November, this includes Life Curve component as well as additional insight module. Once implemented, there

are plans to increase staff access within other areas of Fife Council such as Housing. In addition, it is hoped there will be increased visibility of information held in the system which is available to other areas, for example, GP's and District Nurses. This will help support people to maintain their existing abilities as they age, as well as assist services to plan for future service provision.

The Home First Strategy is currently being implemented across Fife, this comprises of distinct project sub-groups that drive the strategy aims and objectives. One of these sub-groups relates to Anticipatory Care Plans (ACP) with agreement for a single ACP tool to be rolled out across Fife, firstly across the 8 Partnership Care Homes and 7 Independent Care Homes. Following the successful roll-out of the ACP and evaluation in early 2023, the sub-group will focus on supporting the roll-out of the Life Curve App within Care Homes and the wider community that will feed into the ACP and allow older adults the option to identify areas of their life they may need support with and what community groups or services exist that can help them.

Fife HSCP has also increased the hourly rate to care at home providers by 80p per hour, in light of the ongoing costs of living increases especially around fuel costs, which will be passed on directly to care staff to cover the additional costs incurring in delivering care.

3.7 Sustainability and value

3.7.1 Financial Improvement and Sustainability

At the end of August, the Cost Improvement Plans (CIPs) are £1.6m behind target, £0.9m on Grip and Control, £0.5m Acute Services and others of £0.2m. The forecast outturn assumes all CIPs will be delivered at the financial year end. Where plans are slipping, pipeline schemes are being identified and are currently being worked up to come forward to the Financial Improvement and Sustainability (FIS) Programme Board for approval to move to implementation. Whilst the final cost improvements delivered may differ in some respects from the approved schemes, all Senior Responsible Officers are working toward delivering CIPs totalling £11.7m in year and on a sustainable basis wherever possible.

The Director of Finance & Strategy has written separately to the Director of Health Finance, Scottish Government outlining the mid-year financial review position, the extent of the significant financial challenges and the ongoing actions to mitigate these challenges as far as possible.

3.7.2 Realistic Medicine

A Realistic Medicine Plan has been developed with timings and resources needed to ensure deliverables are met. The plan also contains activities to mainstream Realistic Medicine in Fife as well as develop digital strategies that enable Realistic Medicine.

Following engagement with stakeholders a Communications and Engagement Plan has been developed to spread the message about Realistic Medicine to staff, patients, relatives, the community, and other stakeholders. This includes lectures to students at the University of St Andrews and meetings to discuss the management of chronic diseases and frailty, with a focus on pain management and realistic prescribing.

4 Summary

This paper outlines the achievements made in the first 6 months of 2022/23 in line with the agreed Annual Delivery Plan. The delivery of the actions is detailed in the Delivery Action Plan and reported through the NHS Fife governance structure.

Meeting:	Public Health & Wellbeing Committee
Meeting date:	7 November 2022
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1 Purpose

This is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of August 2022.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board, and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) are expected to follow in due course.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee, and was introduced in September.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

The Public Health & Wellbeing aspects of the report cover measures listed in the table below.

Measure	Update	Target	Current Status
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving
COVID Vaccination	Monthly	80%	Ahead of plan
Flu Vaccination	Monthly	80%	Ahead of plan
Immunisation: 6-in-1	Quarterly	95%	Achieving
Immunisation: MMR2	Quarterly	92%	Not achieving

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the specific sections of the IPQR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table, the Indicator Summary Table, the Executive Summary narratives and the relevant drill-downs.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Public Health & Wellbeing extract of the October IPQR will be available for discussion at the meeting on 7 November.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 20 October and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the PHW Committee for:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR
- **Assurance**

3 List of appendices

- Integrated Quality & Performance Report – October 2022

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

Produced in October 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Public Health & Wellbeing Committee comprises the following sections:

- a) **Corporate Risk Summary ****NEW******
Summarising key Corporate Risks and status.
- b) **Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There are also columns indicating where a measure is related to a key Corporate Risk and performance 'special cause variation' based on SPC methodology.
- c) **Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) **Assessment**
Summary assessment for indicators of continual focus.
- e) **Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
18 October 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite	Summary Statement on Risk Profile
To improve health and wellbeing	5	3	2	-	-	◀▶	High	Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.
To improve the quality of health and care services	5	4	1	-	-	◀▶	Moderate	
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate	
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate	
Total	18	13	5	0	0	◀▶	Moderate	Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3



Movement Key

Improved - Risk Decreased
 No Change
 Deteriorated - Risk Increased

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Aug-22	29	○	▲	▲	●
	HSMR	N/A	Year Ending	Mar-22	1.02	●	◀▶	◀▶	●
	Inpatient Falls	6.91	Month	Aug-22	6.45	○	▲	▲	●
	Inpatient Falls with Harm	1.65	Month	Aug-22	1.69	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Aug-22	1.03	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Aug-22	10.0	○	▲	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Aug-22	10.0	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Aug-22	33.2	○	▲	▲	● QE Jun-22
	Complaints Closed - Stage 1	80%	Month	Aug-22	73.1%	○	▲	▲	● 2020/21
Complaints Closed - Stage 2	50%	Month	Aug-22	8.9%	○	▲	▼	● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Aug-22	100.0%	●	◀▶	◀▶	● Aug-22
	4-Hour Emergency Access	95%	Month	Aug-22	68.4%	○	▼	▼	● Jun-22
	Patient TTG % <= 12 Weeks	100%	Month	Aug-22	51.4%	●	▼	▼	● Jun-22
	New Outpatients % <= 12 Weeks	95%	Month	Aug-22	52.9%	●	▼	▼	● Jun-22
	Diagnostics % <= 6 Weeks	100%	Month	Aug-22	65.9%	●	▲	▼	● Jun-22
	18 Weeks RTT	90%	Month	Aug-22	73.6%	●	▲	▲	● QE Jun-22
	Cancer 31-Day DTT	95%	Month	Aug-22	98.5%	○	▼	▼	● QE Jun-22
	Cancer 62-Day RTT	95%	Month	Aug-22	84.7%	○	▼	▼	● QE Jun-22
	Detect Cancer Early	29%	Year Ending	Dec-21	23.9%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Aug-22	83.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Aug-22	11.9%	●	◀▶	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Aug-22	7.7%	○	▼	▲	● QE Jun-22
Antenatal Access	80%	Month	Jun-22	81.0%	●	▼	▼	● CY 2021	
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Aug-22	(£14.7m)	●	▼	—	●
	Capital Resource Limit Performance	£33.1m	Month	Aug-22	£11.5m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Aug-22	6.50%	○	▼	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Sep-22	33.3%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	May-22	42	●	—	▼	● QE Dec-21
	CAMHS Waiting Times	90%	Month	Aug-22	73.0%	○	▲	▼	● QE Jun-22
	Psychological Therapies Waiting Times	90%	Month	Aug-22	68.4%	○	▼	▼	● QE Jun-22
	Drugs & Alcohol Waiting Times	90%	Month	Jun-22	94.3%	○	▲	▲	● QE Jun-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-22	95.2%	○	▲	▲	● QE Jun-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-22	89.9%	○	▲	▲	● QE Jun-22	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
◀▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected and Actual Activity

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	885	1,046	1,063	2,994	0	0
	Variance	-158	-127	34	34	-59		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,291	7,832	7,301	21,424	0	0
	Variance	2,384	90	1,612	916	2,618		
Urgent	Actual	10,868	3,477	4,169	3,717	11,363	0	0
	Routine	10,083	2,814	3,663	3,584	10,061	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,550	477	617	503	1,597	0	0
	Variance	59	-20	120	6	106		
Upper Endoscopy	Actual	575	184	243	199	626	0	0
Lower Endoscopy	Actual	182	46	82	61	189	0	0
Colonscopy	Actual	738	234	269	234	737	0	0
Cystoscopy	Actual	55	13	23	9	45	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350	4,593	3,993	12,936	0	0
	Variance	1,483	354	597	-3	948		
CT Scan	Actual	4,083	1,322	1,379	1,288	3,989	0	0
MRI	Actual	2,936	979	1,109	835	2,923	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049	2,105	1,870	6,024	0	0

d. Assessment

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	42
<p>The specialist service continues to deliver a combination of face to face and telephone support. Accommodation in GP practices in most deprived communities has fluctuated due to their priorities so there has been a slight decrease in number of GP clinics from 14 to 12. We have managed to compensate in some way for this with one additional community venue with overall total now sitting at six. There is an ongoing supply disruption of Champix® (varenicline) tablets which reduces option and choice for patients, with still no date for resupply. Two new Saturday advisors have started, allowing the service to extend provision across a 6-day week, and they are currently going through training. Community Pharmacies continue to offer a brief intervention with medication and has a high level of throughput, but retention is low.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	73.0%
<p>A reduction in the longest waits has continued, with no children waiting over 52 weeks and less than 5 waiting over 36 weeks. RTT will continue to fluctuate whilst efforts and resources remain focused on achieving the target of less than 10% of children waiting more than 18 weeks by March 2023.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	68.4%
<p>Demand for PTs increased again in the first 6 months of 2022. Activity continues to target the longest waits (those who require highly specialist individual therapy), however issues of workforce availability have negatively impacted the degree of increase in activity that was anticipated from October 2021 onwards. A factor impacting performance in July was the reduction in self referrals for computerised CBT (all treated in under 18 weeks). This was due in part to technical issues with the Access Therapies Fife website (now resolved).</p>			
COVID Vaccination	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	80%	30.1%
<p>The focus of COVID vaccination delivery has now moved from tracking booster 1 delivery to delivery of the Autumn/Winter booster for eligible groups. Delivery started 5th September, with an initial focus on the delivery to Health and Social Care workers, residents in care homes and the housebound. The 65+ community clinic programme commenced 19th September. The % figure above reflects the position at the end of September. However, as of 12th October, 44,560 (56.1%) COVID boosters have been delivered to the 65+ population in Fife. This compares with coverage in Scotland of 49.2%. The DNA rate for community clinics in Fife is below the national average (11% Fife; 18% Scotland). This, along with the high proportion of vaccinations delivered through co-administration appointments with flu vaccination (94.2%), means the number of Autumn/Winter COVID vaccinations delivered to date is ahead of planning assumptions. Delivery to care home residents continues in Fife and will complete by the end of October. This timeline has been accelerated to align more closely with completion dates in the rest of Scotland where coverage is currently at 80%.</p>			
Flu Vaccination	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	80%	30.1%
<p>The % figure above reflects the position at the end of September. However, as of 12th October, 44,034 (55.4%) seasonal flu vaccinations have been delivered to the 65+ population in Fife. This compares with 46.6% for Scotland. Most vaccinations have been co-administered within the same appointment as the COVID vaccination which has supported a rapid roll out of both vaccinations. Free flu vaccinations are also available in community pharmacy locations across Fife for eligible groups. Those who are only eligible for flu (e.g. teaching staff) and those who do not want a flu and COVID vaccination in the same appointment have been directed to the pharmacy option. As with COVID, we are currently ahead of delivery planning assumptions and on track to meet the 80% national target.</p>			
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.2%
<p>The 6-in-1 primary vaccination protects against Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B; and is delivered as part of the primary routine infant schedule at 8, 12 and 16 weeks. Uptake of the 6-in-1 vaccine in infants monitored when they reach 12 months in the quarter ending 30th June was 95.2%, which was above the national target of 95%. There can be fluctuations from quarter</p>			

to quarter, it has been recognised that the trend in Fife suggests action is required to ensure we consistently meet the 95% target and to avoid the risk of vaccine preventable disease in areas within the population where uptake is lower. The next quarterly data release will be issued end of December.

A Quality Improvement Group was convened in September to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Initial steps towards formation of improvement action plan are in progress.

Immunisation: MMR2	<i>At least 90% of children will receive their MMR2 vaccination by the age of 5</i>	95%	89.9%
---------------------------	---	------------	--------------

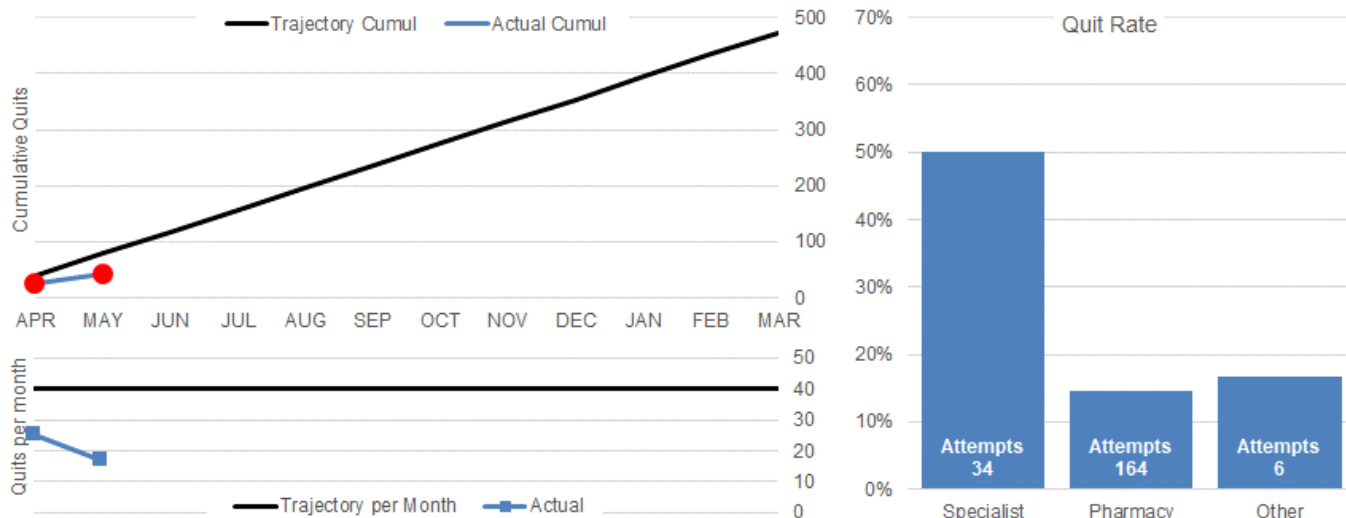
The MMR vaccine protects against Measles, Mumps & Rubella infection; the first dose is given at 1 year and the second dose given at 3 years 4 months or soon after. Uptake of the second MMR vaccine is monitored in children that reach 5 years of age. For the quarter ending 30th June, Fife achieved 89.9%, below our local target to reach 92% uptake by March 2023, but a slight improvement on the previous quarter. There is a national target of 95% uptake based on WHO guidance (as outlined in the Fife Strategic Framework); however, given the trend data in Fife and Scotland a local uptake target for this FY was agreed by the Area Immunisation Steering Group at their meeting on 27 May. Performance against the local target will be reviewed with anticipation that a further local target of 93% or higher will be set for FY 2023-24. The next quarterly data release will be issued end of December.

A Quality Improvement Group was convened in September to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Initial steps towards formation of improvement action plan are in progress.

e. Performance Exception Reports

Smoking Cessation <i>In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife</i>	Performance 42
--	-------------------

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	17										
	Actual Cumul	25	42										
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	53.2%										
Scotland	Achieved												

Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 At risk
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 On track
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 On track
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

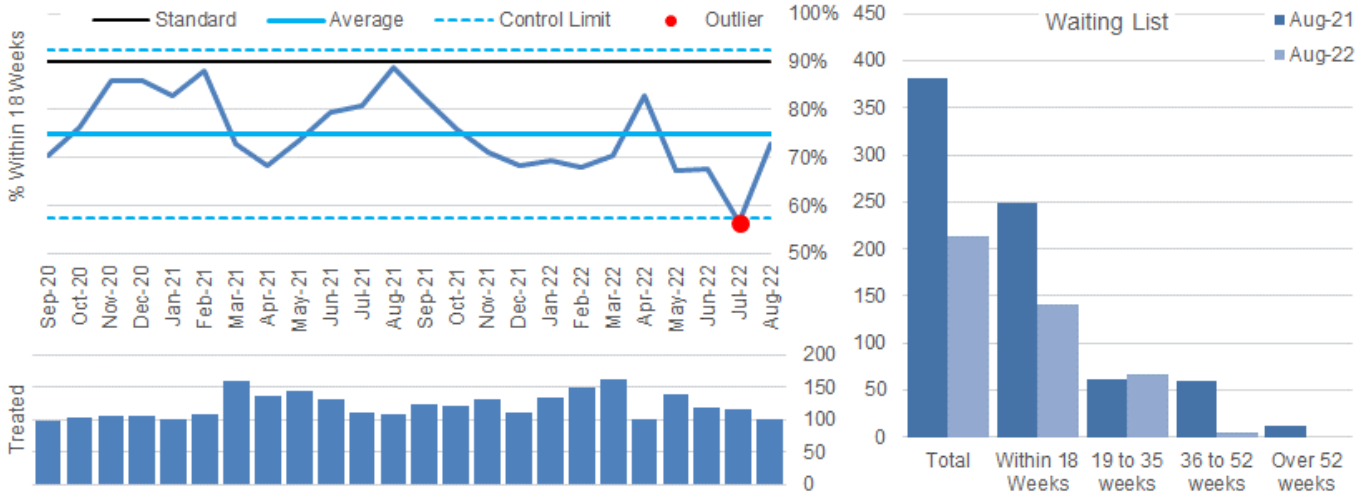
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance

56.5%

Local Performance



National Benchmarking

Month	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife Treated	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%
Scotland	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%		

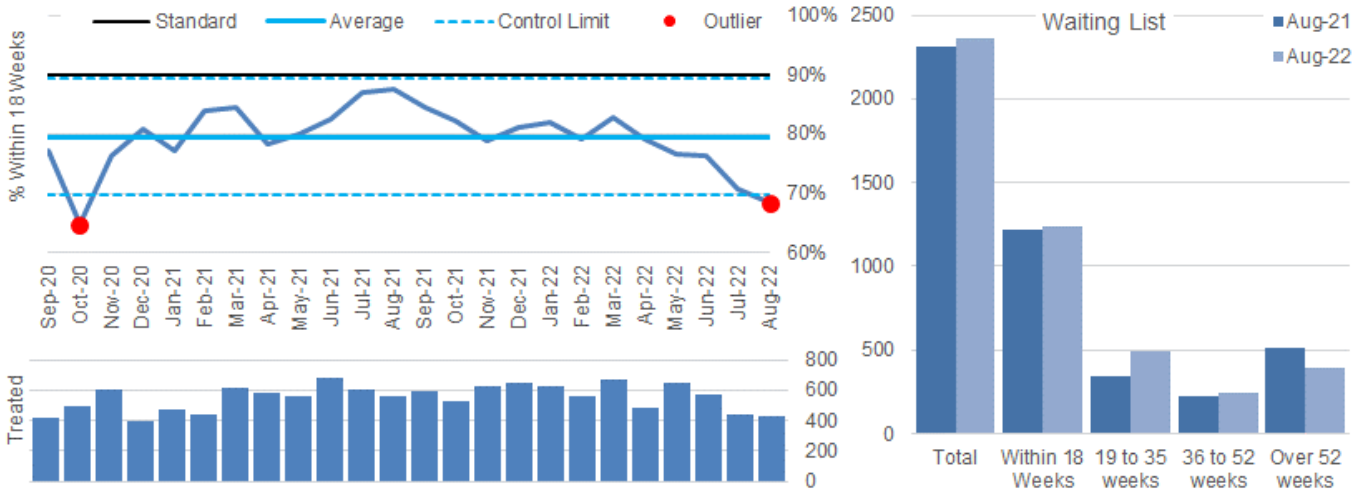
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Mar-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 On track
	Recruitment of Additional Workforce	Mar-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Mar-23 On track

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance
68.4%

Local Performance



National Benchmarking

Month	2021/22							2022/23				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	68.4%
Scotland	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%		

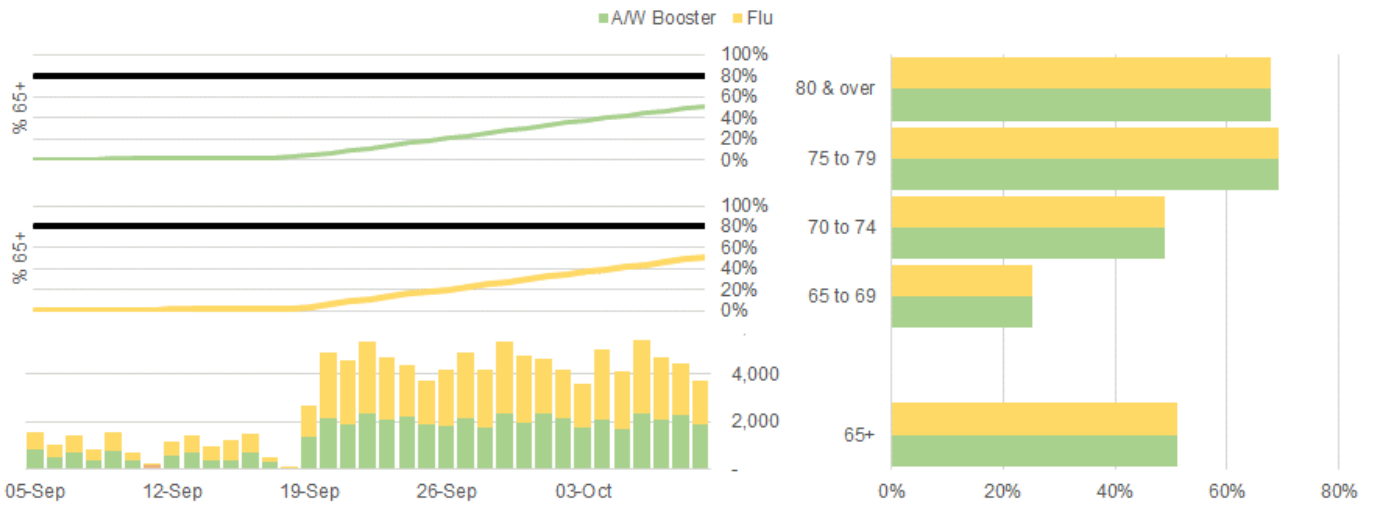
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Dec-22 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Dec-22 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 On track
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-23 At risk
	Support and develop the NHS Fife response to Long COVID <i>Part of development and delivery of the Fife COVID Recovery and Rehabilitation Framework</i>	Dec-22 Suspended

Covid-19 and Flu Vaccination

Performance
COV: 30.1%
Flu: 30.1%

At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination
At least 80% of the Age 65+ population will receive a Flu vaccination

Local Performance



National Benchmarking

Month Ending		2022/23						2023/24					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W Booster	NHS Fife	30.1%											
	Scotland	34.0%											
Flu	NHS Fife	30.1%											
	Scotland	32.3%											

Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 On track
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 On track
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i>	Jul-22 Complete
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife		Jan-23 On track
Key Milestones	COVID uptake for 75+ in Fife, Autumn/Winter 22-23	Dec-22 On track
	Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23	Jan-23 On track
	Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23	Dec-22 On track
	Flu vaccination uptake in 2-5 years, primary & secondary school programme	Jan-23 On track

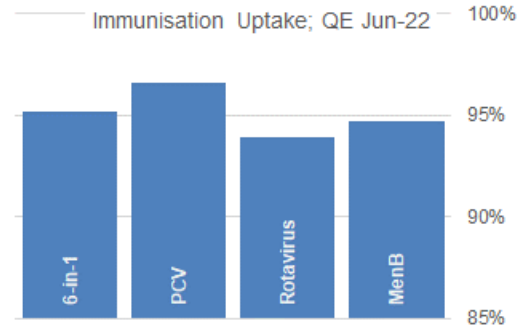
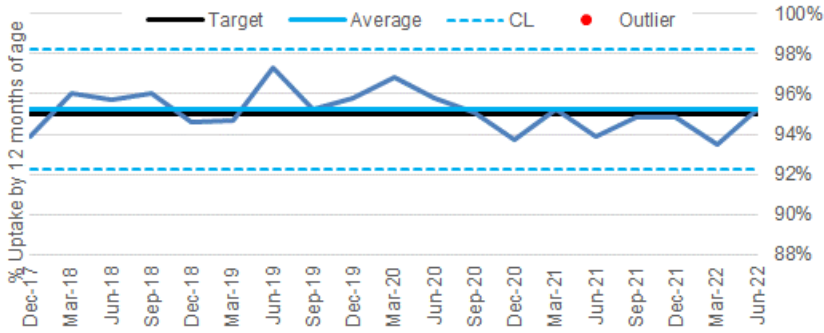
Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance

95.2%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%

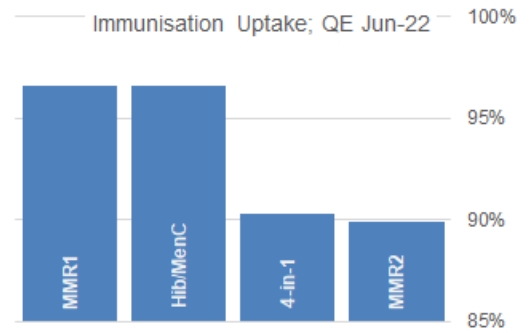
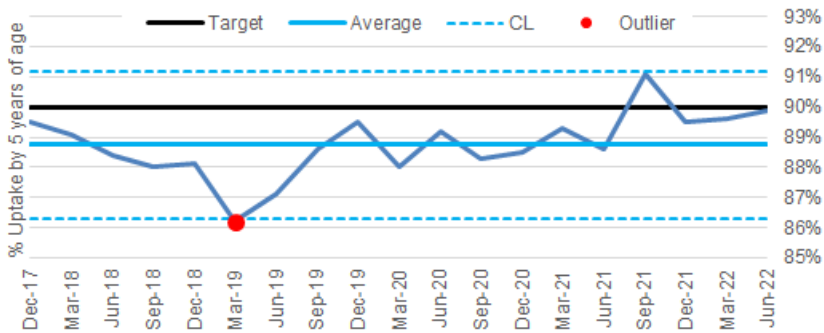
Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance

89.9%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Mar-23
At risk

Key Milestones

6-in-1 primary vaccination uptake at age 12 months for Fife population

Mar-23
At risk

MMR2 uptake at age 5 years for Fife population

Mar-23
At risk

Meeting:	Public Health and Wellbeing Committee
Meeting date:	7 November 2022
Title:	Sexual Health & Blood Borne Viruses in Fife
Responsible Executive:	Nicky Connor, Director Fife Health & Social Care Partnership
Report Author:	Mark Steven, Interim Service Manager, Sexual Health & Blood Borne Viruses Services

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- National Health & Well-Being Outcomes

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The attached report intends to provide information to the Public Health and Wellbeing Committee (PHWC) on Action on Sexual Health and Blood Borne Viruses (SHBBV) in Fife by referencing cross cutting strategies, providing examples

of activity and good practice and innovation and identifying challenges and priorities for recovery.

2.2 Background

The national strategic framework for SHBBV and the operational delivery of services aimed at promoting sexual and reproductive health and reducing blood borne virus infections have undergone significant change and disruption during the pandemic.

The first Scottish Government five-year SHBBV framework was published in 2011 and updated in 2015. The current Framework expired in 2020 and a Recovery Plan for SHBBV Services was published in August 2021. It was expected that the submission of the report to PHWC would coincide with the publication of the next 5 year national framework. This is not now expected until early 2023 therefore the attached report should be seen as an interim report to the PHWC.

2.3 Assessment

This report aims to provide an update on the key priorities and actions covered by the Scottish Government Sexual Health and BBV (SHBBV) Framework. The elements in this report include relevant strategic priorities, frameworks and action plans, local data and an assessment of progress and challenges in this area of work.

The report contained in appendix 1 covers:

- Sexual Health and Blood Borne Virus Outcome Framework
- Local Context
- Women's Health Plan
- Medication Assisted Treatment (MAT) Standards
- Pregnancy and Parenthood in Young People Strategy
- Equally Safe
- Prevention
- Treatment and Care
- Innovation and Success
- Challenges
- Priorities

Please note that elements of the report rely on published data and for some areas, for example HIV care and treatment, COVID response has delayed publication of

some key information planned for release. The national and local data provided is intended to give members an indication of the situation in relation to key areas of focus.

2.3.1 Quality/ Patient Care

Reduction and restrictions in service delivery as a result of COVID have affected service capacity and access. The process of resetting and rebuilding partnerships and services in this area of work is well underway.

2.3.2 Workforce

As is the case across the health and social care system staff demographics (e.g. recent or imminent retirements), recruitment and wellbeing challenges in this area of work have impacted on service delivery. These areas are out with the scope of the report provided.

2.3.3 Financial

Previously, ring fenced funds supported the SHBBV Framework Activity. This is now included in prevention funding bundles. This area is out with the scope of the report provided.

2.3.4 Risk Assessment/Management

None relevant to this report.

2.3.5 Equality and Diversity, including health inequalities

All sexual health and blood borne virus framework and service activity is underpinned by Outcome 2 (reducing inequalities outcome 2)

2.3.6 Other impact

None relevant to this report.

2.3.7 Communication, involvement, engagement and consultation

None relevant to this report

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- SLT Business Meeting, 3 October 2022

2.4 Recommendation

- **Assurance** – For assurance on the Action on Sexual Health and Blood Borne Viruses and that a further report will following once the national framework is published to assure the action is Fife are aligned to this framework.

3 List of appendices

The following appendices are included with this report:

Appendix No 1 Fife Health & Social Care Partnership Sexual Health & Blood Borne Viruses in Fife

Report Contact

Mark Steven

Interim Service Manager, Sexual Health & Blood Borne Viruses Services

Email mark.steven@nhs.net

**Fife Health & Social Care Partnership
Sexual Health & Blood Borne Viruses
in Fife**

**Update to Public Health & Wellbeing
Committee – 7 November 2022**

Author: Clinical Services Manager	Version: 1	Version date: October 2022
Document: Annual Report	Page 1 of 23	

Contents		
Section	Title	Page Number
1	Foreword	3
2	Sexual Health and Blood Borne Virus Framework Outcome	4
2.1	2.1 National Context	4
2.2	2.2 Local Context	5
3	Related Plans and Frameworks	8
3.1	Health Improvement Scotland Sexual Health Standards	8
3.2	Women's Health Plan	9
3.3	Medication Assisted Treatment (MAT) Standards	10
3.4	Pregnancy and Parenthood in Young People Strategy	10
3.5	Equally Safe	11
4	Activity	12
4.1	Prevention	12
4.2	Treatment and Care	14
5	Innovation and Success	16
5.1	ACORN	17
5.2	Postal Testing	17
5.3	Workforce Development	18
5.4	Responses to Rape and Sexual Assault	18
6	Challenges	19
7	Priorities for 2022 - 2023	19
8	Conclusion	19
9	Appendices	20

Section 1: Foreword

This report aims to provide an update on the key priorities and actions covered by the Scottish Government Sexual Health and BBV (SHBBV) Framework. The elements in this report include relevant strategic priorities, frameworks and action plans, local data and an assessment of progress and challenges in this area of work.

This report is written against a background of a worldwide pandemic which has brought specific challenges to services supporting this area of public health and wellbeing. In common with many services across Fife, the skills and experience of admin, nursing and health improvement staff from Sexual Health Fife was utilized across a wide range of the pandemic response from contract tracing to intensive care to surge ward capacity. Although service capacity was significantly reduced, essential care was maintained throughout.

As we await the publication of the next 5 year Sexual Health and Blood Borne Virus Framework those with responsibilities and interest in this area of work are continuing to reset and rebuild partnerships and services to provide the best possible care for the populations we serve and to challenge stigma, inequality and inequity wherever it is found.



Interim Clinical Service Manager
Sexual Health Fife

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 3 of 23	

Section 2: Sexual Health and Blood Borne Virus Outcome Framework.

2.1 National Context

The national strategic framework for Sexual Health and Blood Borne Viruses (SHBBV's) and the operational delivery of services aimed at promoting sexual and reproductive health and reducing BBV infections have undergone significant change in recent years. The first Scottish Government five-year SHBBV framework was published in 2011 and updated in 2015. The Framework Outcomes have remained unchanged. These are:

- Fewer newly acquired BBV's and sexually transmitted infections, fewer unintended pregnancies
- A reduction in the health inequalities gap in sexual health and BBV's
- People affected by BBV's lead longer, healthier lives
- Sexual relationships are free from coercion and harm
- A society where the attitudes of individuals, the public, professionals, and the media in Scotland towards sexual health and BBV's are positive, non-stigmatising, and supportive.

Implementation of the Framework is driven nationally by the Scottish Health Protection Network SHBBV Governance structures (Appendix 1) with representatives from each NHS board area.

Fife is represented on these national groups by members of the Sexual Health Fife Management Team. The publication of the 2020 to 2025 Sexual Health and BBV Framework has been delayed due to the impact of the COVID pandemic. An updated five-year framework covering 2022 to 2026 is expected by the end of 2022 but has not been published at the time of writing this report.

An interim report ***“Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Virus Services”*** was published in August 2021. The plan outlines 11 key actions at national level aimed at recovering services and improving population health. Some examples include:

- Development of a national online testing resource for sexually transmitted infections and BBV's
- Widening access to HIV pre-exposure prophylaxis (PrEP)
- Inclusion of progestogen only contraception provision in National Community Pharmacy Contract arrangements
- Recovery of hepatitis C treatment provision to meet the Scottish Government goal of elimination of HCV by 2024
- Development of a HIV transmission (Zero HIV) elimination proposal

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 4 of 23	

The plan also set out the stages of recovery in Sexual Health and BBV Services:

- Baseline - Service Pandemic Arrangement - Urgent and Essential Care only
- Stage 1 - Reset and Rebuild: Balancing the risks - increasing care for priority groups
- Stage 2 - Reset and Rebuild: Fulfilling public health duties - widening access to care
- Stage 3 - Reset and Rebuild: (Providing comprehensive care) to meet the need of all citizens

2.2 Local Context

In response to this framework an Executive Lead for Sexual Health and BBVs was established in 2016. More latterly that role has been held by Sexual Health Fife Clinical Service Manager. Public Health Fife retains key responsibilities relating to Sexual Health and BBV's within its Consultant and Health Protection Team portfolios.

Prior to the COVID 19 pandemic, a Sexual Health and BBV Executive Group chaired by the SH & BBV Executive Lead with working groups was in place.

These structures are in the process of recovery; for example, through a recent membership survey of the BBV Testing Treatment and Care Working Group.

Sexual Health Fife sits within the Primary and Preventative Care Division of Fife Health and Social Care Partnership (HSCP). It covers all aspects of contraception, sexually transmitted infections, prevention and treatment of Hepatitis B & C, and HIV, and has a role in preventing and responding to gender-based violence through its Gender Based Violence Nurse Advisory Service.

Diagram 1 overleaf shows the service access points for Sexual Health and Blood Borne Virus treatment. The core sites are located in Dunfermline, Kirkcaldy and Glenrothes with satellite clinics across Fife. Over the last two years the service has expanded and contracted based on the impact of the pandemic and the need to deploy staff to other aspects across the HSCP.

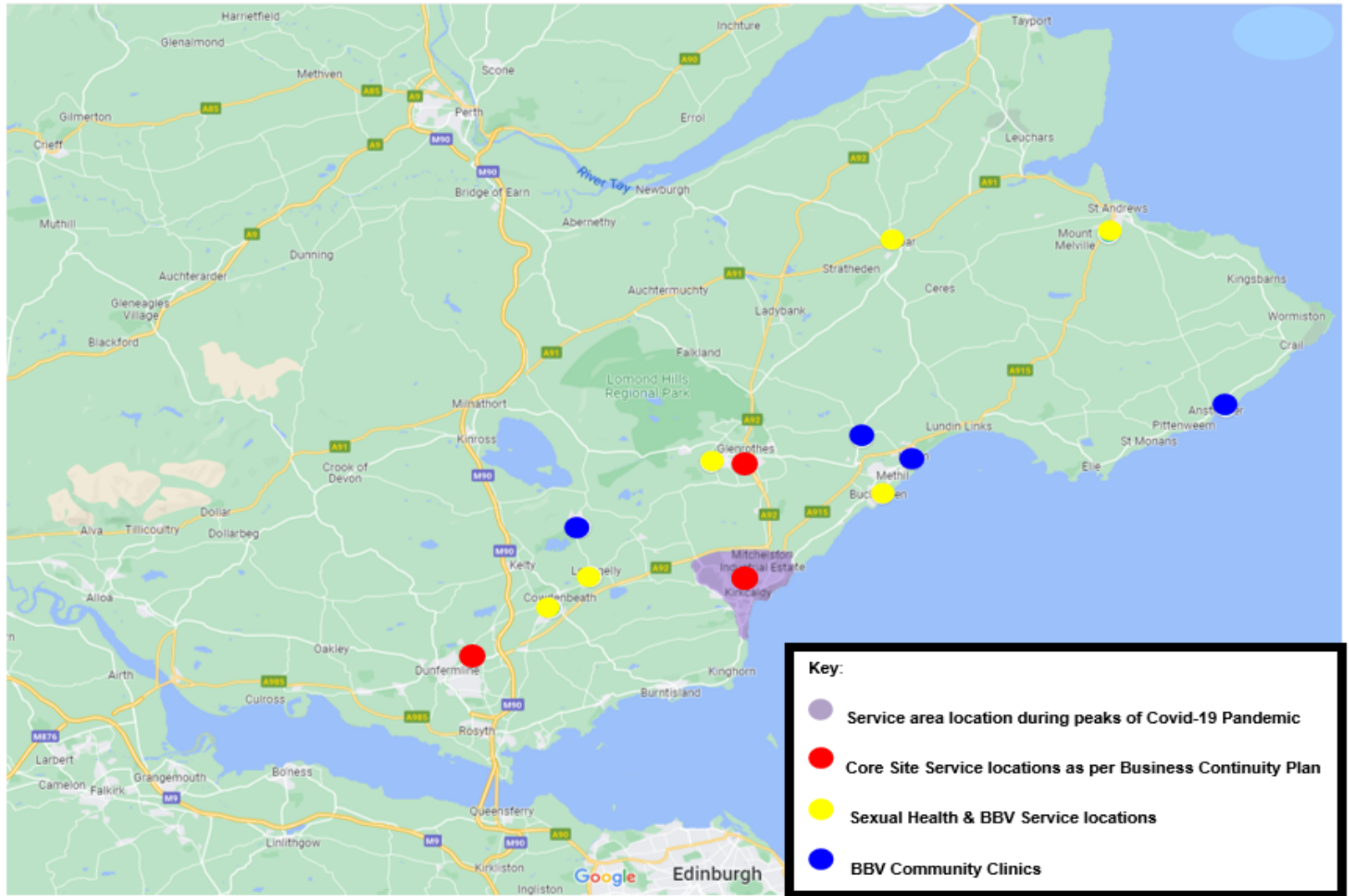
In the current calendar year attendances in the National Sexual Health recording system had the following geographic spread by postcode analysis:

- Dunfermline and South West Fife localities -27%
- Kirkcaldy -22%
- Cowdenbeath-14%
- Glenrothes 12%
- Levenmouth 8%
- North East Fife 8%

Note 1. Settlements in South West Fife share the KY12 postcode with Dunfermline. Some residents of SW Fife and North East Fife may access services in Tayside and Forth Valley. Residents of other board areas can access Sexual Health Fife therefore the above figures do not equal 100%. (9% in 2022)

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 5 of 23	

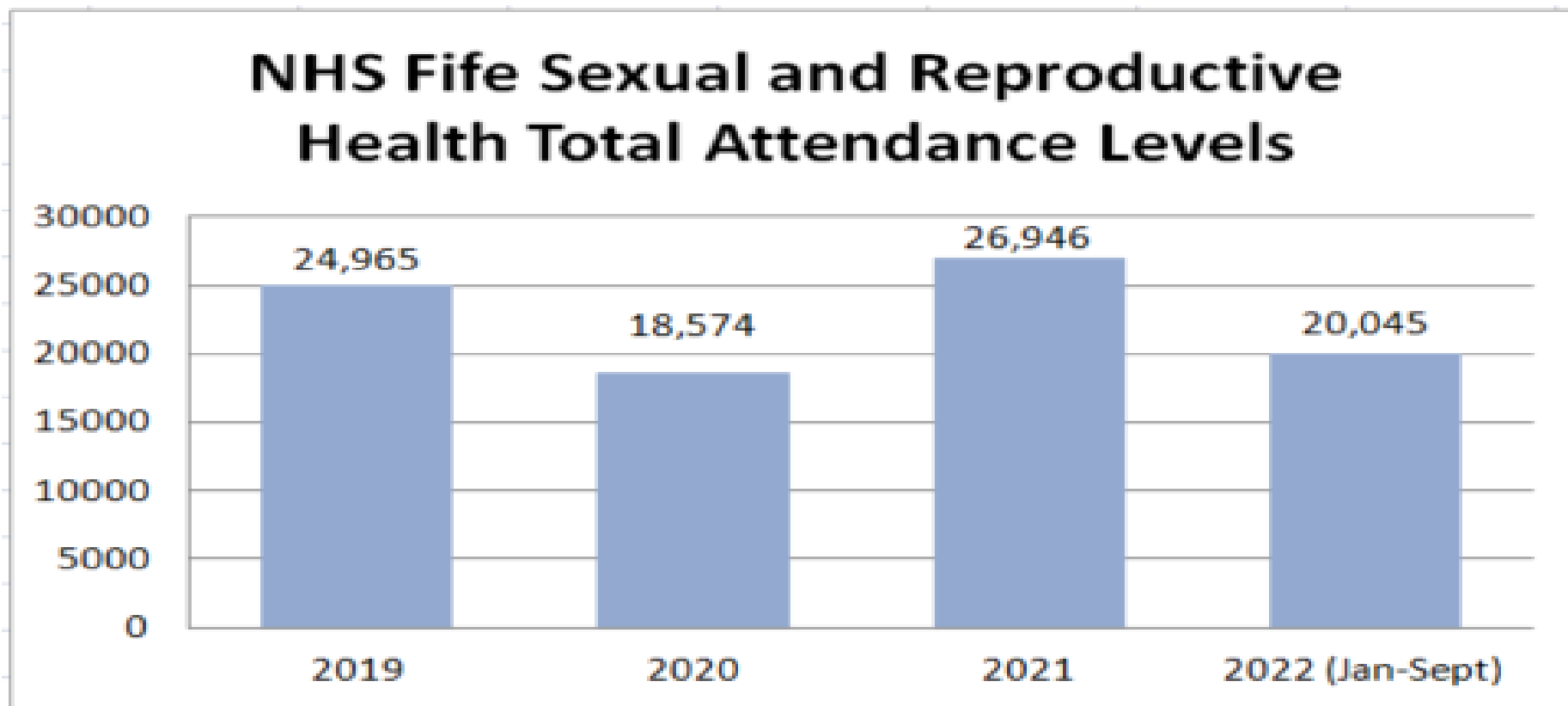
Diagram 1 – Service Provision Map



The current assessment is that Sexual Health and BBV services have moved from Recovery Plan Stage 2 (Fulfilling public health duties - widening access to care) to Stage 3 (providing comprehensive care). The full range of services are being provided and the impacts of the pandemic on backlogs and waiting times are being addressed.

The attendance levels for Sexual and Reproductive Health from 2019 to 2022 calendar years have recovered to, and exceeded, pre-pandemic levels. The rise in 2021 may reflect demand that was unmet during the pandemic. Service changes have been made over this timeframe to how services are delivered, for example introduction of telephone triage and offering home testing, which helped to maintain activity levels during the pandemic as much as possible. The activity in 2022 to date suggests the service is on track to match or exceed the levels in 2021.

Diagram 2 – NHS Fife Sexual and Reproductive Health Total Attendance Levels 2019 to Sept 2022.



Section 3: Related Plans and Strategic Frameworks

3.1 Health Improvement Scotland Sexual Health Standards (January 2022)

These standards reiterate that the responsibility for comprehensive sexual health delivery extends beyond specialist services to include NHS Boards, Health and Social Care Partnerships, Integrated Joint Boards, Third Sector and Community Services, Public Health Scotland, and the Scottish Government.

The aim of these right based standards is to improve access to sexual healthcare, and reduce inequality by helping services identify areas for improvement and outline the benchmark for what constitutes good sexual health care.

The 10 standards relate to:

- Leadership and governance
- Shared and supported decision making
- Education and training
- Access to sexual health care
- Sexual wellbeing
- Prevention detection and management of sexually transmitted infections and blood borne viruses
- Services for young people
- Reducing sexual health inequalities
- Reducing unintended pregnancy?
- Abortion care – covered by Acute Services?



Services are expected to self assess provision against the standards as part of local clinical governance arrangements. Sexual Health Fife Management Team members are leading a self-assessment and evaluation process across the standards. This work is expected to be completed by March 2023.

Fife Partnership

The Plan for Fife 2017 to 2027 is Fife Partnership's overarching community plan which aims to deliver improvements for the people of Fife. The Plan includes actions to reduce levels of preventable ill health, and premature mortality across all communities, particularly around obesity, alcohol and smoking. Sexual Health Fife supports these actions through a number of programmes; some of these are included below in Section 4.

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 8 of 23	

Fife Health and Social Care Partnership

The Health and Social Care Partnership is responsible for planning and delivering health and social care services in Fife. The Strategic Plan for Fife 2022 to 2025 sets out the Partnership’s vision and future direction over the next three years. Sexual Health Fife delivers services that align with the Partnership’s values and support the strategic priorities:

- Local – A Fife where we will enable people and communities to thrive
- Sustainable – A Fife where we will ensure services are inclusive and viable
- Wellbeing – A Fife where we will support early intervention and prevention
- Outcomes – A Fife where we will promote dignity, equality and independence
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement

Localities

Sexual Health Fife works across all seven Fife localities, this provides a robust route for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision, including SHBBV.

3.2 Women’s Health Plan (August 2021)

The Women’s Health Plan aims to improving health outcomes and health services for all women and reducing inequalities across whole systems. The life course approach outlined in the plan identifies needs relating to relationship, sexual health and parenthood education, and sexual health including contraception and abortion care.

Clinicians from Sexual Health Fife, including the Consultant Clinical Lead for Sexual Health, are represented on the recently established local oversight and working groups in Fife.



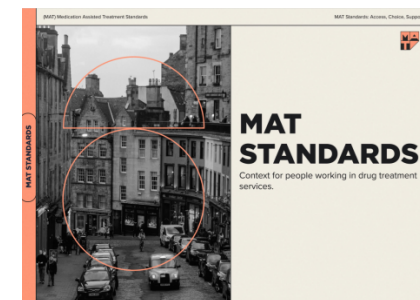
Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 9 of 23	

3.3 Medication Assisted Treatment (MAT) Standards (April 2022)

The Medication Assisted Treatment (MAT) Standards are a response to the rising levels of drug deaths that Scotland has seen over the past decade. The aims of the standards are to “define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland”.

Fife Alcohol and Drug Partnership (ADP) leads on the implementation of the MAT standards and are responsible for reporting progress on the local action plan to NHS Fife Board and Scottish Government. Fife ADP MAT standard oversight and implementation groups have recently been convened to deliver the standards.

MAT standard 4 (Harm reduction) has crossover into the SH & BBV Framework in relation to prevention, testing, treatment and care for HIV and Hepatitis B & C. Drug services are required to have a procedure in place to offer hepatitis and HIV testing and hepatitis B and tetanus, flu and Covid19 vaccination, using an opt-out approach with regular follow-up as per local protocols. (Standard 4.2). Sexual Health and BBV staff are supporting the work of the recently convened MAT Standard 4 Working Group.



[MAT Standards](#)

3.4 Pregnancy and Parenthood in Young People Strategy (March 2016)

This strategy focuses on young people and young parents. Local implementation of the strategy in Fife is led by Fife Council Education Service in partnership with key agencies, including NHS Fife and Fife Health and Social Care Partnership.

The national resource for education on Relationships, Sexual Health and Parenting (RSHP) was launched in 2019.

It includes an action to “demonstrate partnership working to disseminate the RSHP education guidance locally.

The effects of the pandemic meant progress on this action was delayed. Recent developments in this area of work include:

- Establishing a Young People’s Health and Wellbeing Group that has training and implementation of RSHP education in its remit. This group will report to Fife Children’s Services Partnership Group.
- Participation of Fife Sexual Health Development Practitioners in scoping of local RHSP training and roll out plans being developed by Education Scotland CLPL (Career long professional learning) RSHP Service Improvement Group.

Children’s Rights and Wellbeing Impact Assessment – Pregnancy and Parenthood in Young People Strategy



[Pregnancy and Parenthood in Young People Strategy](#)

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 10 of 23	

3.5 Equally Safe (2018)

This strategy aims to prevent and eradicate all forms of violence against women and girls. Gender Based Violence is a major public health, equality and human rights concern (PHS 2020). It covers a spectrum of violence and abuse committed primarily, but not exclusively, against women by men. This includes, but is not limited to:

Domestic abuse, Coercive control, Rape and sexual assault, Childhood sexual abuse, Stalking and harassment, Financial control, Commercial sexual exploitation Harmful practices - such as female genital mutilation, forced marriage and so-called 'honour' based violence.

This strategy links SHBBV Framework outcome 5 on coercion and harm and underpins the work of the Gender Based Violence Nurse Advisory Teams activity. (See Section 4.2).



[Equally Safe: Scotland's strategy to eradicate violence against women](#)

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 11 of 23	

Section 4: Activity

4.1 Prevention

These examples demonstrate the work the Service is taking forward to meet the national outcomes and the local strategic priorities across Fife:

- **National Outcome 5** “Health and social care services contribute to reducing health inequalities”

Fife Health and Social Care Partnership Strategic Priorities:

- Local – A Fife where we will enable people and communities to thrive
- Sustainable – A Fife where we will ensure services are inclusive and viable
- Wellbeing – A Fife where we will support early intervention and prevention
- Outcomes – A Fife where we will promote dignity, equality and independence
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement

The examples support better health outcomes among young people, gay and bisexual men and women seeking reliable forms of contraception to prevent unintended pregnancy.

Free Condoms Fife

In April 2020 due to the COVID 19 pandemic, Sexual Health Fife extended their Free Condoms Fife service to include a condom postal scheme for people living in Fife. This is a partnership project between Sexual Health Fife and Health Promotion.

In the period 2020-2021 a total of 652 requests were made to the service and free condoms were provided. This increased by 28% in 2021 – 2022 when 908 requests were received.



Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 12 of 23	

Get Rubbered

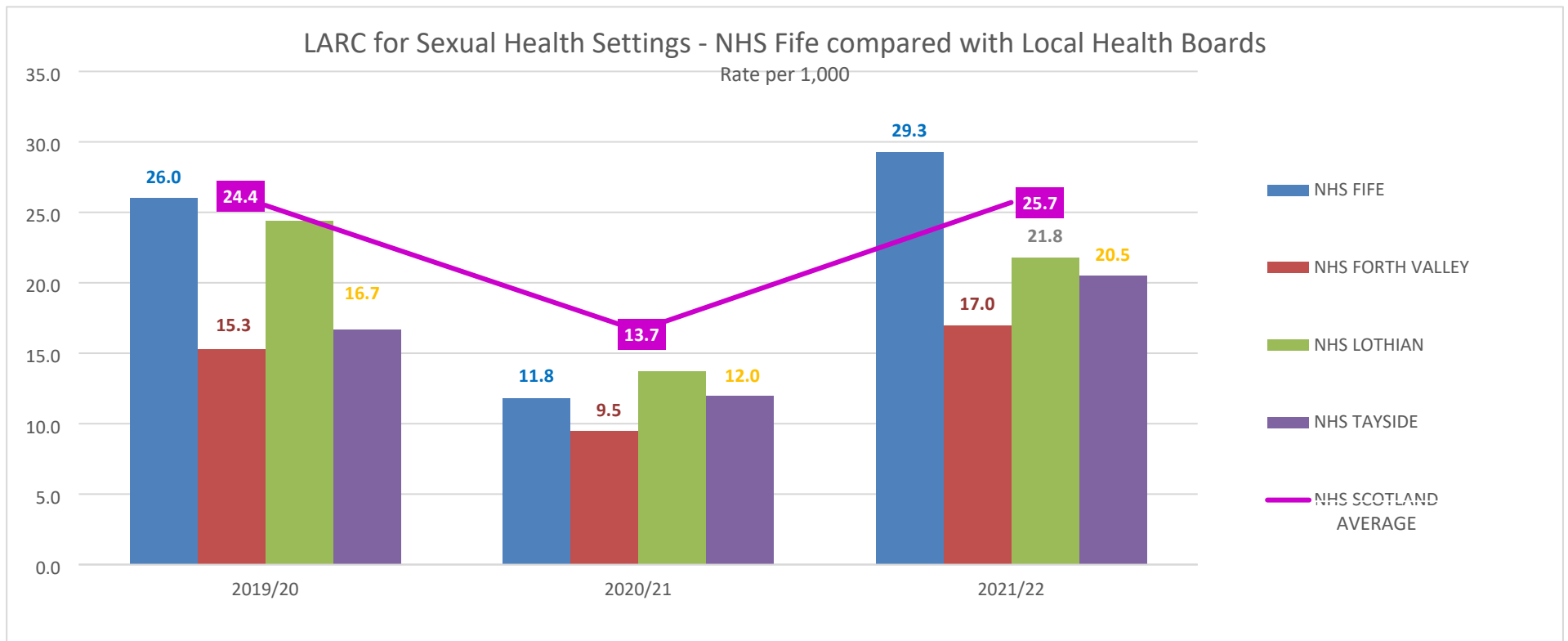
This scheme is operated by Terence Higgins Trust provides a postal condom service to Gay Bisexual and other men who have sex with men, (GBMSM). 153 Fife men are currently receiving condoms and lubrication by post every 2 months in Fife, which is an increase of 36 from 2020/21.



Long-Acting Reversible Contraception (LARC)

The graph (Diagram 3) represents the rate of prescription of Long-Acting Reversible Contraception in Sexual Health settings among women aged 15 to 49. The rates for Fife were increasing from 2017/18 to 2019/20. After a significant drop in 2021/22 rates have recovered to a similar level to those recorded in 2018/19.

Diagram 3 – LARC Key Clinical Indicator



Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 13 of 23	

Pre-Exposure Prophylaxis for HIV

Pre-exposure prophylaxis for HIV has been available through NHS sexual health clinics in Scotland to those at high risk of acquiring HIV in Scotland since 2017. Medication in tablet form is made available to individuals who meet the criteria and assessment to use either as daily or event-based dosing.



90 individuals were prescribed PrEP in NHS Fife in 2019 a rise from 50 in Year 1 and 76 in Year 2.

[Public Health: Implementation of HIV PrEP in Scotland: Minimum Dataset Reporting, 1 Jul 2017-31 Dec 2019](#)

Patient care regimes involve medical reviews, ongoing testing and provision of other support from the specialist multi-disciplinary team.

During 2021/22 there were 982 PrEP related attendances, 179 of which were new assessments.

Monkeypox vaccination

Sexual Health Fife led on communication of Monkeypox risks to the GBMSM population in Fife with national and local partners including NHS Fife Communications and Terence Higgins Trust. To date the service has provided pre-exposure vaccination to 104 individuals at greatest risk in the last two months. This represents around 60% of the most at-risk cohort identified by the service. The pace of the vaccination programme is expected to pick up further due to national changes in dosage and methods of administration.

4.2 Treatment and Care

The examples of Treatment and care activity link to:

- **National Outcome** “People are able to look after and improve their own health and wellbeing and live in good health for longer

Fife Health and Social Care Partnership Strategic Priorities:

- Local – A Fife where we will enable people and communities to thrive
- Sustainable – A Fife where we will ensure services are inclusive and viable
- Wellbeing – A Fife where we will support early intervention and prevention
- Outcomes – A Fife where we will promote dignity, equality and independence
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 14 of 23	

Sexually Transmitted Infections

Fife recorded over 23,000 attendances related to sexually transmitted infections (STI) on the national sexual health data base during 2021/22. This was an increase from the previous year 2020/21 when there were 16,434 attendances. These figures include STI testing, and treatment carried out through the postal testing service developed in response to the pandemic. (See section 5.2)

A public health alert in for Scotland relation to gonorrhoea was issued on 31st August 2022 (PHS Alert 2022/28) due to a rise in the number and rate of cases nationally. This is despite the fact that levels of testing have not yet recovered to pre pandemic levels. It is likely that the picture in Fife reflects the national trend and works is underway to analyse the case numbers in Fife and increase opportunities for testing and treatment.

Contraception

Sexual Health Fife recorded attendances for contraception (Non LARC) from 2019 to 2022 calendar years are outlined in Table 1. This shows recovery in activity from 2020. Figures for 2022 to date suggests the service is on track for an activity level at or above that of 2019.

2019	2020	2021	2022 (Jan to Sep)
19,783	15,614	23,164	15,975

Hepatitis C Treatment

Between 2011 and 2018 the estimate of the population with a chronic Hepatitis C Infection in Fife fell from 531 to 390 in 2018. The treatment ratio* fell from 15:1 to 4:1. This means for every 4 people with chronic Hepatitis C Virus one person in treated.

Fife has met or exceeded its treatment targets since 2012. The target for 2019/20 was 96 people to be treated which was exceeded by 4. The pre COVID 2020/21 target was 115. Every member of the BBV nurse team and were redeployed to COVID duties at some point between May 2020 and March 2022. Despite this 54 people were treated in 2020/21 and 50 people were treated in 2021/2022 financial year.

* Ratio of the diagnosed¹ HCV chronically infected population² to the annual and total numbers of people initiated onto antiviral therapy

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 15 of 23	

HIV

181 people receive treatment for Human Immunodeficiency Virus (HIV) from the multi-disciplinary team in Fife. Advances in treatment and drug regimes mean people can live well with this long-term condition. When treatment results an undetectable viral load, the virus cannot be passed on. There have been 28 new diagnoses of HIV recorded by the Fife BBV team in the last 4 calendar years. Early detection of HIV is an area of local and national focus due to the relationship between early diagnosis, transmission rates and patient outcomes. With the welcome increase in life expectancy of people with HIV, services have to adapt and develop responses to an ageing population of people living with the condition



Gender Based Nurse Advisory Service

This nurse led service provides consultancy, advice and support to people experiencing gender-based violence (current or historic). As well as providing support to the weekly Fife Multi Agency Risk Assessment Conferences the Service operates patient pathways, Nurse Advice, Forensic and Children and Young People.

The Service received 111 referrals across all pathways during 2021/22. In the nurse advice pathway, the majority of referrals were related to domestic abuse and historic sexual assault.

The Service has also been a key partner in the development of local responses to rape and sexual assault including the establishment of the Forensic examination suite within healthcare premises in Fife and the local development and promotion of the Sexual Assault Response Coordination Service.

Section 5: Innovation and Success

The examples provided here relate to the thread of tackling health inequalities that runs through the:

- SH & BBV Framework,
- National Outcomes
- Fife Health and Social Care Partnership Strategic Priorities

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 16 of 23	

5.1 ACORN

A targeted approach to improve access for underserved groups has been piloted by Sexual Health Fife from February 2020. This initially focused on young people (in particular young mothers supported by the Family Nurse Partnership) and women experiencing homelessness, addiction or involvement with the criminal justice system.

An ACORN (Access Care Respond to Needs) card or password was introduced and promoted among underserved groups and services that supported them. In practice this meant that people;

- could be seen without having to explain the reason they wanted an appointment
- were asked for minimal information to register with the Service
- were seen as a priority

Appendix 2 provides a summary of the quality improvement process related to this work.

ACORNs health equity approach was also used in some direct work with homeless populations as part of the COVID response. In partnership with NHS Fife Public Health and Immunisation Teams, sexual health staff undertook outreach in 11 homeless hostels in Fife to offer LFT testing kits and link residents to 1st, 2nd and booster COVID vaccines. A total of 1343 LFT's were distributed and a total of 43 vaccines were facilitated through this joint work.



5.2 Postal Testing

Sexual Health Fife developed a postal patient testing kit (PTK) service for self taken tests for Chlamydia and Gonorrhoea as a business continuity response to the pandemic. 2595 PTKs were issued by the service between 29/12/22 and 27/06/22. This service has impacted on health inequalities for example in increasing access to services to women and young people, and those further from services either because of economic disadvantage or rurality.

- 62% (1608) of kits issued were to females
- 44% (1143) were issued to people aged between 17 and 25 years old
- 25% of PTK were sent to SIMD 1 areas (Most deprived). SIMD 1 and 2 areas accounted for around 45% of all activity in this period. By postcode the KY11 area had the largest single uptake at (15%) followed by KY16

The scheme continues to be a significant part of service delivery. A national postal test kit scheme is currently under development. This is likely to be accessed online by patients who will enter their own details to request a sampling kit. Once live the national scheme will replace the local interim arrangement developed by Sexual Health Fife.

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 17 of 23	

5.3 Workforce Development

Sexual Health Fife has been rebuilding its workforce development activity.

Primary care education

During November and December 2021, a programme of virtual training sessions aimed at primary care staff was delivered. 130 people attended across the 8 sessions.

The topics were Hepatitis B and C, HIV, Sexual Health, Sexually transmitted infections, Domestic Abuse and Sexual Violence, Menopause, Contraception (Foundation and Advanced).

The most popular courses were Foundation and Advanced Contraception (61 participants) and Menopause (35 participants).

Foundation Medical Training

A partnership with St Andrews University has provided 12 three-hour sessions on Sexual Health to 48 third year medical students.

Awareness raising

21 Introductory level training sessions on Sexual Health and Blood Borne Viruses were delivered to various Fife organisations during 2021-2022 with 180 participants.

5.4 Responses to Rape and Sexual Assault

The Gender Based Violence Nurse Advisory Service (GBVNAS) has overseen all aspects of management for The Fife Suite, NHS Fife's Sexual Assault Referral Centre (SARC), since it opened in 2019.

The Fife Suite was designed to provide trauma-informed examinations for survivors of sexual violence, by moving them out of police custody and into a more trauma focused setting within healthcare. From there, everyone using the suite could then be offered specialist follow up care and support from the Gender Based Violence (GBV) Team.

In April this year, the GBV Team continued to build upon this work by working in partnership with Scottish Government, FRASAC and Police Scotland to implement the new national "self-referral" pathway in Fife. The new pathway gives survivors the option to self-refer for an examination after a rape or sexual assault and gives them up to 26 months to make a police report if they choose to. During this time, the GBV Team are responsible for the storage and management of DNA evidence within the Fife Suite.

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 18 of 23	

The new pathway has also provided new opportunities for the GBV Team to support a greater number of survivors, by working in partnership with NHS Inform to provide specialist care for anyone who needs it - including those who don't meet self-referral criteria. A GBVNAS team member featured in one of the series of videos commissioned by the Scottish Government to promote the launch of SARC across Scotland. This can be viewed [here](#).

Section 6: Challenges

The partnerships and services involved in delivering SHBBV Framework outcomes face common challenges, including:

- Recovery and remobilization of services
- Managing the effects of delayed treatment on patients and resource allocation
- Staff health and wellbeing
- Workforce issues such as recruitment, training and development and blended working
- Using information technology to improve care
- Maintaining and adapting good models of care developed during COVID

As we await the publication of the next 5 year SHBBV Framework, we face challenges in re-establishing and improving the local partnerships and strategic direction to deliver on the established and emerging outcomes.

The pandemic has reminded healthcare systems of the importance of surveillance and outcome data. With information held across a range of systems the challenge of collecting, analyzing and acting upon Sexual Health and BBV data is significant.

Section 7: Priorities areas for 2022-2023

Working across systems to improve prevention, treatment and care related to sexual health and wellbeing and blood borne viruses.

Reviewing the local governance and delivery mechanisms for SHBBV Framework outcomes.

Establishing effective methods of data collection and dissemination.

Building partnerships and momentum for the Elimination of Hepatitis C and a Zero HIV Fife.

Section 8: Conclusion

This report is intended to provide the Public Health and Wellbeing Committee with an interim update and overview of this area of work. It is hoped that a follow up report will be useful in outlining the actions taken over the coming months to continue the rebuilding process and detail the focus and actions required as a result of the new Framework.

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 19 of 23	

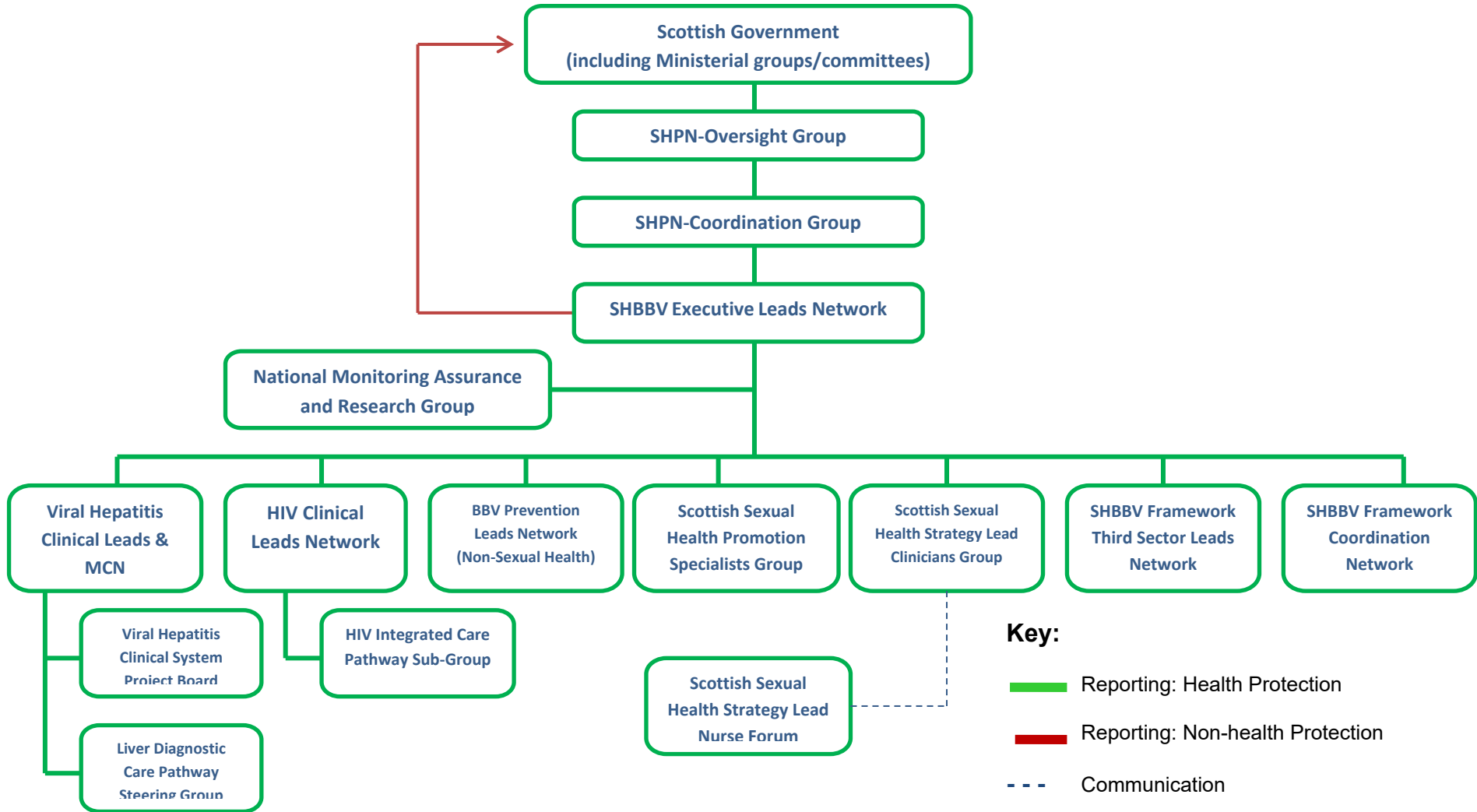
Appendices


- Appendix 1 - SHBBV national working groups*
- Appendix 2 - ACORN Quality Improvement Pilot*
- Appendix 3 - National Outcomes*

Author: Clinical Services Manager	Version: 2	Version date: Oct 2022
Document: Annual Report 2021 to 2022	Page 20 of 23	

Appendix 1 - SHBBV national working groups

SHPN Governance - Sexual Health and Blood Borne Viruses (SHBBV)





It's services NOT service users that are "hard to reach"

A co-design project with & for women living with substance dependency, homelessness, offending behavior to make Sexual Health Fife easier to reach

Our aim

By April 2020 collaborate with women in Fife living with disadvantages* to deliver a change to increased those attending Sexual Health Fife by at least 25%

*substance dependency, homeless, offending behaviour

Why is this important?

Women with disadvantages are at high risk of sexual ill health: unplanned pregnancy; sexually transmitted infection; blood borne viruses (BBV); low contraception use; and overdue smears.² Attendance at mainstream Sexual Health is low & 70% referred from BBV or Addiction services never attend. Designing change with & for women we aim to make an improvement.

Change ideas & QI tools

1. Find the right problem
Listen & collaborate
Use design process

2. Develop the right solution
Define problem
Women to find solutions

3. Implement the right change
Test & evaluation via PDSA
Feedback & scale up

SECONDARY DRIVER

Conversation cafes^{4,5} six locations in Fife with WINGS & Restoration Fife. Three key themes emerged (Figure 1)


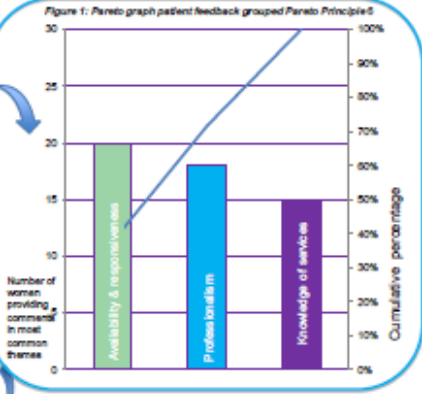


Figure 1: Pareto graph patient feedback grouped Pareto Principle 80/20




Theme	Number of women providing comments	Cumulative percentage
Availability & responsiveness	20	~67%
Professionalism	18	~85%
Knowledge of services	15	100%

YOUR ACORN CHARTER

1. Staff will recognise YOU as a priority
2. YOU will be seen without question
3. No need for YOU to explain to receptionist
4. YOU will not be turned away
5. YOU will be seen with a short wait
6. We want to know what matters to YOU

PRIMARY DRIVER

Women designed the **ACORN FAST PASS & CHARTER** developed via PDSA cycles



How did we do?

PLAN & DO: Launched across Third Sector Partners & HSCP 14/02/21 ❤️
STUDY: 50% more disadvantaged women attended Sexual Health Fife in following month than usual. All used ACoRN. Numbers small, very high risk, never attended, complex needs. Feedback from women & staff good.

All women said they would not have attended without ACoRN. All would recommend to a friend & all happy with care.

ACT: evaluate over 6 months & adapt for LGBTQI & minority ethnic groups. But then.....**LOCKDOWN March 2021**


References

1. Hard Edges: new conversations about multiple and severe disadvantage (2019)
2. Women's Health Plan, Scottish Government Women Group (2021)
3. Double Diamond, UK Design Council, 2004
4. Conversation Cafes, Librating structures: including & unseating everyone
5. Careful & kind care requires unburdened conversations Victor Monte et al NEJM October 29, 2019
6. Focus your energy on what matters most Pareto Principle 80/20 rule. Jti.org
7. Tackling the digital divide D Friedlich
8. 2019 <https://www.tcl.ac.uk/news/tackling-the-digital-divide>

What happened next ?

ACoRN distributed across other vulnerable groups (via School Nurses, Youth Workers, Abortion Care, Community Pharmacy). By May 2021, ACoRN supported 198 women to access F2F care. Original target group exposed as **digitally excluded.**
NEW QI PROJECTS

Contact: susan.brechin@nhs.scot
 Clinical Lead, Sexual Health Fife
 Working in a multiagency team to support our vision of Sexual Health for all in Fife



SQSF Fellowship

Appendix 3 - National Outcomes

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

Author: Senior Manager, Children's Services	Version: 1	Version date: July 2022
Document: Children's Services Annual Report 2021 to 2022	Page 23 of 23	

Meeting:	Public Health & Wellbeing Committee
Meeting date:	7 November 2022
Title:	Shingles & Pneumococcal Vaccination Invite Incident
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Dr Esther Curnock, Consultant in Public Health / Immunisation Coordinator NHS Fife

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue

This report aligns to the following NHSScotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

The purpose of this report is to inform the NHS Fife Public Health and Wellbeing Committee of a national vaccination incident where a data coding issue led to a number of people across Scotland having been mistakenly invited to get a shingles or pneumococcal vaccine. This resulted in a proportion of these patients receiving additional vaccine in error. This has affected patients across Scotland, including a cohort resident in NHS Fife who were invited for shingles or pneumococcal vaccination between May 2022 and August 2022.

National adverse event management meetings have been held 7th, 16th, 23rd September and 5th October. A local IMT has been convened and has met 13th, 20th September, 4th October and 10th October to agree implementation plans in relation to risk management and local communications in the context of patients affected in Fife.

Whilst the local and national meetings have concluded that no clinical harm was caused by the additional vaccination, letters to patients explaining the error are anticipated to arrive with patients in Fife from 21st October.

2.2 Background

Shingles vaccination

The shingles vaccine is used to prevent shingles (zoster) and the long-lasting nerve pain that follows shingles. It is used to vaccinate people aged 70 to 79. In most cases, patients receive a single dose Zostavax vaccination which is a live vaccine. From December 2021, individuals who are eligible for shingles vaccine but who are contra-indicated to the receipt of the live vaccine have been offered Shingrix instead. Shingrix is a non-live vaccine given as a 2 dose schedule, a minimum of 2 months apart.

Pneumococcal vaccination

The pneumococcal vaccine is used to prevent pneumococcal infection which is caused by pneumococcal bacteria. These bacteria can cause serious illness, such as bronchitis, pneumonia, septicaemia and meningitis. It is used to vaccinate people aged 65 or over or people who have certain long term health conditions, who are at higher risk of pneumococcal disease. In most cases, the pneumococcal vaccine is given as one dose. A small group (those with asplenia, splenic dysfunction or chronic renal disease) require it every 5 years.

Delivery in Fife

Under the national Vaccine Transformation Programme (VTP), responsibility for delivery of shingles and pneumococcal vaccinations transferred from General Practice to NHS Fife on 1st April 2022. The shingles vaccination programme was formally paused across Scotland for a period over the pandemic and there had been pneumococcal vaccine supply issues for several years prior to the pandemic. This means that at the time of VTP transfer there was a backlog of eligible patients requiring vaccination for both programmes, as well as a cohort that had become newly eligible in 2021/22.

Patients meeting the eligibility criteria, and who were understood from their record as not previously vaccinated, were invited into community-based vaccination clinics in Fife over a period between May and August 2022 for either shingles and pneumococcal vaccination. A number of residents were eligible for both and a such invited for both. Arrangements were made for eligible care home residents and housebound patients to be vaccinated in their residence where required.

Due to the current prioritisation of the autumn flu & COVID vaccination programme, delivery of pneumococcal and first dose shingles vaccinations (apart from a small number of 2nd dose Shingrix appointments) has been paused in Fife from September to January 2023.

2.3 Assessment

2.3.1 Quality / Patient Care

National and local analyses have identified several reasons for the record of the patient's previous vaccination not being available at the time the invites were made

or the vaccinations given. Each cause has affected patients in Boards across Scotland to varying degrees depending on coding practices in place locally.

The risk assessment carried out by the national IMT agreed that it was not expected that any harm has or will occur as a result of receiving an additional dose of either shingles or pneumococcal additional vaccine, and recommended that as such duty of candour legislation does not apply. However, for transparency it was agreed that letters should be issued to patients that received an additional vaccination in error with a detailed question and answer sheet enclosed, as well as provision of a local phone number for any outstanding concerns. This approach has been endorsed by the local IMT with the recommendation that duty of candour legislation does not apply also made to the Medical Director. In Fife, calls to the local helpline are taken by a call handler located within the immunisation team, with return calls to patients made by nurses in the health protection team. This approach has been shown to work effectively for a previous immunisation incident in 2021 where letters to a cohort of patients was required explaining a vaccination error. If required nursing staff responding to patient calls will direct patients to the existing NHS Fife patient complaint processes.

For those that had the invite letter in error but did not go on to receive another vaccine, it is likely many of these patients were aware of their previous vaccination and so did not attend. However, it was also recognised that there was a potential risk of some of this cohort presenting to a vaccination in the future, believing that they still required a pneumococcal or shingles vaccine. Therefore it was agreed that letters would also be sent to those that had been sent the vaccination invite in error but had not received an additional vaccine.

A local debrief will be held at a future date to review the national root cause report, investigate any actions or further investigation required to understand the root causes and consider lessons learned in both relation to the causes and the response locally. An incident learning report will then be submitted to the NHS Fife Immunisation Quality and Clinical Care Assurance Group and the Public Health Assurance Committee.

2.3.2 Workforce

Staffing required to print and send the letters and manage the local call helpline (primarily call handler within the Immunisation administration team, plus nursing input from the health protection team) has been agreed from within existing staffing. The immunisation coordinator (EC, report author) will provide support for staff managing difficult or challenging calls with escalation where required to her to respond directly.

2.3.3 Financial

Financial costs (staff input time, printing and postage) will be absorbed within existing budgets.

2.3.4 Risk Assessment / Management

There is a reputational risk to NHS Fife and to the delivery of the immunisation programme generally in Scotland through this incident. The general reputational risk is being mitigated through a coordinated national template letter, a comprehensive patient Q&A sheet along with the letter, and proactive communications to the public led by Public Health Scotland.. It is anticipated that the local offer of a helpline number for those with additional concerns will help mitigate local reputational risk.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Draft versions of the national template patient letter were reviewed by the Fife Equality and Diversity team for comment.

PHS have agreed to provide alternative format versions of the letter should these be requested. Each letter includes the line *“You can also request alternative languages or formats of this information by calling 0131 314 5300 or by emailing phs.otherformats@phs.scot.”*

2.3.6 Climate Emergency & Sustainability Impact

No significant impact.

2.3.7 Communication, involvement, engagement and consultation

A local IMT met 13th, 20th September, 4th October and 10th October. This was chaired by the Immunisation Coordinator (Consultant in Public Health, report author) and membership included health protection, communications, patient relations, immunisation nursing lead, immunisation service manager, immunisation business manager, public health pharmacist, data analysts, associate medical director, head of nursing.

Boards across Scotland agreed at the national adverse event meetings that communications to patients should be coordinated across Scotland with letters issued by each board in the same week. PHS have issued a proactive press statement (<https://publichealthscotland.scot/news/2022/october/adverse-event-shingles-and-pneumococcal-vaccination-programmes-no-harm-to-patients/>) and will provide a spokesperson for any media enquiries.

A general communication has gone to General Practice from the Scottish Government Primary Care team at the time letters are issued. Locally we will follow this up with the local version of the letter attached for awareness of practices.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Public Health Assurance Committee, 5th October 2022
- Executive Director Group, 27th October 2022 (via email)

2.4 Recommendation

The Public Health and Wellbeing Committee are asked to note this report for assurance and for member's information.

- **Assurance** – For Members' information.

3 List of appendices

Nil

Report Contact

Dr Esther Curnock,
Consultant in Public Health, NHS Fife
Email esther.curnock@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	7 November 2022
Title:	Integrated Screening Annual Report 2022
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Authors:	Cathy Cooke, Public Health Scientist Dr Olukemi Oyedeji, Consultant in Public Health Dr Lorna Watson, Consultant in Public Health Medicine

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to highlight the main points from the integrated screening annual report of the six national screening programmes in NHS Fife.

2.2 Background

Delivery of effective population screening remains a key NHS Scotland priority. Screening policy is set by the Scottish Government Health Directorates on advice of the UK National Screening Committee. The national screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals.

Each programme has a designated NHS Fife Screening Coordinator. A Public Health Scientist and Project Support Officer work across all the programmes.

Each screening programme has a local performance and governance committee, and specialist clinical input is provided either locally or nationally. Some of these committees

cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board.

For the coordination and quality assurance of the screening programmes, the public health screening team is accountable to the Public Health Assurance Committee, chaired by the Director of Public Health.

2.3 Assessment

This report summarises the key learning, achievements and challenges for each of the screening programmes, and highlights planned policy changes and developments. The report provides a high-level overview of the outcomes being achieved through the screening programmes in Fife. It highlights differences in uptake by deprivation by using the Scottish Index of Multiple Deprivation where possible.

The previous Integrated Screening Report was published in March 2021. Variation in timings of data release and reporting intervals mean that the period covered in this report varies by programme. The publication date for this annual report has been changed to autumn for this and future years to align better with the national data releases. Detailed information on performance indicators can be found in programme specific reports. The impact of Covid-19 and the rate of recovery has varied across the adult screening programmes due to the differences between how the screening programmes are delivered.

Minor amendments were made to the report following scrutiny at the NHS Fife Public Health Assurance Committee on 5 October 2022.

2.3.1 Quality / Patient Care

This report is part of the governance arrangements for screening programmes in NHS Fife which aim to ensure that the screening programmes are operating to the highest standards and that there is equity of provision across Fife.

2.3.2 Workforce

None.

2.3.3 Financial

This paper has no financial impact or capital requirements.

2.3.4 Risk Assessment / Management

Risks are considered for each programme at their respective local governance committee, with the Public Health Assurance Committee maintaining an overview of risks and incidents across all programmes.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

In general, screening uptake decreases with increasing deprivation across all screening programmes. The screening programmes for which we have data by SIMD quintile in Fife demonstrate a deprivation gradient. Some people will make an informed choice not

to attend screening and it is important those decisions are respected. However, there is clearly still progress to be made to address inequalities in screening participation.

To this end, a number of projects are being taken forward by the public health screening team. These projects include: a screening inequalities needs assessment; supporting those with severe and enduring mental health conditions to engage with screening; making contact with individuals who do not attend diabetic eye screening to discuss perceived barriers to attendance; working with the equality and human rights department to look at supporting people living with disability to participate in screening; and working with general practices to encourage women who have missed cervical screening, particularly during the pandemic, to attend.

2.3.6 Climate Emergency & Sustainability Impact

There are no immediate sustainability issues related to the national screening programmes. Within each of the programmes there are potential opportunities to reduce waste and minimise travel. Given these are national programmes any changes will require national coordination.

2.3.7 Communication, involvement, engagement and consultation

The report is based on evidence from programme specific reports. These provide more detailed information on performance indicators, and are scrutinised by their relevant local governance committee.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Public Health Assurance Committee, 5 October 2022.
- Executive Directors Group, 20 October 2022.
- Clinical Governance Committee, 4 November 2022.

2.4 Recommendation

Public Health & Wellbeing Committee members are asked to take assurance from the integrated screening annual report. The report highlights performance metrics, incidents and ongoing activity to improve delivery of screening across the programmes in Fife.

Planned areas of work for 2022/23 are set out at the end of the report, these include continued work to support the recovery of the adult screening programmes, understanding the reasons for non-attendance and specific areas of work to address inequalities in uptake.

- **Assurance** – For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Integrated Screening Annual Report 2022

Report Contact

Cathy Cooke
Public Health Scientist
Cathy.cooke@nhs.scot

Olukemi Oyedeji
Consultant in Public Health
Olukemi.adeyemi@nhs.scot

Lorna Watson
Consultant in Public Health Medicine
Lorna.watson@nhs.scot



INTEGRATED SCREENING ANNUAL REPORT 2022

CATHY COOKE

Public Health Scientist

DR OLUKEMI OYEDEJI

Consultant in Public Health

DR LORNA WATSON

Consultant in Public Health

Version 3	25 October 2022
-----------	-----------------

TABLE OF CONTENT

1	INTRODUCTION.....	3
2	SCREENING AND COVID-19.....	4
3	NATIONAL SCREENING OVERSIGHT FUNCTION	4
4	BREAST SCREENING	5
5	CERVICAL SCREENING	8
6	BOWEL SCREENING.....	11
7	ABDOMINAL AORTIC ANEURYSM SCREENING	13
8	DIABETIC EYE SCREENING (DES).....	15
9.	PREGNANCY SCREENING PROGRAMMES.....	17
10.	INFECTIOUS DISEASES	18
11.	HAEMOGLOBINOPATHIES	18
12.	SCREENING FOR FETAL DOWN’S SYNDROME, EDWARDS’ SYNDROME AND PATAU’S SYNDROME	18
13.	UNIVERSAL NEWBORN HEARING SCREENING (UNHS).....	20
14.	NEWBORN BLOOD SPOT SCREENING.....	21
15.	PLAN FOR 2022/23.....	22
16.	DIRECTORY OF SCOTTISH SCREENING PROGRAMME STATISTICS.....	23

NHS FIFE INTEGRATED SCREENING ANNUAL REPORT

Report to the Public Health & Wellbeing Committee on 7th November 2022

1 INTRODUCTION

- 1.1 The Director of Public Health is responsible for determining the overall vision and objectives for public health within the Health Board and across the population of Fife; this includes responsibility for the coordination and quality assurance of national screening programmes.
- 1.2 Delivery of effective population screening remains a key NHS Scotland priority. Screening policy is set by the Scottish Government Health Directorates on advice of the UK National Screening Committee. The national screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and to avert, or to identify at an early stage, serious clinical outcomes.
- 1.3 NHS Fife is responsible for coordinating local elements of delivery for the six national screening programmes listed below:
 - Breast Cancer
 - Cervical Cancer
 - Bowel Cancer
 - Abdominal Aortic Aneurysm (AAA)
 - Diabetic Retinopathy
 - Pregnancy and Newborn Screening
- 1.4 Each programme has a designated NHS Fife Screening Coordinator. A Public Health Scientist and Project Support Officer work across all the programmes. Each screening programme has a local performance and governance committee, and specialist clinical input is provided either locally or nationally. Some of these committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board.
- 1.5 For the coordination and quality assurance of the screening programmes, the public health screening team is accountable to the Public Health Assurance Committee, chaired by the Director of Public Health. A review of governance arrangements of the national screening programmes in Fife was undertaken in 2017. A recommendation of this review was that a single Integrated Screening Report would be submitted annually to the Public Health Assurance Committee for scrutiny. The report will also be submitted to the Clinical Governance Committee.
- 1.6 The previous Integrated Screening Report was published in March 2021. Variation in timings of data release and reporting intervals mean that the period covered in

this report varies by programme. The publication date for this annual report has been changed to autumn for this and future years to align better with the national data releases. Detailed information on performance indicators can be found in programme specific reports.

2 SCREENING AND COVID-19

- 2.1 At the end of March 2020, in response to the Covid-19 outbreak, the Scottish Government announced a temporary pause to the 5 adult screening programmes: bowel screening, breast screening, cervical screening, diabetic eye screening (DES) and AAA screening. It was agreed that the screening programmes would recommence as soon as it was safe to do so.
- 2.2 By mid October 2020, routine screening had resumed across all programmes with some reduction in capacity due mainly to physical distancing and infection control measures. There had to be a reduction in the number of participants seen per clinic or session and some screening locations had to be changed, increasing travel time for some participants.
- 2.3 Due to the differences between how the screening programmes are delivered, the impact of Covid-19 and the rate of recovery has varied across the screening programmes.
- 2.4 There is a risk that delay in screening for eligible participants, as a result of Covid-19, could result in delayed diagnosis and poorer clinical outcomes for participants. In addition, the increased pressure on health and social care services as a result of Covid, will also impact on the recovery of the screening programmes for some time to come.
- 2.5 This risk is on the Public Health risk register and is reviewed regularly by the Public Health Assurance Committee. Any emerging issues will continue to be monitored and investigated

3 NATIONAL SCREENING OVERSIGHT FUNCTION

- 3.1 A new National Screening Oversight (NSO) function was established in 2020 following a review undertaken on behalf of the Scottish Screening Committee and the NHS Chief Executives. The review found that there was a lack of clarity around who has executive accountability and responsibility for national screening programmes, specifically in relation to decision-making, risk and issue management and quality assurance. The review recommended that a new National Screening Executive should be established, led by a Director of Screening.

- 3.2 The NSO team will enable the Scottish Screening Committee to concentrate on strategic screening issues. All components of NSO are in place with a Director of Screening, a team which includes a Clinical Advisor and a National Screening Oversight Board.
- 3.3 The NSO team has developed a Guide to National Population Screening in Scotland (NSO/National Services Scotland, March 2022). This provides a high-level overview of the roles, responsibilities, governance structures, commissioning arrangements and operational delivery across the national screening programmes in Scotland.

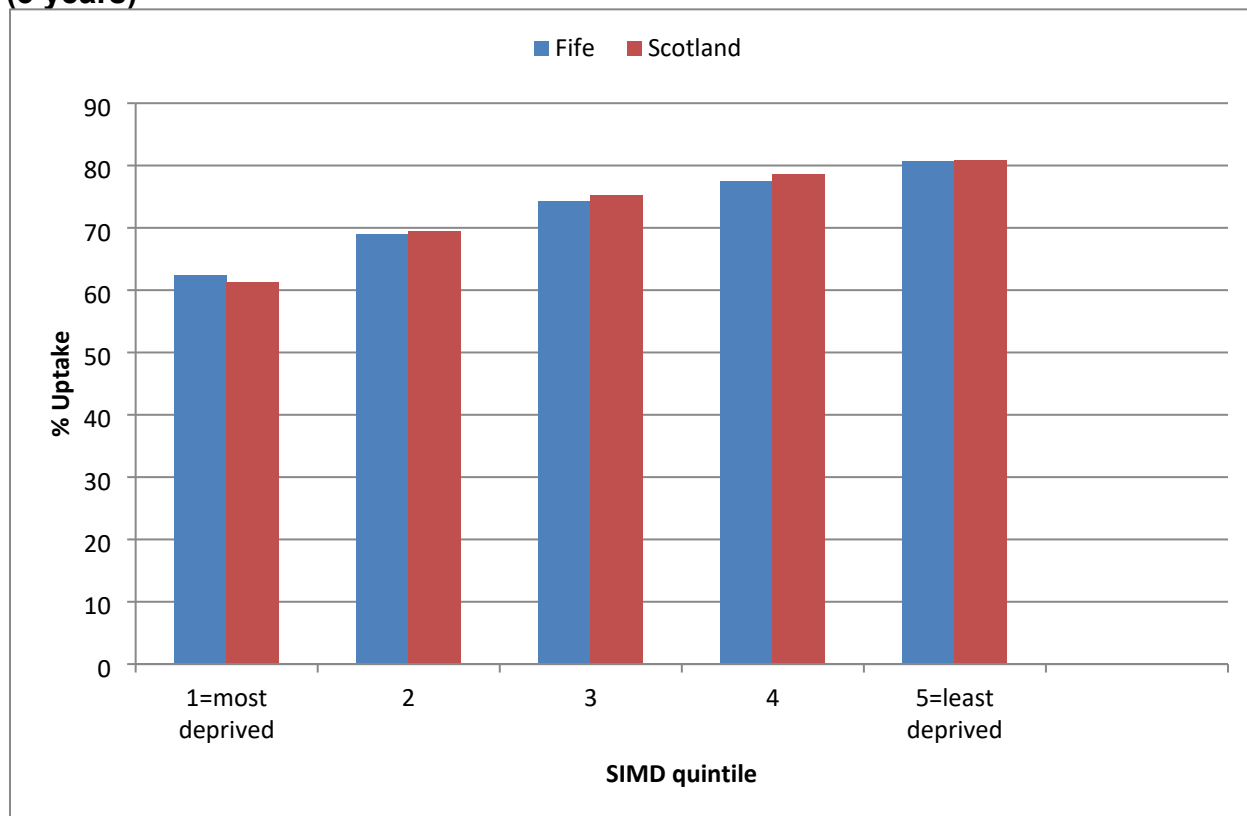
4 BREAST SCREENING

- 4.1 The main purpose of breast screening is to reduce mortality from breast cancer by detecting and treating cancers at an earlier stage than they would otherwise present. A secondary aim is to reduce the need for more radical treatment.
- 4.2 Eligible women aged 50 to 70 years are invited to attend for screening by mammography at three yearly intervals. There are six breast screening centres across Scotland and two of these provide the service for Fife. Screening is provided for women resident in North East Fife by the East of Scotland Breast Screening Programme (ESBSP), which is hosted by NHS Tayside. Women resident in the rest of Fife are screened by the South East of Scotland Breast Screening Programme (SESBSP), which is hosted by NHS Lothian.
- 4.3 Routine breast screening was paused due to Covid-19 in March 2020. Participants who had already been referred for follow-up investigation and/or treatment before the pause continued to be seen and treated as appropriate. Screening restarted in Fife in August 2020.
- 4.4 Self-referral appointments for women 71 years and over were also paused in March 2020. A stepped approach to reinstatement of self referrals is being taken. From 29 August 2022, women aged 71 to 74 (+364 days) and women over 75 with a history of breast cancer have been able to register for self referral appointments. Appointments will commence from 24 October 2022.
- 4.5 The phased approach allows self referrals to restart in a way that should not unduly impact on waiting times for women aged 50 to 70 years for whom screening is recommended. The impact on programme capacity and waiting times will be monitored closely.
- 4.6 As participants are invited every three years it is helpful to examine performance over three-year periods, rather than single years, so that the whole of the invited population can be compared. The data reviewed in this report covers the first year of the COVID-19 pandemic and the pause in the screening programme. During the three-year period 2018/19 to 2020/21, more than 7 in 10 participants took up the invitation for screening (73.1%) in Fife. This meets the acceptable performance standard of $\geq 70\%$ and is an increase of 1.2% on the previous reporting period

(71.9% in 2017/18 to 2019/20). Uptake is similar in Scotland at 72.3% (and increased by 1.0% on the previous reporting period).

4.7 For those living in the least deprived area quintiles in Fife, uptake was higher (80.6%) than for those living in the most deprived areas (62.3%). This variation is similar in Scotland (figure 1).

Figure 1: Breast Screening uptake by Scottish Index of Multiple Deprivation (SIMD) quintile, Fife and Scotland, participants aged 50-70, 2018/19 to 2020/21 combined (3 years)



4.8 The Healthcare Improvement Scotland (HIS) standards for the breast screening programme were updated in June 2019. The standards have acceptable and achievable thresholds. All 12 acceptable performance standards were achieved in Scotland in the period 2018/19 to 2020/21. Seven of the ten achievable standards were met. The achievable thresholds in uptake for 50-70 year olds, the recalled for assessment rate for 50-52 year olds and the benign biopsy rate for 50-52 year olds were not met. This was also the case for the previous 3-year period, 2017/18 to 2019/20.

4.9 Due to the Covid-19 pause in the Breast Screening Programme and a number of service pressures, there is now a backlog across all breast screening services in Scotland. The acceptable national standard for breast screening invitations is that $\geq 90\%$ of the eligible population will have been invited within a 36 month round time.

NHS Scotland National Services Division (NSD), responsible for national delivery of Breast Screening, has agreed that all boards should aim for a minimum target delivery of a 39-month screening round time by March 2023.

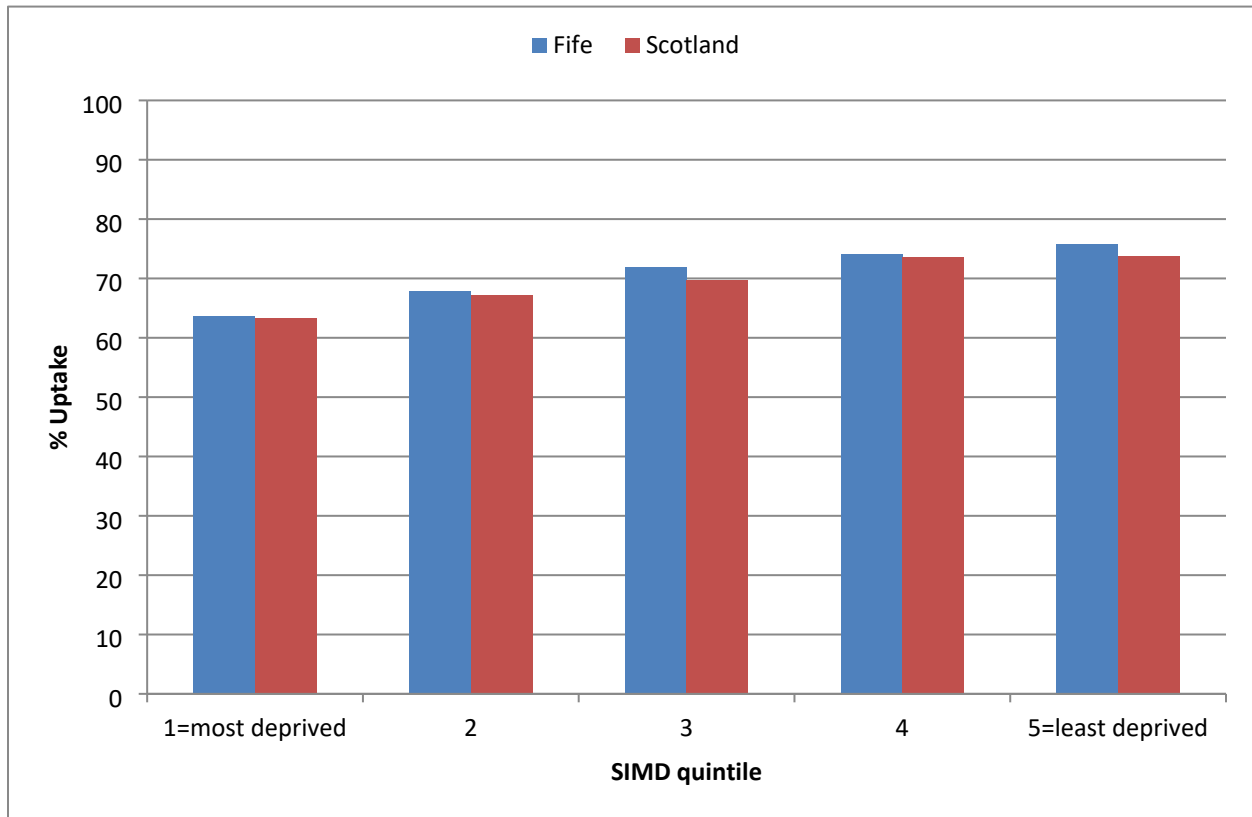
- 4.10 ES BSP has developed a detailed action plan for recovery in Tayside and NE Fife and has indicated that the 36-month screening round is likely to be achieved by end of August 2023. Actions have included securing an additional mobile unit and workforce for it, training additional radiographers and securing funding for additional assessment sessions. Programme changes have also been introduced to improve service efficiencies and increase screening capacity.
- 4.11 To address the screening backlog in NE Fife, the following steps have been taken:
- A second screening unit is located in St Andrews; 2 mobile units collocated can accommodate a wider screening geographical pool. The eligible women in this area will be screened over a shorter period, reducing the waiting time for some.
 - Temporary boundary changes have been agreed with the South-East Scotland Breast Screening Service who are inviting 1,800 women from the Auchtermuchty and Ladybank practices to the Southeast Breast Screening Unit in Glenrothes.
- 4.12 Performance continues to be closely monitored by NHS Tayside, NHS Fife Public Health and NSD.
- 4.13 The SES BSP re-established screening in Fife in August 2020 at reduced capacity to allow for infection prevention and control measures. In 2021 further investment was made to the programme to increase capacity and to address the backlog of women who were overdue for breast screening. This included an additional (6th) mobile screening unit, an increase in radiography staff and weekly Saturday clinics. This has resulted in a steady reduction in the number of women waiting over 3 years (36 months) to be screened.
- 4.14 Scottish Government has agreed to provide funding to support a 'Modernising Breast Screening Programme' to take forward recommendations from the Breast Screening Review which was published in May 2022. A Programme Board has been established and significant service redesign is anticipated including the development of a new approach to call/recall and the development of static satellite screening centre provision.
- 4.15 In 2021, anomalies with recall dates for several women in the 'Increased Risk Screening' service in one Board area were detected. This serious adverse event was escalated through NHS Lothian and an AEMT was set up in September 2021. All women who were confirmed as having missed a screen were contacted by the service and followed up appropriately. Plans were also made to ensure completion of follow-up by external boards where some of the patients now reside. There are also plans to restructure the Increased Risk Service to minimise the risk of the incident reoccurring in the future. One of the Breast Screening Review

recommendations was for a national piece of work to be undertaken to assess the potential advantages, feasibility, benefits, and costs of integrating the increased risk service with the national breast screening programme.

5 CERVICAL SCREENING

- 5.1 The Cervical Screening Programme aims to detect HPV (Human Papillomavirus) and/or changes in cervical cells early to reduce the number of invasive cancers of the cervix. Cervical cytology was replaced with high-risk HPV primary testing in Scotland on 30 March 2020.
- 5.2 Women aged 25 to 64 years are eligible for routine screening. Cervical screening samples are first tested for HPV and if negative, a recall invitation will be sent in 5 years. If the HPV sample is positive, the sample is tested further for the presence of abnormal cells. Recall for women on a non-routine screening pathway can vary and they can be invited for screening up to the age of 70.
- 5.3 The incidence of cervical cancer has fallen since the introduction of the national screening programme in 1988. In 2017, an age-standardised rate of 10.1 per 100,000 persons was the lowest incidence recorded in Scotland.
- 5.4 In the most recent year for which published data are available, there were 18 new cases of cervical cancer in Fife (2020) and 10 deaths from cervical cancer (2020).
- 5.5 An audit is conducted of all new cases of invasive cancer of the cervix diagnosed in Fife residents during each calendar year. This includes a review of all records connected to an individual's cervical screening history from the past 10 years. NHS Fife also submits data to PHS for the national invasive cervical cancer audit.
- 5.6 Cervical screening data presented in this report cover the period 1 April 2020 to 31 March 2021. The Covid-19 pandemic resulted in a temporary pause to cervical screening invitations between March and September 2020 in Fife. The impact of the pause may be reflected in some of the figures reported.
- 5.7 In 2020/21, 70.3% of eligible women in Fife had been screened within the previous 3.5 or 5.5 years according to age. Uptake in Scotland over the same period was 69.3%. Uptake has been declining for several years.
- 5.8 When uptake is broken down by 5-year age groups, it is lowest in women aged 25-29 (60.3% in Fife) and highest in women aged 50-54 years (77.5% in Fife). This is also seen in Scotland.
- 5.9 In women aged 25-64 years, the combined percentage uptake to 31 March 2021 fell with increasing deprivation in Fife and Scotland (figure 2). Uptake was 75.8% in the least deprived quintile in Fife, and 63.6% in the most deprived.

Figure 2: Cervical Screening uptake by SIMD quintile, Fife and Scotland, participants aged 25-64, 1 April 2019 to 31 March 2021



5.10 The majority of cervical cancers are caused by HPV infection. The Scottish HPV immunisation programme started in September 2008 and vaccination is now routinely offered to all secondary school pupils from age 11 to 12 years. At the start of the programme, all 13 to 17 year old girls in Scotland were also offered HPV vaccine through a catch up campaign for a limited time. This catch-up programme finished on 31 August 2011.

5.11 Cervical screening uptake is higher in HPV-vaccinated women aged 24-29 (66.6% in Fife; 68.2% in Scotland) when compared to non-vaccinated women of the same age (41.2% in Fife; 32.2% in Scotland).

5.12 When cervical cytology was replaced with high-risk HPV primary testing in Scotland, there was a reconfiguration of the existing laboratories to deliver both cervical cytology and Hr-HPV testing from two sites only: one in NHS Lanarkshire and one in NHS Greater Glasgow and Clyde. Cervical screening samples from NHS Fife are now processed at Monklands Laboratory, Lanarkshire.

5.13 Laboratory cytology results are not published by individual Board area. During 2020/21 of those testing positive for HPV in Scotland, around a third (65.0%) were

negative with no sign of abnormal changes in cells, 30.1% identified low grade cell changes and 5.17% were identified as having high grade cell changes (including cervical cancer).

- 5.14 The Monklands laboratory has recently introduced some changes to try to maximise capacity and improve turnaround times. The Healthcare Improvement Scotland standard for receipt of results states that a minimum of 80% of individuals should receive their screening results within 14 days of the sample being taken. During the Summer of 2022, it could take up to 6 weeks for a sample to be fully tested and reported due mainly to staffing capacity. The situation is being closely monitored and is improving.
- 5.15 Using funds from the Scottish Government, Public Health has been working with General Practices to undertake a Covid recovery programme. Practices participating have been funded to actively identify and invite patients who are overdue for cervical screening, with emphasis on those who have missed screening during the Covid pandemic.
- 5.16 There was an incident in May 2022 when 199 cervical screening samples from Fife were delayed in transit. The 199 samples were taken between 23 and 27 May 2022 and did not arrive at the Monklands Laboratory by courier until 5 July 2022. A Problem Assessment Group was established and actions agreed. Arrangements were made to have the samples transferred to the HPV Reference Laboratory for testing as the Monklands Laboratory can only test samples up to 30 days after collection. The reference laboratory can test samples up to 60 days after collection using the Xpert test. After investigation, the root cause to the delay in transit could not be established. Several steps have been put in place to prevent a similar delay in the future. The courier has also put in place a tracking system. An incident report with further recommendations will go to the Cervical Screening Programme Board.
- 5.17 In 2021, Scottish Health Boards were required to investigate some records on the Scottish Cervical Call Recall System (SCCRS). These were records of patients indicating that a sub-total hysterectomy had been carried out, and to which the “no cervix exclusion” had been applied. A total of 191 patient records were investigated by the NHS Fife Multidisciplinary Audit Team to assess whether the exclusion had been applied appropriately. The Team completed a lessons learned exercise following on from this investigation as there was awareness that further national investigations would be undertaken. An update report was presented to the Clinical Governance Committee on 1 July 2022.
- 5.18 An audit of a wider cohort of patients excluded from cervical screening has now to be carried out to provide assurance that the exclusions are appropriate. In Fife this will involve a review of approximately 12,000 patient records. The audit is due to start around November 2022.
- 5.19 The audit will start with an information gathering exercise to be conducted by administration staff in GP practices. Practices have been reimbursed for this activity

which is not funded under the general GP contract arrangements. The Scottish General Practitioners Committee (SGPC) supports this plan.

5.20 The next step will be a review and decision-making process conducted by clinician-led teams at Health Board level.

5.21 Preparations for this work are underway. Discussions are ongoing about the resources required with the national team and Scottish Government.

6 BOWEL SCREENING

6.1 Bowel cancer is the third most common form of cancer diagnosed among men and women in Scotland. People aged 50 years and over accounted for 94.2% of cases diagnosed in Scotland in 2019.

6.2 The aim of the bowel screening programme is to reduce deaths by picking up and treating bowel cancer at an early stage in people with no symptoms. Pre-cancerous polyps (wart-like growths) can also be identified and removed through screening, and this may prevent future cancers developing.

6.3 All men and women registered with a GP and aged between 50 and 74 years are sent a test kit every two years. The test can be completed at home. The quantitative Faecal Immunochemical Test (FIT) has been used in the Scottish Bowel Screening Programme since November 2017. The introduction of FIT simplified the bowel screening process for participants by requiring only one sample to be taken, compared to 3 samples in the past. The FIT also uses an improved, more acceptable, collection device and this led to an increase in participation in the screening programme.

6.4 Data presented in this report, published by PHS in February 2022, cover the period between 1 May 2019 and 30 April 2021. The screening programme was paused for new invitations due to Covid-19 from March to October 2020. This will impact some of the data in this reporting period. To aid recovery of the programme, recall dates were extended by the length of the pause (for one screening round only).

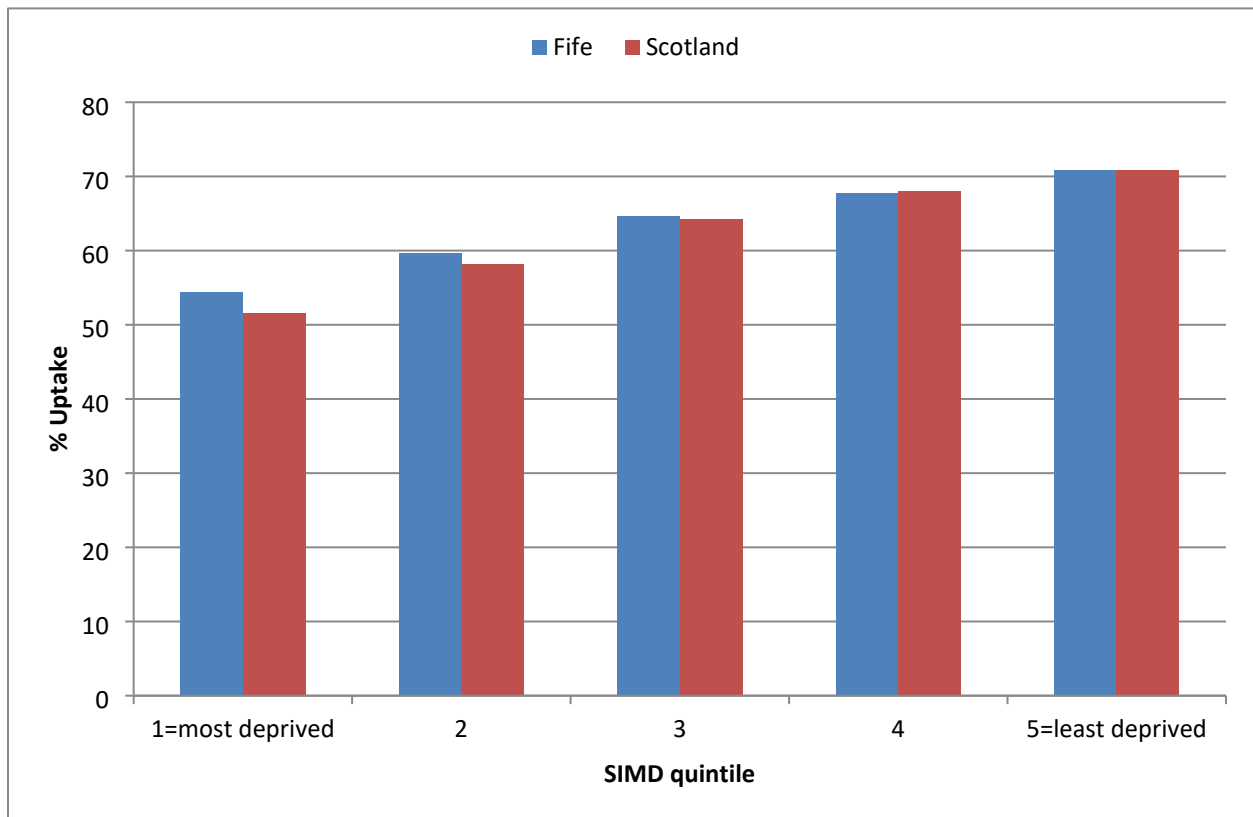
6.5 Between 1 May 2019 and 30 April 2021:

- Of those invited to participate, 65.2% had a complete screening test result in Fife. Uptake is higher in women (66.9%) than in men (63.4%). This is also the case for Scotland where overall uptake is 64.9% (67.0% women, 62.7% men). This represents an increase in participation for both men and women in Fife and Scotland. For the previous, pre-pandemic, reporting period uptake was 63.6% in Fife and 63.2% in Scotland. The Healthcare Improvement Scotland standard for Bowel Screening uptake is 60% of women and 60% of men.
- Uptake for those living in the least deprived area quintiles in Fife was higher than uptake for those living in the most deprived quintiles (figure 3). There was

a 16.5 percentage point difference in uptake between the least deprived (70.9%) and most deprived (54.4%). The gap in uptake between the least deprived and most deprived has reduced by 2% since the last reporting period. In Scotland the percentage point difference has also reduced from 20.7 to 19.4.

- The proportion of those completing the screening test with a positive result requiring further investigation in Fife was 2.54%. The rate for men (2.93%) is higher than that for women (2.18%).
- NHS Fife performed better than Scotland in the time from screening test referral to the date a colonoscopy was performed. 75.2% of participants in Fife had a colonoscopy within 4 weeks of referral; this compares with 38.9% in Scotland.
- Of those who had a colonoscopy as a result of a positive FIT, 5.6% had colorectal cancer (Scotland 5.3%) and 45.1% had an adenoma (a benign growth which can become cancerous) (Scotland 46.1%). Detection rates are higher in men than women.

Figure 3: Bowel Screening uptake by SIMD quintile, Fife and Scotland, 1 May 2019 to 30 April 2021

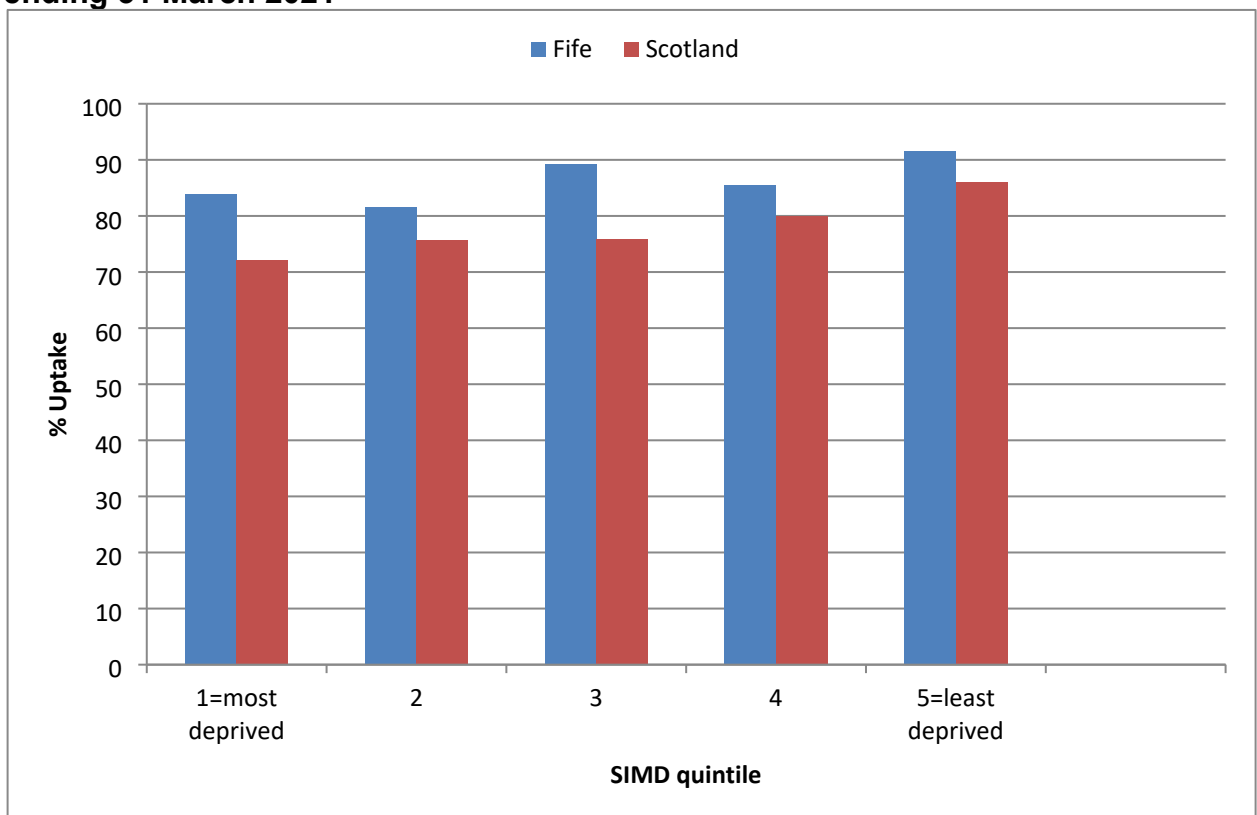


6.6 Bowel screening in Fife has recovered well from the pandemic and there are no current major issues of concern.

7 ABDOMINAL AORTIC ANEURYSM SCREENING

- 7.1 All men aged 65 years are invited, by letter, to attend a screening appointment for a one-off ultrasound scan to identify the presence of an abdominal aortic aneurysm (AAA). The aim of the screening programme is the early detection and elective repair of asymptomatic AAA to prevent rupture and reduce mortality.
- 7.2 The Scottish AAA Screening Programme is delivered in Fife in collaboration with NHS Tayside. There are currently four screening clinic sites in Fife. Governance is provided by the joint NHS Tayside and NHS Fife AAA Screening Performance and Governance Committee.
- 7.3 The reporting period for this programme, 1 April 2020 to 31 March 2021, includes the period from March until September 2020 when the AAA screening programme was paused in Fife due to Covid-19.
- 7.4 Uptake of AAA screening is measured at age 66 and 3 months. During the year 1 April 2020 to 31 March 2021, uptake was high with 86.2% of eligible men in Fife attending and 78.0% of men in Scotland attending.
- 7.5 As in the rest of Scotland, uptake for those living in the least deprived area in Fife was higher than uptake for those living in the most deprived area (figure 4). The effect of increasing deprivation on uptake is less marked for Fife than for Scotland.

Figure 4: AAA Screening uptake by SIMD quintile, Fife and Scotland, year ending 31 March 2021



- 7.6 During the reporting period, operational data indicate that the 'did not attend' (DNA) rate for AAA screening appointments was approximately 5% lower than for preceding years.
- 7.7 A number of factors may have influenced the drop in DNA rate:
- Between September 2020 and January 2021, all participants were telephoned 48 hours before their appointments to explain the Covid -19 safety measures.
 - Scottish Government guidance to stay at home during the pandemic may have meant that some participants were more likely to be available to attend for screening.
 - The NHS Tayside & Fife Collaborative rolled out text message reminders for all appointments in April 2021; these are sent out 24-72 hours before appointments.
- 7.8 Most men have a normal result and are discharged from the screening programme. The number of men with a large aneurysm referred to a vascular specialist for assessment is small for single years so these figures are not presented here. The cumulative total of Fife men who have had an aneurysm detected through routine screening from the implementation of the programme to the end of March 2021 is 244 (1.5%). Of those the majority were small (195, 79.9%), 28 were medium (11.5%) and 21 were large (8.6%). In Scotland the cumulative total of those who have had an aneurysm since the implementation of screening is 1.3%.
- 7.9 Despite the challenges of the pandemic, NHS Fife met the essential or desirable threshold for all but three key performance indicators (KPIs) during 2020/21.
- 7.10 The surveillance KPIs measure the attendance at surveillance scans within tightly defined timescales. Men on quarterly surveillance should be tested within four weeks of their appointment due date and men on annual surveillance within six weeks. Given the programme was paused in Fife from late March to September 2020, the target timescales for attendance were missed for nearly all men with surveillance appointments due in these months.
- 7.11 No Board in Scotland met the KPI focusing on the percentage of annual surveillance appointments due, where men are tested within 6 weeks of their due date. The essential threshold for this KPI is set at $\geq 90\%$. The percentage in Fife was 47.1% and in Scotland it was 59.1%. Following the COVID pause, NHS Fife restarted screening slightly later than some Board areas due to the time it took to secure access to clinic locations. During the previous reporting period of 2019/20, 97.3% in Fife were tested within 6 weeks of their due date.
- 7.12 The KPI focusing on the percentage of quarterly surveillance appointments due, where men are tested within 4 weeks of their due date was also challenging. The essential threshold for this KPI is set at $\geq 90\%$. During the previous reporting period of 2019/20, 98.1% in Fife were tested within 4 weeks of their due date. During the year 2020/21, 65.0% of men in Fife and 64.7% in Scotland were tested within 4 weeks. No mainland Board area met the essential threshold for this KPI.

- 7.13 The KPI on the percentage of men deemed appropriate for surgery and operated on within 8 weeks of screening has been challenging in a number of Board areas since the implementation of the screening programme. This KPI includes men deemed appropriate for surgery who go on to decline surgery; and also men who have co-morbidities that need to be addressed before AAA surgery is recommended. There continues to be close monitoring of men awaiting surgery and the reasons for this and, where possible, delays are minimised. The essential threshold of $\geq 60\%$ was not met in 2018/19 (28.6%) or 2019/20 (46.2%) in Fife. During the year 2020/21, no men were operated on within 8 weeks of screening in Fife (the number of is men is <5). Only one mainland Board area in Scotland met the essential threshold for this KPI.
- 7.14 The AAA screening programme staffing has recently returned to normal levels following significant Covid and non-Covid related absences throughout 2021 and the first quarter of 2022. With full staffing (3 screeners) and a health care assistant (appointed for 12 months to help with recovery) and the reimplementation of shorter, pre-pandemic appointment times, it is anticipated that the screening age of participants will be reduced to 65 years and 6 months by January 2023.

8 DIABETIC EYE SCREENING (DES)

- 8.1 Diabetic retinopathy is a common complication of diabetes which affects the eyes. Untreated diabetic retinopathy is one of the most common causes of visual impairment and blindness. Diabetic eye screening can detect retinopathy at an early stage before any symptoms are apparent.
- 8.2 In 2016 the UK National Screening Committee recommended revised screening intervals for patients within the DES programme. The recommendation was that the interval between screening tests should change from one year to two years for people at low risk of sight loss. The revised screening intervals began to be implemented in early 2021.
- 8.3 The 2021 screening annual report shared DES data from the year 1 April 2019 to 31 March 2020. In May 2020, the national software platform for the screening programme (Vector) was replaced with a new system, OptoMize. Verified KPI data reports have not been published since the introduction of OptoMize. This has been due to a number of factors including the Covid-19 pause of screening, prioritising higher risk participants on the restart of screening, the implementation of revised screening intervals, and incorporating optical coherence tomography (OCT) within the screening programme. All these factors impact on how the KPI data are produced and interpreted.
- 8.4 Producing KPI reports for 2020/21 and 2021/22 is now being prioritised by the DES Collaborative. In the meantime, operational performance data are being closely monitored and shared monthly with all Boards. Some of the KPI data from 2019/20 are shared again here.

- 8.5 During the year 1 April 2019 to 31 March 2020, people living with diabetes (Type 1 and Type 2) aged 12 and over were invited to attend an annual screening appointment. The total eligible population for diabetic eye screening in Fife was 21,185.
- 8.6 The proportion of the eligible population who attended at least once for screening during 2019/20 was 75.9% in Fife (72.4% in Scotland). The proportion of the eligible population who had been successfully screened at least once was 75.3% in Fife (71.8% in Scotland). The target is 80%. Uptake is lower than previous years and this is thought to be mainly due to the pause of screening in March 2020 due to Covid-19.
- 8.7 A challenge to the sustainability of the service continues to be the increasing number of people with diabetes (approximately 5% increase per year across Scotland) and the subsequent increase in demand on ophthalmology and acute services to deliver treatment. The optical coherence tomography (OCT) pathway within screening is working well in Fife and has reduced unnecessary referrals to ophthalmology.
- 8.8 A Business Plan is being developed to scope out projections around demand for screening over the next five years and staff numbers/skill mix required to meet the demand. It will also look at staff progression and build in resilience in terms of grading and slit lamp skills.
- 8.9 Following the Covid-19 pause, screening resumed at the end of July 2020. Capacity to screen participants was particularly affected in this screening programme. Appointment times were lengthened to enable enhanced cleaning of equipment and clinic spaces and to reduce the number of people in clinical areas.
- 8.10 Good progress is being made in reducing the Covid-19 related backlog. The DES team has been able to secure the services of a new screener as well as an extension to the contract of an existing screener. The team has also secured additional screening equipment. Assuming there are no further disruptions or significant staffing issues, it is anticipated that the programme will recover from the backlog before the end of 2022.
- 8.11 Former Test and Protect Contact Tracing Practitioners have been supporting DES in two projects. The first project involved making contact by telephone with individuals who had not attended diabetic eye screening in the past 30 months. The aim was to discuss the screening programme, find out if there were any barriers preventing attendance and, with their consent, arrange an appointment for individuals at a time and location that suited them. The project is ongoing, and outcomes are currently being analysed.
- 8.12 A similar project in 2017 found that the referral to eye clinic rate from the DNA cohort of patients was more than four times the Scottish average. This highlighted the importance of continuing to engage with those who do not attend screening

appointments, and that chronic non-attendance from screening can be a significant risk factor for potential sight loss.

- 8.13 The second project involves contacting individuals by telephone to gather feedback on their experience of using the diabetic eye screening service. Information gathered will be analysed in due course.
- 8.14 In March 2022, a multi-Board incident was identified that had led to delays in inviting newly diagnosed individuals with diabetes for screening. An adverse event management team, led by National Services Division, was established to manage the incident.
- 8.15 Between April 2021 and 25 March 2022, demographic details of newly diagnosed patients at 7 new/merged GP Practices failed to be processed into the OptoMize system. There were 59 patients from 3 Board areas quickly identified, correctly processed into OptoMize and invited for screening.
- 8.16 In total, 29 participants from Fife were affected. All accepted an invitation to be screened and either had no retinopathy, mild retinopathy, or no newly identified retinopathy. No harm as a result of the incident was identified.
- 8.17 The IT issue has been fixed to prevent any recurrence.

9. PREGNANCY SCREENING PROGRAMMES

9.1 Pregnancy screening covers:

- Infectious diseases (hepatitis B, syphilis and HIV).
- Haemoglobinopathies (sickle cell and thalassaemia).
- Down's syndrome, Edwards' syndrome and Patau's syndrome.

9.2 Where possible the most recent data available are presented in this report. There are some limitations to the data and this affects all Health Board areas. Unlike the other screening programmes, there is no national IT system to support the programme and therefore a lack of comprehensive national data to monitor the performance of pregnancy and newborn screening. Some of the national work set up to determine where the gaps are and how these can be addressed was temporarily paused during the pandemic. Public Health and Intelligence colleagues within Public Health Scotland are leading on this work.

9.3 The aim is to better capture data from many different (and currently unlinked) IT systems used in the pregnancy and newborn screening programmes so that performance can be monitored against key performance indicators (NSS, 2018).

9.4 A national contract has now been established with the providers of the BadgerNet IT system. BadgerNet is a clinical IT system for maternity care. It is not designed

explicitly for reporting screening performance indicators although some are available. NHS Fife maternity service has been using BadgerNet since August 2018. The quality and completion of the data on BadgerNet has improved over time. All Boards except NHS Lothian use BadgerNet.

- 9.5 The risk that NHS Fife cannot monitor pregnancy and newborn screening comprehensively as systems for robust data reporting are not available is on the NHS Fife Public Health Risk Register.
- 9.6 For the year 1 April 2020 to 31 March 2021, PHS report that there were 2856 bookings with maternity services by NHS Fife residents; 80.4% were booked by 10 weeks gestation (91.4% by 12 weeks gestation). (Source: PHS, SMR02; data are provisional). These data are based on discharge data following delivery so only include births as the pregnancy outcome. Bookings that lead to other outcomes such as miscarriage or termination are not included.
- 9.7 These data also include all Fife resident bookings; some Fife residents book in other Health Board areas (e.g. Tayside). It is not possible to report on all Fife residents for all aspects of pregnancy screening. Women resident in Fife who book elsewhere are usually included in data reports of the Board area where they plan to give birth.

10. INFECTIOUS DISEASES

- 10.1 Data from the NHS Fife microbiology laboratory for this programme have been delayed. This is due to a major laboratory inspection, a total revision of the laboratory system and the significant impact these are having on current capacity. The data will be reviewed as soon as they are available.

11. HAEMOGLOBINOPATHIES

- 11.1 Haemoglobinopathies (sickle cell and thalassaemia disorders) are serious blood disorders that affect haemoglobin.
- 11.2 The NHS Fife haematology laboratory received 2871 samples from pregnant women to be screened for haemoglobinopathies during the year ending 31 March 2021; and 2896 during the year ending 31 March 2022.
- 11.3 No pregnancies were found to be at risk of a significant haemoglobinopathy. A number of carriers were identified (10 in 2020/21 and 11 in 2021/22). Partner testing was declined or unavailable in some cases (<5 cases over the two-year period).

12. SCREENING FOR FETAL DOWN'S SYNDROME, EDWARDS' SYNDROME AND PATAU'S SYNDROME

- 12.1 First trimester screening is supported by NHS Lothian laboratory service and second trimester screening is supported by Bolton antenatal screening laboratory. For

18

those pregnancies with a higher chance result from first or second trimester screening, non-invasive prenatal testing (NIPT) is offered as a second line screening test. The laboratory service for NIPT is provided by the East of Scotland Regional Genetic Service based at Ninewells Hospital, Dundee. These arrangements for laboratory provision to support the Down's syndrome, Edwards' syndrome and Patau's syndrome screening programme cover all Scotland.

- 12.2 For the year ending 31 March 2022, there were a total of 2262 tests from NHS Fife. First trimester screening was provided for 1942 singleton and 26 twin pregnancies. The number of second trimester tests was 294 (13.0%).
- 12.3 The proportion of complete laboratory request forms is a Key Performance Indicator (KPI) of the Pregnancy and Newborn Screening Programme. The KPI is defined by completion of a number of selected fields on the original request. These essential fields, when completed, provide sufficient information for the woman to be uniquely identified. The essential performance criterion is $\geq 97\%$ completion. For the year ending 31 March 2022, NHS Fife achieved the KPI with 98.8% completion for first trimester tests; the Scotland rate was 98.0%.
- 12.4 Standards for the screening programme state that all information should be completed, not just selected fields. When all fields are considered, the NHS Fife completion rate was 96.3%; the Scotland rate was 94.0%.
- 12.5 Reports on completion rates, stating the amount and type of missing information, are sent to Lead Midwives on a regular basis along with cumulative performance charts. The laboratory also requests feedback on the reasons for incomplete forms if the $\geq 97\%$ essential threshold for the KPI is not being met.
- 12.6 During 2021/22 there were 53 referrals for NIPT from NHS Fife following a higher chance serum screening result. As with the other laboratories, submission of incomplete request forms can have an impact on resources, both laboratory staff and midwifery teams. Information was missing from <5 referral forms from NHS Fife.
- 12.7 The target reporting time for NIPT is 7 calendar days from receipt of the sample in the laboratory to the issue of a final report. The average reporting time for samples during 2021/22 (Scotland) was 5.3 calendar days and 98.6% of reports were issued within the 7 calendar day reporting time.
- 12.8 The CARDRISS (Congenital Conditions and Rare Diseases Registration and Information Service for Scotland) team in Public Health Scotland is working to improve national information on babies with congenital conditions.
- 12.9 A congenital anomaly is an abnormality of body structure or function that is present at birth. Anomalies can be due to underlying genetic defects or environmental exposures that affect the development of the baby in the womb.

CARDRISS now captures information on all babies affected by:

- major structural anomalies
- chromosomal anomalies
- recognised syndromes
- inherited endocrine, metabolic, and haematological conditions

CARDRISS will include all:

- live-born babies diagnosed within the first year of life
- stillbirths
- fetal losses at more than 20 weeks of pregnancy
- pregnancies terminated at any gestation due to an anomaly

13. UNIVERSAL NEWBORN HEARING SCREENING (UNHS)

13.1 The universal newborn hearing screening programme aims to identify babies born with bilateral permanent moderate, severe and profound deafness. Evidence shows that introducing an early support programme before 6 months of age leads to better outcomes for speech and language development.

13.2 In Fife, a hospital-based Automated Auditory Brainstem Response (AABR) screening protocol is used. Babies missed in hospital or born at home, and those requiring repeat screening or transferring in from other areas, are offered outpatient appointments.

13.3 During the year 1 April 2021 to 31 March 2022, 3054 Fife resident babies were eligible for screening and 2964 (97.1%) completed screening by 4 weeks corrected age. The essential threshold for this KPI is $\geq 98\%$. The essential threshold was met for three quarters of the year but during Q2 (July to September 2021), screen completion at outpatient appointments was delayed for an increased number of babies due to Covid-19 isolation or parental concerns about attending the hospital setting.

13.4 Of the 35 babies requiring an immediate onward referral for audiological assessment, 100% received an appointment within the required timescale (within 4 weeks of screen completion or by 44 weeks gestational age). The desirable threshold for this KPI is $>99\%$.

13.5 Of the 35 babies referred, 29 attended within the required timescale (82.9%). The essential threshold for this KPI is $\geq 90\%$. This KPI proved challenging to achieve due to Covid-19 self isolation periods for families which impacted on parents and siblings of babies referred. All babies were offered timely appointments however some families had to rearrange their appointments on more than one occasion.

13.6 During the year 2021/22, eight babies were diagnosed with hearing loss (of varying degrees).

13.7 Scotland figures for UNHS for the year 2021/22 were not available for this report.

13.8 Two different IT Systems are used to support UNHS in Scotland. Twelve Boards (including NHS Fife) use a dedicated module for the hearing screening programme on the Scottish Birth Record (SBR), which is an NHS Scotland IT system used for the recording of births and neonatal data. The two other Boards use the same system used in NHS England. NHS Wales use a development of their child health system for UNHS. An options review is being undertaken to provide an overview of currently available UNHS support systems, identify issues that could impact on the quality of service delivered and make recommendations on the optimum system to support UNHS in Scotland going forward.

14. NEWBORN BLOOD SPOT SCREENING

14.1 Newborn blood spot screening identifies babies who may have rare but serious conditions. The programme includes screening for Phenylketonuria (PKU); Congenital Hypothyroidism (CHT); Cystic Fibrosis (CF), Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD); and Sickle Cell Disorder (SCD). On 20 March 2017, testing was extended to include four further metabolic disorders: maple syrup urine disease (MCUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1) and homocystinuria (HCU).

14.2 Testing is offered to all newborn babies usually around 5 days of age. The test is done by a midwife who obtains a few drops of blood by pricking the heel. The blood is collected on a card which is sent to the Scottish Newborn Screening Laboratory, Glasgow, for analysis.

14.3 During the year 1 April 2021 to 31 March 2022, the laboratory received 3469 blood spot sample cards from NHS Fife; <5 were suspected of having a condition and referred to a specialist clinician.

14.4 The blood spot sample should be taken between 96 and 120 hours of life. The essential performance threshold for this KPI is $\geq 90\%$. During the year 2021/22, the proportion of samples taken in Fife within this timeframe was 92.2%. This compared with 89.6% in Scotland.

14.5 There is a KPI for the percentage of samples that required repeating due to avoidable reasons. Repeating tests impacts on midwifery and laboratory time and can be distressing for parents who have to consent to another heel prick test. The essential performance threshold for this KPI is $\leq 2\%$.

14.6 During the year 2021/22, there were 6.26% avoidable repeat tests from NHS Fife, and 4.26% from Scotland. The most common reason was that the sample was insufficient.

14.7 In order to try to minimise the number of avoidable repeat tests required for the programme, a Clinical Education Midwife has developed an education package and competency framework for midwives in Fife. The avoidable repeat rate is closely

monitored with monthly feedback to individual midwives and further training can be arranged where appropriate. Recent figures show some improvement.

14.8 There is also monitoring of the proportion of samples where information, essential to accurately interpreting the results, is not recorded on the blood spot card. During 2021/22 in Fife this proportion was 1.15%; in Scotland it was 1.61%.

14.9 Following a recent incident in another Board area, when best practice was not followed and newborn blood spot testing was delayed, all Boards have been advised by National Services Division to review processes in place and adherence to protocols. Boards were asked to review:

- that child health records departments were running essential reports.
- that relevant staff are aware the laboratory should be contacted first to check whether the sample has been received (to avoid unnecessary repeat testing).
- how the relevant teams are made aware of overdue samples, action required and timescales to be met; and
- emails notifying midwives/midwifery teams of overdue blood spot samples are easily identifiable to be prioritised for action, and there is a system for monitoring that the request has been seen and actioned.

14.10 Work is ongoing to strengthen the processes in place within NHS Fife.

15. PLAN FOR 2022/23

15.1 Assuring the delivery of effective population screening is a priority for NHS Fife Department of Public Health.

15.2 In general, uptake decreases with increasing deprivation across all screening programmes. The screening programmes for which we have data by SIMD quintile in Fife demonstrate a deprivation gradient. Some people will make an informed choice not to attend screening and it is important those decisions are respected. However, there is clearly still progress to be made to address inequalities in screening participation.

15.3 As part of the Scottish Government's commitment to reduce inequalities in screening, there is an inequalities fund for initiatives that could help address barriers for those less likely to engage.

15.4 NHS Fife received funding from the inequalities fund to participate in a collaborative project with NHS Borders, NHS Tayside, and the Mental Health Foundation. The Bridging the Gap project aims to support those experiencing severe and enduring mental health conditions to engage with screening programmes. Progress was delayed due to Covid-19 but a nurse has been appointed to take forward the work in Fife.

- 15.5 It is important that activities to reduce inequalities are evidence based. A screening inequalities needs assessment is ongoing. Key stakeholders involved with various screening programmes have been interviewed. A literature review of initiatives that have succeeded in reducing inequalities in screening is being undertaken. The aim is to produce an evidence-based action plan to address inequalities in screening in Fife.
- 15.6 Another Fife project, as mentioned earlier, involved contacting individuals who had not attended diabetic eye screening in the past 30 months. The aim was to discuss the screening programme, find out if there were any barriers preventing attendance and, with their consent, arrange an appointment for individuals at a time and location that suited them. The outcome of this project will be analysed in due course.
- 15.7 The public health screening team is working with the Equality and Human Rights department to ensure that people living with disability in Fife are supported to participate in screening programmes.
- 15.8 The public health screening team will continue to work with General Practices in Fife to encourage women who have missed their cervical screening, especially during the COVID pandemic, to attend for screening.
- 15.9 The National No Cervix Incident Wider Cohort Audit is due to commence in November 2022. NHS Fife will be auditing the records of approximately 12,000 women.
- 15.10 In summary, during 2022/23, the Public Health Screening Team will:
- Continue to work with local and national screening programme groups to further facilitate ongoing recovery of adult screening programmes from the impact of COVID-19.
 - Continue work to understand reasons for non-attendance and explore methods to address these.
 - Continue work to address inequalities within the screening programmes.

16. DIRECTORY OF SCOTTISH SCREENING PROGRAMME STATISTICS

- Scottish Breast Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2021/>
- Scottish Cervical Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/scottish-cervical-screening-programme-statistics-annual-update-to-31-march-2021/>

- Scottish Bowel Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/scottish-bowel-screening-programme-statistics-for-the-period-of-invitations-from-may-2019-to-april-2021/>
- Scottish Abdominal Aortic Aneurysm Screening Programme Statistics:
<https://www.publichealthscotland.scot/publications/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics-year-ending-31-march-2021/>
- Scottish Diabetic Eye Screening Programme:
(Data not published).
- Scottish Pregnancy and Newborn Screening:
<https://www.publichealthscotland.scot/publications/births-in-scottish-hospitals/births-in-scottish-hospitals-year-ending-31-march-2021/>

(Programme specific pregnancy and newborn data not published)

CATHY COOKE

Public Health Scientist

DR OLUKEMI OYEDEJI

Consultant in Public Health

DR LORNA WATSON

Consultant in Public Health

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 November 2022
Title:	Quality Framework for Community Engagement & Participation
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Janette Keenan, Director of Nursing

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Legal requirement
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report has been prepared to provide assurance to the Committee on public engagement and consultation work undertaken in the last year, and to update the Committee on the implementation of the Quality Framework for Community Engagement and Participation.

2.2 Background

“Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue

between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change” (The National Standards for Community Engagement, Scottish Community Development Centre).

“**Planning with People**, Community Engagement and Participation Guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland” was published in March 2021, replacing CEL4 2010. This guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. “Planning with People” sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. It encourages close working between bodies to minimise duplication and share learning.

Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to test a **Quality Framework for Community Engagement and Participation** and self-evaluation tool. This will support NHS Boards, Local Authorities and Integration Joint Boards to carry out effective community engagement and demonstrate how these organisations are meeting their statutory responsibilities to engage. In addition, the Quality Framework will provide opportunities to develop practice and share learning.

In 2020, a model for participation and engagement was designed and tested with National Standards for Community Engagement, in the anticipation for the replacement of CEL 4 2010 and introduction of the new guidance.

2.3 Assessment

The model for participation and engagement included the establishment of a Participation & Engagement Advisory Group (PEAG).

PEAG is made up of professional staff who act as a single point of contact for services seeking public participation across Acute Services, HSCP Services, Corporate Services and Localities.

Over the last year there has been 33 requests to the PEAG for support (see Appendix 1) Most notable are the large pieces of work such as the development of the Lochgelly and Kincardine Health and Wellbeing centres, the Mental Health Strategy and the Population Health & Wellbeing Strategy

There has been extensive engagement with staff and the public in relation to the development of the Population Health and Wellbeing Strategy. Information on this work is detailed in a separate paper, “Progress Report on Community and Staff Engagement”.

The Draft Quality Framework for Community Engagement and Participation and associated documents were published on 20 September 2021 and were shared with Board Chief Executives and Chairs as well as Chief Officers at Health and Social Care Partnerships and Chairs of Integration Joint Boards. NHS Fife staff have been closely involved in its development.

The HIS–Community Engagement team was developing the Framework alongside the development of the national guidance, “Planning with People”. Given that further development of this national guidance was paused until Summer 2022, and with the pressures in the system, it is likely that the Framework itself, will not be finalised before Winter 2022. The latest update on the HIS website was dated August 2022 and states that “draft materials are being tested and will be launched later in 2022”.

Preparations are underway to consider the draft self-evaluation tool in anticipation of the introduction of the Quality Framework. Initial review has taken place and a group will be established to drive this work forward.

The self-evaluation will be completed on a 12-month rolling cycle by NHS Boards and Integration Joint Boards. NHS Fife is liaising with Healthcare Improvement Scotland – Community Engagement to discuss this cycle and confirm timescales. This self-evaluation will form the basis of the organisation demonstrating its activity in line with statutory duties as set out in national guidance.

2.3.1 Quality / Patient Care

As highlighted in the Feeley Report, “*Service design and delivery can only improve if people with lived experience are involved in the process. It is impossible to address inequality if the people who experience it are not in the room*”. Meaningful and sustained engagement practice will ensure that a person-centred approach is undertaken in the planning and delivery of services.

The Quality Framework is based on the Quality of Care Approach and was jointly developed by Healthcare Improvement Scotland and The Care Inspectorate, in partnership with other key stakeholders. As well as supporting internal and external assurance, it provides an improvement tool, developed in collaboration with, and primarily for the use of health and social care providers. It has been designed to support reflection and self-evaluation which is an important first stage in any quality improvement journey.

2.3.2 Workforce

Public participation and engagement supports our workforce to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them
- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

The Framework will identify, support and assure engagement activity within Fife NHS Board in relation to 3 domains:

- routine ongoing engagement
- specific engagement activities relating to service planning and design
- internal governance systems for community engagement activity

Effective communication is critical to the success of self-evaluation. How people hear about it will influence how they approach and engage with the process. Those involved need to understand the following:

- the purpose of the self-evaluation
- how it will be undertaken
- how people will be involved
- the timescales involved
- the steps and activities
- how the information will be used.

HIS CE recommends that the self-evaluation and improvement plans are shared and published on NHS Fife website to demonstrate how the organisation is planning to improve its approach to community engagement. A group will be established to take this work forward.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development.

EDG: 20 October 2022

2.4 Recommendation

- Assurance
- Discussion

3 List of appendices

The following appendices are included with this report:

- Participation and Engagement Activity, 1 April 2021 – 31 March 2022

Report Contact

Janette Keenan

Director of Nursing

Email janette.owens@nhs.scot

PEAG: PARTICIPATION AND ENGAGEMENT ACTIVITY 1 APRIL 2021 – 31 MARCH 2022

	Project Title	Request	Distribution	Outcome / Notes
1.	Misc leaflets	Dianne Williamson	Readability & Format	Comments shared with service
2.	Cancer Governance and Strategy Group	Murdina MacDonald	Request for group representation	Notes of interest collated and shared with service
3.	Mental Health Inpatient Redesign	Hazel Williamson	Request for group representation	Notes of interest collated and shared with service
4.	Kincardine & Wellbeing Centre	Kiran Retour	Request for group representation	Updates will be provided via Sway and links to Participation and Engagement Directory
5.	Dental Services Leaflet	Niall McGoldrick	Readability & Format	Comments shared with service
6.	Your Journey in Fife	Catriona Walker	Readability & Format	Comments shared with service.
7.	Community MH Dev Group	Deborah Dixon	Request for group representation	Meeting to be arranged to discuss participation and engagement across Mental Health Services
8.	Population H&W Strategy	Susan Fraser	Request for group representation	On hold whilst EQIA undertaken
9.	Covid Pack	Yvonne Robertson	Readability & Format	Comments shared with service
10.	Fife Specialist Palliative Care	Kim McPherson	Request for group representation	On hold until new lead comes into post
11.	Fife CAMHS	Emma George	Request for group representation	Feedback Form on CAMHS webpage and shared with 3 rd sector agencies
12.	NHS PC Pharmacy Practices	Joyce Kelly	Request for group representation	Notes of interest collated shared with Service
13.	UCR - Mental Health Workstream	Lynn Cummings	Request for group representation	Lived experience volunteer recruited via Fife Voluntary Action
14.	Using Laxitives Leaflet	Kate Leishman	Readability & Format	Comments shared with service

	Project Title	Request	Distribution	Outcome / Notes
15.	MHAS Fife Eating Disorder Pathway	Lee Cowie	Request for group representation	Individuals and groups identified to engage with as part of re-design.
16.	Major Physical Trauma	Dr Bethany Brown	Request for group representation	Comments shared with service
17.	Child Development Centres Development Plan	Lisa Smith	Comments	Comments shared with service
18.	Cancer Framework	Murdina MacDonald	Consultation	Link shared with distribution networks to take part in Discussion Session
19.	Patient and Carer Information Pack	Murdina MacDonald	Readability & Format	Comments shared with service
20.	Robotic Surgery Leaflet	Karen Wright	Readability & Format	Comments shared with service
21.	High Risk Medication	Kiran Retour	Request for group representation	Currently with Service until group recruit to post and agree structure
22.	NHS Fife Organ & Tissue Donation Committee	Lorna McCallum	Request for group representation	Volunteers now in place
23.	Low Risk Chest Pain	Lorna Jackson	Readability & Format	Comments shared with service.
24.	Long Term Conditions Patient Flyer	Amy Walker	Readability & Format	Comments shared with service
25.	Recovery after Coronavirus Leaflet	Stephanie Crolla	Readability & Format	Comments shared with service
26.	Constipation Leaflet	Tracey Thomson	Readability & Format	Comments shared with service.
27.	Older adult CMHT pathway development	Tracey Henderson	Request for group representation	Meeting to be arranged to discuss participation and engagement across Mental Health Services
28.	Respiratory Psychology Service Leaflet	Fabia Ciantanni	Readability & Format	Comments shared with service
29.	Clinical Health Psychology Leaflet	Readability & Format	N/A	Comments shared with service

	Project Title	Request	Distribution	Outcome / Notes
30.	RGR - Cancer Services SG	RGR		Comments shared with service
31.	Better Living with Illness Online Group	Readability & Format	N/A	Comments shared with Service
32.	RGR - Urgent Care Services Fife	RGR		Volunteers now in place
33.	Cancer Services Single Point of Contact Hub Project Group	RGR	N/A	Volunteers now in place

Meeting:	Public Health and Wellbeing Committee
Meeting date:	7 November 2022
Title:	Pharmaceutical Care Services Report 2021/22
Responsible Executive:	Ben Hannan, Director of Pharmacy and Medicines
Report Author:	Hazel Close Lead Pharmacist Public Health and Community Pharmacy Services

1 Purpose

This is presented for:

- Decision

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Pharmaceutical Care Services Report (PCSR) is ordinarily updated annually in March. Recognising the realities of COVID and the pandemic coinciding with this update, permission was granted to delay development of a report for 2019/20 and 2020/21 to allow the pharmacy team to concentrate their efforts on the pandemic. A report for 2021/22 has now been produced and is presented to EDG for awareness and discussion ahead of public consultation and onward sharing with relevant committees.

2.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. Community Pharmacy responsibilities are shared between the NHS Board and the Integration Joint Board. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978 are delegated to the IJB. Broadly speaking, this includes responsibility of the general provision of community pharmacy. However, the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, and subsequent amendments are the responsibility of the Health Board. These regulations pertain to the management of contractual arrangements, control of entry and maintenance of a pharmaceutical list.

A public engagement period of 4-6 weeks is usually provided giving consultees an opportunity to comment on the draft PCSR. The NHS Fife public involvement policy comprises of the draft PCSR being circulated through the Patient Focus Public Involvement (PFPI) Leads and to the Partnership and Engagement Network (which comprises of individuals, groups and voluntary organisations). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

2.3 Assessment

The 2021/22 PCSR captures a number of new core services and additional services introduced over the previous two years in NHS Fife. Significant advances in provision of services within Community Pharmacy have been made and the network of contractors have risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Contract, the report recommends that there is no unmet need within NHS Fife currently.

2.3.1 Quality/ Patient Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care.

2.3.2 Workforce

The report describes the current workforce capabilities within Community Pharmacy and the impact of the COVID pandemic in the last two year.

2.3.3 Financial

There is no direct financial impact related to this report.

2.3.4 Risk Assessment/Management

This report serves a statutory function and does not consider risk in the context of community pharmacy services. As a descriptor of pharmaceutical needs within NHS Fife, this report is a data source that Pharmacy Practice Committees are directed to use in assessing need when considering application to the Pharmaceutical list. The content of the report could impact on future applications for new pharmacy openings.

2.3.5 Equality and Diversity, including health inequalities

The report draws information from the Director of Public Health report in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health.

2.3.6 Climate Emergency & Sustainability Impact

The report describes and assesses locality, position and distance of Community Pharmacies from patient's homes in the context of 20 minute neighbourhoods, with 88.5% of the Fife population live within 1mile of their nearest pharmacy, however the full impact on climate emergency and sustainability is not addressed within this report. It is anticipated that in future years that analysis will be included in further reports.

2.3.7 Communication, involvement, engagement and consultation

The report has undergone four to six weeks of public consultation through the following forums:

Fife Local Medical Committee

Fife Area Pharmaceutical Committee

Community Pharmacy Fife

Public Participation and Engagement via Patient Experience Team

Five responses were received and feedback from these forums have been incorporated into the final report.

2.3.8 Route to the Meeting

- Pharmacy and Medicines Senior Leadership Team – 29th June 2022
- Discussion between Director of Pharmacy and Director of Health and Social Care – 19th August 2022
- Executive Directors Group – 22nd September 2022

2.4 Recommendation

Public Health and Wellbeing Committee asked to consider the report for **decision** and approval ahead of publication.

3 List of appendices

The following appendices are included with this report:

Appendix 1, NHS Fife Pharmaceutical Care Service Report 2021/22

Report Contact

Hazel Close, Lead Pharmacist Public Health and Community Pharmacy Services

hazel.close@nhs.scot



PHARMACEUTICAL CARE SERVICES IN NHS FIFE

JUNE 2022





CONTENTS

EXECUTIVE SUMMARY	3
1. INTRODUCTION TO NHS FIFE HEALTH BOARD AREA	4
2. DESCRIPTION OF CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE	10
3. ANALYSIS OF PHARMACEUTICAL NEEDS WITHIN NHS FIFE	26
4. APPENDICES	28
• APPENDIX 1A - LEVENMOUTH LOCALITY PROFILE	28
• APPENDIX 1B - GLENROTHES LOCALITY PROFILE	31
• APPENDIX 1C - NORTH EAST FIFE LOCALITY PROFILE	34
• APPENDIX 1D - COWDENBEATH LOCALITY PROFILE	37
• APPENDIX 1E - CITY OF DUNFERMLINE LOCALITY PROFILE	40
• APPENDIX 1F - KIRKCALDY LOCALITY PROFILE	43
• APPENDIX 1G - SOUTH WEST FIFE LOCALITY PROFILE	46
• APPENDIX 2 - REFERENCES	49



EXECUTIVE SUMMARY

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2022 update is published according to these regulations in accordance with the Scottish Government circular [PCA \(P\) 7 \(2011\)](#).

Pharmaceutical Care Services (PCS) 2021/22 in NHS Fife

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services that exists within NHS Fife. Data from a range of sources are utilised to establish any unmet need for each of the core Community Pharmacy Contract services, additional services currently provided in NHS Fife are also examined. The extent to which that need is met is examined through assessment of any existing gaps in the provision of the core pharmaceutical services within the Community Pharmacy contract.

There are 86 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife and it is important to continue to support development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

A public engagement period of 4-6 weeks will be provided giving consultees an opportunity to comment on the draft PCS report 2021/22 (from July 2022). The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Patient Focus Public Involvement (PFPI) Leads and to the Partnership and Engagement Network (which comprises of individuals, groups and voluntary organisations). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

Lead Author

Hazel Close

Lead Pharmacies for Public Health and Community
Pharmacy Services

hazel.close@nhs.scot



INTRODUCTION

The primary function of the Pharmaceutical Care Services (PCS) report is to describe the unmet need for pharmaceutical services within the Health Board population and the recommendation by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1 Geographies to be Considered

NHS Fife contains seven Localities within its Health and Social Care Partnership. The latest data on the population of these areas is indicated in [Table 1](#).

Table 1 - Population of NHS Fife and its Localities (NRS 2018)

Locality	Population
Fife	371,190
Levenmouth	37,439
Glenrothes	49,990
NE Fife	75,226
Cowdenbeath	40,895
Dunfermline	58,508
Kirkcaldy	60,337
SW Fife	49,515



1.2 NHS Fife Population Descriptions

The latest population estimate figures show that Fife grew in 2020, one of only 12 council areas in Scotland to see growth. At June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019, resulting in an annual growth rate of 0.2%, higher than the national growth rate of 0.05%, which was the lowest growth since 2003.

1.2.1 Fife Population: Age Distributions

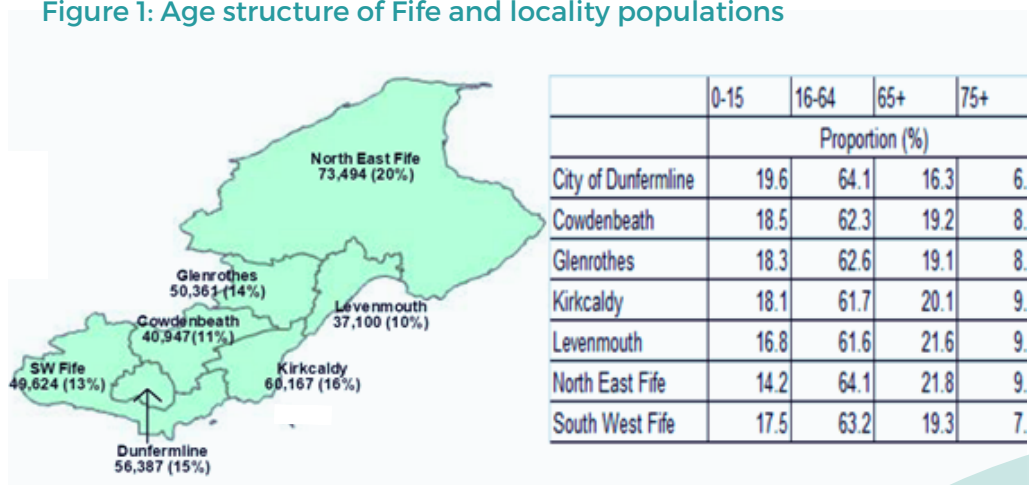
Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over.

1.2.2 Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership. Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Variations in population age structure can be seen across the seven localities. Three of Fife's seven localities have higher proportions of their population aged 65 and over compared to Fife; Kirkcaldy (20.1%), Levenmouth (21.6%) and North East Fife with 21.8%. In contrast, Dunfermline's older population is significantly less than Fife at 16.3% and its proportion of children is the highest of all seven localities at 19.6%

Figure 1: Age structure of Fife and locality populations



Source: KnowFife Dataset



Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

1.2.3 Births

In 2020 there was a 6% reduction in the number of babies born in Fife compared to in 2019, with 3,143 babies born. This continues a reducing trend of births in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5. Of the 3,143 babies born in Fife over half (59%) were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.

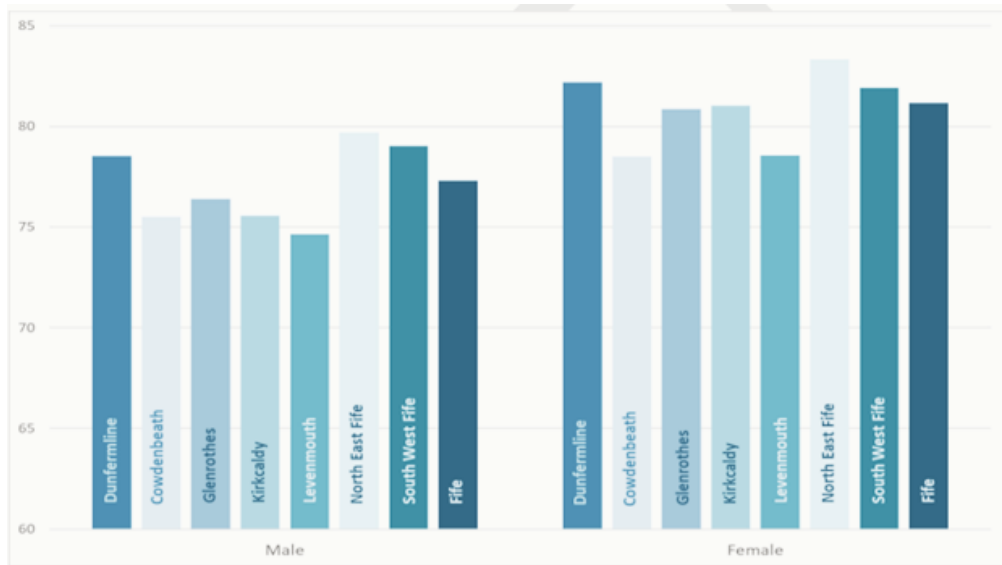
1.2.4 Life Expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020. This was a small fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019 (Figure 2). Nationally during the same time-period life expectancy fell by the largest annual amount since these statistics began, to 76.8 years for males and 81 years for females. This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 2. Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.



Figure 2: Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source: PHS

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between most and least deprived areas. In 2016-20 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Even wider inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.

1.2.5 Ethnic Group

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups. We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.



1.2.6 Deaths

1.2.6.1 All Causes

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) on 2019. Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212. 36% of these or 1,529 deaths were in the under 75s, which equates to a mortality rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population. There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population. During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20

1.2.6.2 Causes of Death

Cancer was the leading cause of death among Fife residents in 2020 accounting for 1,112 deaths, 26% of the total number of deaths. Lung cancer was the most common form of cancer death accounting for 23% of all cancer deaths and 6% of all deaths.

As in previous years heart disease was the second most common cause of death among Fife residents accounting for 13% of deaths, followed by dementia and Alzheimer's disease(11%). The impact of the coronavirus pandemic is still being assessed, however, there were 310 deaths recorded where confirmed or suspected COVID-19 was mentioned on the death certificate in 2020.



1.2.6.3 Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health. These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time. Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population. Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer's disease and other dementias were the top three individual causes of early death.

Figure 3: Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

Ill Health		Early Death	
1	Low back and neck pain	1	Ischaemic heart disease
2	Depression	2	Lung Cancer
3	Headache disorders	3	Alzheimer's disease
4	Anxiety disorders	4	Cerebrovascular disease
5	Osteoarthritis	5	Other cancers
6	Diabetes mellitus	6	Drug use disorders
7	Cerebrovascular disease	7	Chronic obstructive pulmonary disease
8	Other musculoskeletal disorders	8	Colorectal cancer
9	Alcohol use disorders	9	Self-harm and interpersonal violence
10	Age-related and other hearing loss	10	Low respiratory infections

Source: PHS

As our population ages, the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole 64% of the burden is due to early death and 36% to ill health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.



CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE

2.0 Description of Current Pharmaceutical Services in NHS Fife

2.1 Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at April 2022.

2.1.1 Number of Community Pharmacies across NHS Fife and by Locality

In April 2022, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. There is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

Table 2: Community Pharmacies in NHS Fife (April 2022)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	371,190	86	4,316
Levenmouth	37,439	10	3,744
Glenrothes	49,990	10	4,999
NE Fife	75,226	18	4,179
Cowdenbeath	40,895	12	3,408
Dunfermline	58,508	13	4,500
Kirkcaldy	60,337	13	4,641
SW Fife	49,515	10	4,950
Other HBs			
Forth Valley	305,580	76	4,021
Lothian	911,620	182	5,014
Tayside	416,090	92	4,523
Scotland	5,466,000	1256	4,323



2.1.2 Resources - Premises/Facilities

NHS Circular: [PCA\(P\)\(2007\)28](#) Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.1.3 Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and are registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers. These independent prescribers have in the past been involved in the provision of clinics within Fife, covering numerous specialty areas such as hypertension, stroke, warfarin, vascular, substance misuse, respiratory and pain. Implementation of the national Pharmacy First Plus service has shifted focus to delivering prescribing for common clinical conditions.

Table 3: Community Pharmacist numbers training or trained with prescribing rights (April 2022)

Prescribing Status	No. of Pharmacists
Active /Community Pharmacy Independent prescribers	20
Independent prescribers training in progress	11
Qualified independent prescribers inactive	4



2.2 Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1 Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in the Table 4.

Table 4: Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of Pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Distances are "as the crow flies" straight line distances, not travel time
2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone



The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

2.2.2 Hours of Service

Pharmacies provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening ([NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. See Table 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5: Summary of the hours of service of the 86 community pharmacies in Fife (March 2019)

	Open 5 full days per week (closed Saturday)	Open 4 ½ days Mon-Fri then half day Saturday	Open 5 ½ days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	5	6	47	20	8

NHS Fife provision of pharmaceutical services on a Sunday is at least in line with, if not more generous than other similar NHS Board areas i.e. most health board areas have fewer Sunday opening pharmacies per head of the population than Fife.

It should also be noted that all of the 8 community pharmacies that do open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife centres where prescriptions on a Sunday will be generated from.



2.3 Community Pharmacy Services - Core Services

2.3.1 Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counseling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing, 6,917,140 prescription items were dispensed in NHS Fife in 2020/21 See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years.

Table 6 - Volume of prescription items dispensed in Fife over period April 2016 to March 2021

Financial Year	No. of prescription items dispensed
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950
2017-18	6,969,064
2016-17	7,022,695

2.3.2 Medicines: Care and Review

Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.



MCR is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. A further phase commenced in spring 2011 with all Health Board areas participating. All Health Boards are now involved in the full roll-out of MCR, which includes serial prescribing, working towards the aim of having all of their GP practices and Community Pharmacies providing the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

NHS Fife currently has 46 GP practices (85%) generating serial prescriptions with 83 (96%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions.

Table 7 and 8 compare CMS registrations and serial prescriptions issued in Fife in comparison to neighbouring health boards and Scotland average. Figure 4 shows the progress in uptake of serial prescribing by cluster between 2020 and 2022.

Table 7 - Number of CMS registered patients as at end April 2022 in Fife and selected neighbouring Health Boards

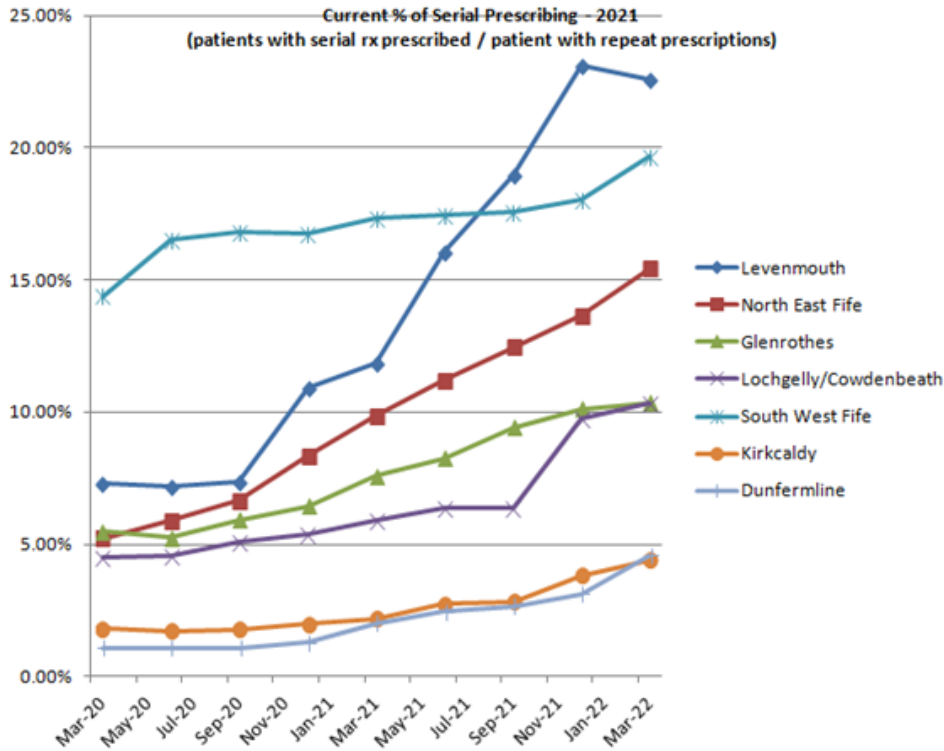
Health Board Area	Number of CMS registered patients	No of CMS registered patients per 1,000 of population
Fife	69,487	187
Tayside	74,527	179
Forth Valley	46,645	152
Lothian	113,673	124
Scotland	894,773	163

Table 8 - No of patients with serial prescription items prescribed in the last 12 months (to end April 2022)

Health Board Area	No of patients with serial prescription items prescribed in the last 12 months (to Jan'19)	No of patients with a serial prescription per 1,000 of population
Fife	27,966	13.2
Tayside	39,722	10.4
Forth Valley	5,299	5.6
Lothian	17,842	5.1
Scotland	297,340	18.4



Figure 4 Patients receiving Serial Prescribing as a % of patients with repeat prescriptions 2020 - 2022



2.3.3 Pharmacy First

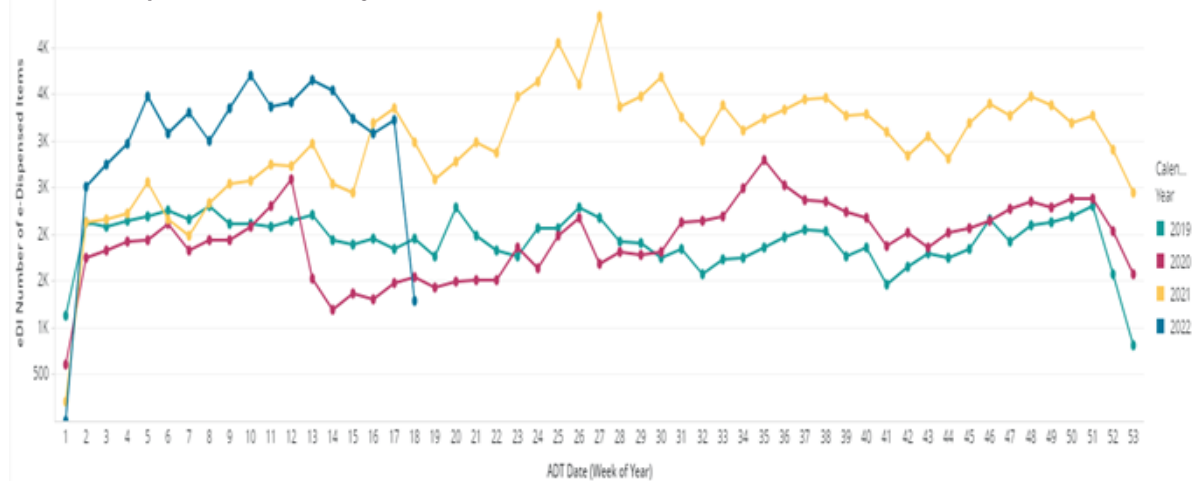
In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available to free of charge to patients who require advice and/or treatment for minor ailments. When a patient accesses this service they will receive a consultation and supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 16,731 patients receive a Pharmacy First consultation monthly with an average of 13,690 medication items supplied. Five national Patient Group Directions (PGDs) have been introduced to provide treatment for Urinary Tract Infections, Impetigo, Shingles and Skin Infections allowing patients who would normally require a GP consultation for treatment to attend their pharmacy instead.



Figure 5 highlights the supplies of medication provided for this service for 2021/22 compared with the previous 3 years.

Figure 5 - NHS Fife Pharmacy First dispensed prescription items over last three calendar years

Total eDispensed Items by Week of the Year



2.3.4 Public Health Service

The Public Health Service comprises of the following services:

- The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public
- Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material
- Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish
- Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.



There are three patient service elements of the public health service

2.3.4.1 Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 21/22, 78% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 22% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived datazones, was 473. Fife did not achieve the LDP target in 21/22 primarily due to necessary changes in the intervention model during the COVID pandemic, however there were 340 successful 12 week quits in this population in 21/22, 64% of these quits were via the Community Pharmacy service.

2.3.4.2 Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife. Community pharmacies continue to issue over 80% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 388 prescriptions are generated for EHC by community pharmacists each month.

2.3.4.3 Bridging Contraception

A new addition to the PHS in November 2021, Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 107 consultations took place for this service in the first three months of 2022.



2.3.4.4 Supply of Prophylactic Paracetamol following MenB Vaccine

This new Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service.

2.4 Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer these.

2.4.1 Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients to obtain gluten free foods directly from a local pharmacy. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available. Only diagnosed patients with coeliac disease and/or dermatitis herpetiformis are allowed to access this service, and are given an agreed allocation of Gluten Free units. Patients will be able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a Pharmacy Care Record (PCR), and carry out an initial check and thereafter an annual health check on patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to collect their prescription for gluten free foods.

2.4.2 Unscheduled Care

Unscheduled care can be described as:

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”



In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP
- advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy.

2.4.3 Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4 Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 14 pharmacies providing this service, an average of 456 patients were treated per month from January 2021 to January 2022. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.



2.5 Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 16 - Summary of the Numbers of Community Pharmacies providing Additional Services (at April 2022)

Additional Services	Total
Dispensing/supervision of Opioid Substitution Therapy	86
Injecting equipment provision	24
Take Home Naloxone	40
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case Programme	22

2.5.1 Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well-established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.



2.5.1.1 Opioid Substitution Therapy (OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market.

The use of community pharmacists for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when required. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2 Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 24 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

Community pharmacies participate in a quarterly structured programme of "brief interventions" covering topics such as skin hygiene, source of water used and overdose recognition/drug death prevention.



2.5.1.3 Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand from 8 to 40 pharmacies across Fife, further uptake of the service continues to be encouraged.

2.5.2 Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review in 2022/23.

2.5.3 Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients. The key services provided are:

- Dispensing of specialist palliative care medicines
- Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4 Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.



The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5 Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whytemans Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service.



2.5.7 Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60 pharmacies participate in this service.

2.5.8 Free Condom Fife Scheme

Community Pharmacies participate in the “Free Condoms Fife” Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9 Vaccination Services

Community pharmacies across Fife took part in two successful NHS influenza vaccination service campaigns in the 2020/21 and 2021/22 flu seasons delivering over 30,000 vaccinations over the two years of activity. In April 2022, as part of the Inclusive COVID-19 Vaccination work stream, fifteen pharmacies were selected to provide COVID-19 vaccination to underserved populations, such as OST patients and people who inject drugs, their support networks plus ethnic minority groups. As part of the Vaccination Transformation Programme, 22 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1.



ANALYSIS OF PHARMACEUTICAL NEEDS IN NHS FIFE

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

3.1 Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the region & appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2 Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3 Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacist to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

The COVID-19 pandemic has impacted on the pharmacy workforce and there are reports from some contractors of increasing difficulty in securing permanent pharmacists, together with a scarcity of available locum pharmacist cover, this is affecting Health Boards across NHS Scotland including NHS Fife.



3.4 Community Pharmacy Services - Core Services

3.4.1 Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2 Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3 Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, unmet need will arise in urgent care provision should the current pharmacy weekend and extended opening hours in a local area reduce.

3.4.4 Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be supported within Fife, and this element of the contract has made a significant contribution to harm reduction and womens health. There is no current unmet need, however the Scottish Government's Womens Health plan may introduce further expectations of pharmaceutical service provision that may impact this position in the future.

3.5 Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population.



Appendix 1a



Pharmacies in the Levenmouth Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✓
LLOYDS PHARMACY LTD	19 BISHOPS COURT, KENNOWAY, KY8 5LA			
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✓		✓
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✓	✓
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✓	✓	✓
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	14.60%
18 -64yrs	58.37%
Over 65yrs	27.03%



• **856,301** items were dispensed between all 10 Pharmacies

-**31,588** Unique Patients

-**85%** with more than 2 forms

-**305** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	29006	91.84%
NURSES - PRESCRIPTION FORMS	1958	2.88%
PHARMACY FIRST	8131	2.08%
URGENT SUPPLY OF MEDICINES	5927	1.81%
HOSPITAL ADDICT FORM	399	0.60%
DENTIST PRESCRIPTION FORM	655	0.32%
HOSPITAL FORM	481	0.32%
PHARMACISTS PRESCRIPTION FORM	121	0.06%

Breakdown of all prescription items by top 5 therapeutic Area (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	17480	26.49%
CARDIOVASCULAR SYSTEM	11905	21.97%
GASTRO-INTESTINAL SYSTEM	12516	10.08%
ENDOCRINE SYSTEM	7284	8.69%
RESPIRATORY SYSTEM	9078	7.90%



Urgent supply/Public Health Service/Pharmacy First

A total of **5927** Unique Patients received **15,505** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	5035	72.55%
Public Health Service	597	23.32%
Urinary Tract Infection	400	3.04%
Skin Infection	61	0.43%
Impetigo	59	0.40%
Health-board Local Service	11	0.15%
Shingles	11	0.07%

Medicines: Care and Review Registrations

A total of **2310** patients are registered for the Medicines:Care and Review service

GP Practices in the Levenmouth Locality - 6

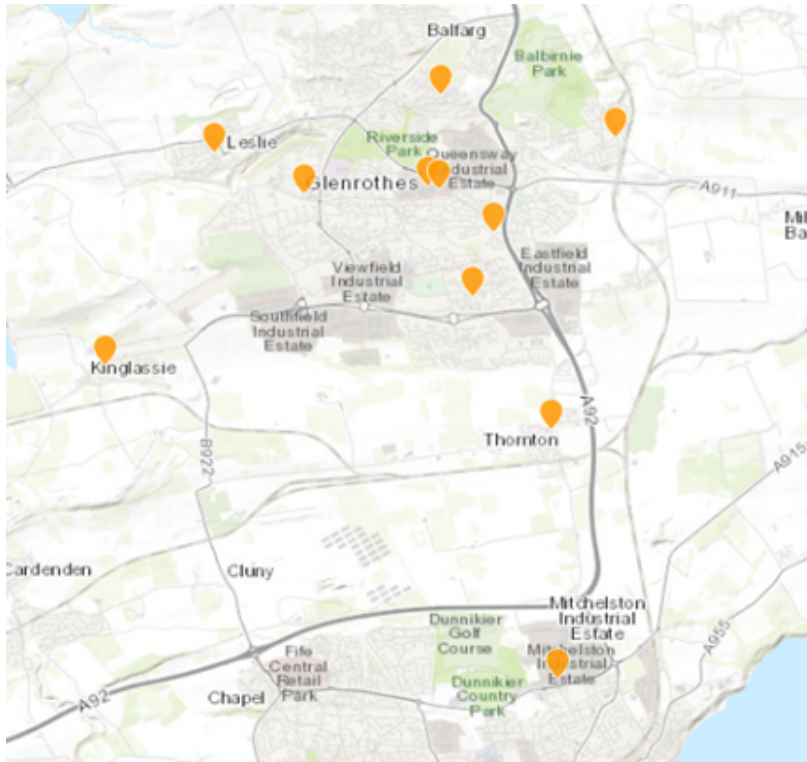
Disp Location Name	Presc Location Code	% of Prescriptions
SCOONIE MEDICAL PRACTICE	21261	19.28%
MUIREDGE SURGERY	20108	19.13%
AIRLIE MEDICAL PRACTICE	21524	17.64%
METHILHAVEN SURGERY	21505	16.56%
DRS PAGE, MCDONALD & STEVENSON NOT IN GMS FACILITATORS LIST	21276	10.27%
KENNOWAY MEDICAL GROUP	20856	8.94%
Other Prescribers	Various	8.18%

Breakdown of all prescriptions sent to the ten Pharmacies within Levenmouth Locality

95% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1b



Pharmacies in the Glenrothes Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✓	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
LLOYDS PHARMACY	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 0XA			
LLOYDS PHARMACY	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✓
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	15.65%
18 -64yrs	59.81%
Over 65yrs	24.53%

• **1,084,419** items were dispensed between all 10 Pharmacies

-**49,017** Unique Patients

-**77%** with more than 2 forms

-**201** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions:
GP STANDARD PRESCRIPTION FORM	43023	90.93%
NURSES - PRESCRIPTION FORMS	4052	3.94%
PHARMACY FIRST	11136	2.13%
URGENT SUPPLY OF MEDICINES	6387	1.44%
DENTIST PRESCRIPTION FORM	737	0.61%
HOSPITAL FORM	865	0.38%
HOSPITAL ADDICT FORM	323	0.32%
PHARMACISTS PRESCRIPTION FORM	420	0.17%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	23962	25.14%
CARDIOVASCULAR SYSTEM	16005	21.79%
GASTRO-INTESTINAL SYSTEM	17592	10.08%
ENDOCRINE SYSTEM	9913	8.87%
RESPIRATORY SYSTEM	12885	7.86%



Urgent supply/Public Health Service/Pharmacy First

A total of **6387** Unique Patients received **15,643** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	4882	60.33%
Public Health Service	866	32.76%
Urinary Tract Infection	685	5.11%
Skin Infection	103	0.70%
Impetigo	60	0.42%
Healthboard Local Service	20	0.27%
Shingles	9	0.06%

Medicines: Care and Review Registrations

A total of **1194** patients are registered for the Medicines: Care and Review service

GP Practices in the Glenrothes Locality - 7

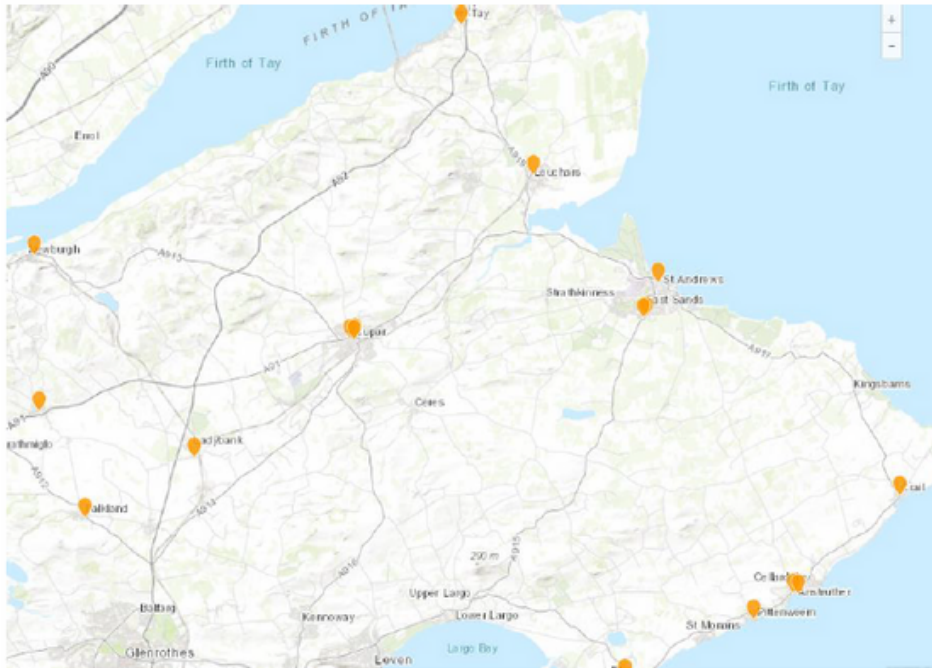
Disp Location Name	Presc Location Code	% of Prescriptions
COS LANE SURGERY	20659	15.08%
NORTH GLEN MEDICAL PRACTICE	20611	14.25%
ROTHES MEDICAL PRACTICE	20663	13.93%
THE LOMOND PRACTICE	20606	13.31%
THE GLENWOOD PRACTICE	20630	10.18%
LESLIE MEDICAL PRACTICE	21153	9.64%
MARKINCH MEDICAL PRACTICE	21454	8.87%
Other Prescribers	Various	15.24%

Breakdown of all prescriptions sent to the ten Pharmacies within Glenrothes Locality

85% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1c



Pharmacies in the North East Fife Locality – 18

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
LLOYDS PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
LLOYDS PHARMACY	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓
WM MORRISON	45 LARGO ROAD, ST ANDREWS, KY168PJ		✓	
ROWLAND PHARMACY	32 CASTLE STREET, TAYPORT, DD6 9AF			



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	11.92%
18 -64yrs	56.66%
Over 65yrs	31.42%

• **1,187,474** items were dispensed between all 18 Pharmacies

-**55,701** Unique Patients

-**81%** with more than 2 forms

-**641** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	265984	91.94%
NURSES - PRESCRIPTION FORMS	25248	3.07%
PHARMACY FIRST CONSULTATIONS	69859	2.17%
URGENT SUPPLY OF MEDICINES	39154	1.42%
DENTIST PRESCRIPTION FORM	6170	0.48%
HOSPITAL FORM	5080	0.38%
HOSPITAL ADDICT FORM	1984	0.37%
PHARMACISTS PRESCRIPTION FORM	1555	0.08%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	145449	24.35%
CARDIOVASCULAR SYSTEM	103911	22.87%
GASTRO-INTESTINAL SYSTEM	109455	10.04%
ENDOCRINE SYSTEM	65213	9.24%
RESPIRATORY SYSTEM	79929	7.33%



Urgent supply/Public Health Service/Pharmacy First

A total of **7446** Unique Patients received **18,536** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	5804	55.83%
Public Health Service	916	38.07%
Urinary Tract Infection	666	4.09%
Skin Infection	178	1.03%
Impetigo	104	0.60%
Shingles	28	0.18%
Healthboard Local Service	8	0.10%

Medicines: Care and Review Registrations

A total of **2086** patients are registered for the Medicines: Care and Review service

GP Practices in the North East Fife Locality - 11

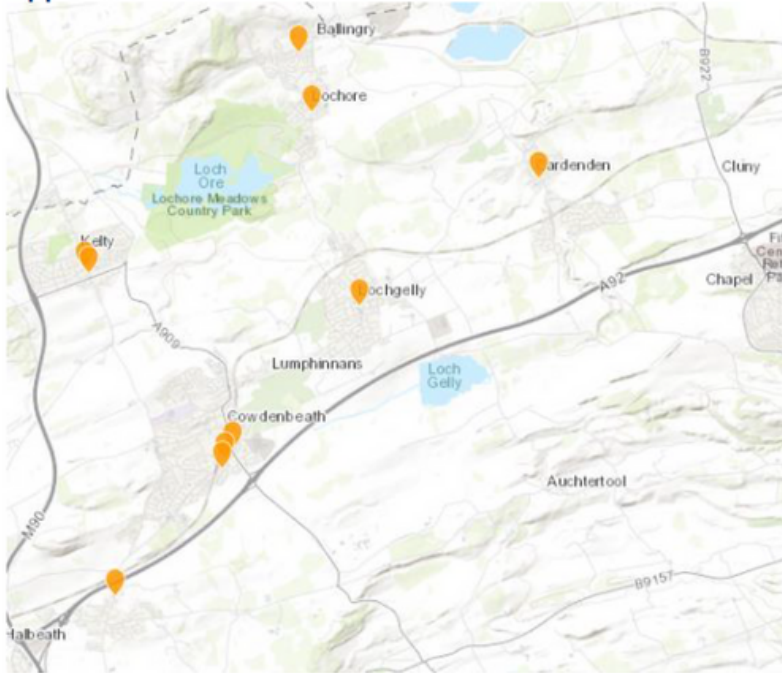
Disp Location Name	Presc Location Code	% of Prescriptions
PIPELAND MEDICAL PRACTICE	21830	12.92%
TAYVIEW MEDICAL PRACTICE	21609	12.16%
EDEN VILLA PRACTICE	20409	10.32%
ANSTRUTHER MEDICAL PRACTICE	20004	9.73%
BANK STREET MEDICAL GROUP	20413	9.45%
AUCHTERMUCHTY PRACTICE	20057	8.42%
COAST HEALTH	21736	7.37%
BLACKFRIARS MEDICAL PRACTICE	21825	6.07%
HOWE OF FIFE SURGERY	21101	5.95%
PITCAIRN PRACTICE LEUCHARS & BALMULLO	21204	5.38%
NEWBURGH SURGERY	21558	5.29%
Other Prescribers	Various	5.71%

Breakdown of all prescriptions sent to the 18 Pharmacies within North East Fife Locality

93% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1d



Pharmacies in the Cowdenbeath Locality – 12

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✓		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✓	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✓		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	✓	✓
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	16.45%
18 -64yrs	60.01%
Over 65yrs	23.54%

• **988,708** items were dispensed between all 10 Pharmacies

-**35,772** Unique Patients

-**83%** with more than 2 forms

-**189** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	31919	91.78%
NURSES - PRESCRIPTION FORMS	3368	2.97%
PHARMACY FIRST	11558	2.80%
URGENT SUPPLY OF MEDICINES	4564	1.16%
DENTIST PRESCRIPTION FORM	883	0.44%
HOSPITAL ADDICT FORM	310	0.38%
HOSPITAL FORM	658	0.36%
PHARMACISTS PRESCRIPTION FORM	176	0.06%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	19573	25.61%
CARDIOVASCULAR SYSTEM	12460	23.29%
GASTRO-INTESTINAL SYSTEM	13722	9.87%
ENDOCRINE SYSTEM	7748	8.89%
RESPIRATORY SYSTEM	10868	7.93%



Urgent supply/Public Health Service/Pharmacy First

A total of **4564** Unique Patients received **11,421** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	3341	52.11%
Public Health Service	773	41.51%
Urinary Tract Infection	503	4.80%
Impetigo	66	0.64%
Skin Infection	63	0.55%
Healthboard Local Service	11	0.12%
Shingles	6	0.05%

Medicines: Care and Review Registrations

A total of **1888** patients are registered for the Medicines: Care and Review service

GP Practices in the Cowdenbeath Locality - 10

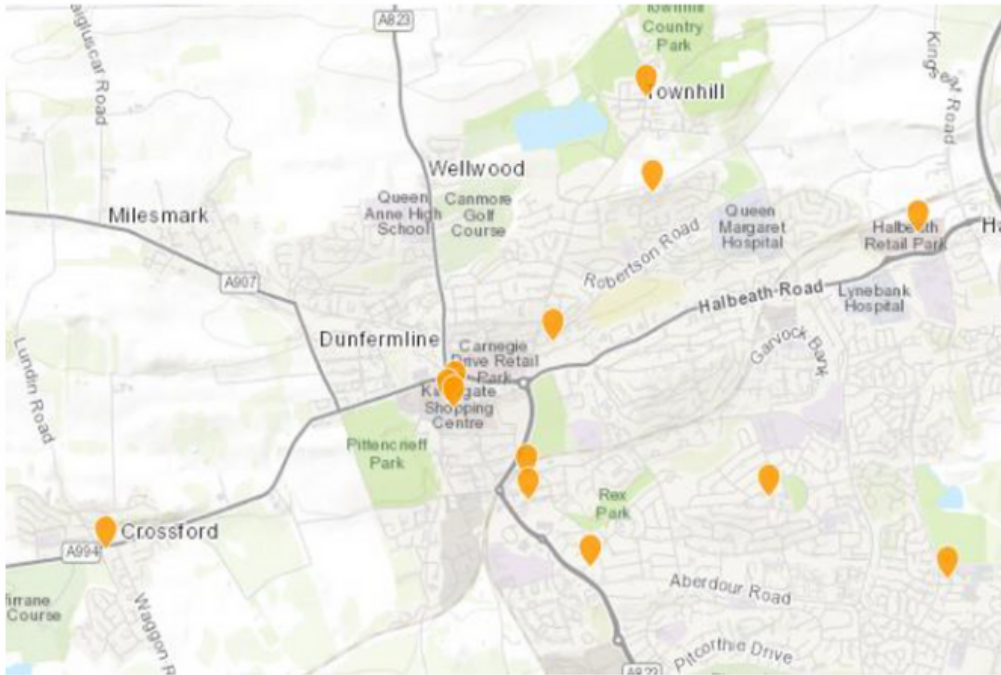
Disp Location Name	Presc Location Code	%
COWDENBEATH SURGERY	20305	21.86%
KELTY MEDICAL PRACTICE	20803	14.65%
MEADOWS PRACTICE	21384	12.18%
BENARTY MEDICAL PRACTICE	21421	12.14%
CROSSGATES MEDICAL PRACTICE	20358	6.01%
WALLSGREEN MEDICAL PRACTICE	20254	5.82%
LOCHGELLY MEDICAL PRACTICE	21469	5.61%
DR K THOMPSON	21440	5.50%
THE LOMOND PRACTICE	20606	5.27%
LOCHGELLY MEDICAL GROUP	21435	1.60%
Other Prescribers	Various	8.10%

Breakdown of all prescriptions sent to the ten Pharmacies within Cowdenbeath Locality

91% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1e



Pharmacies in the Dunfermline Locality - 13

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✓
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✓	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✓	✓	✓
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✓		
LLOYDS PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
LLOYDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			✓
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	15.69%
18 -64yrs	60.96%
Over 65yrs	23.35%

• **980,704** items were dispensed between all 13 Pharmacies

-**51,217** Unique Patients

-**75%** with more than 2 forms

-**198** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions:
GP STANDARD PRESCRIPTION FORM	44585	90.14%
NURSES - PRESCRIPTION FORMS	5057	4.50%
PHARMACY FIRST	10371	2.11%
URGENT SUPPLY OF MEDICINES	5367	1.36%
DENTIST PRESCRIPTION FORM	1490	0.71%
HOSPITAL FORM	1096	0.61%
HOSPITAL ADDICT FORM	312	0.37%
PHARMACISTS PRESCRIPTION FORM	270	0.10%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	21902	22.96%
CARDIOVASCULAR SYSTEM	15630	22.87%
GASTRO-INTESTINAL SYSTEM	16632	9.76%
ENDOCRINE SYSTEM	9833	9.53%
RESPIRATORY SYSTEM	12143	6.89%



Urgent supply/Public Health Service/Pharmacy First

A total of **5367** Unique Patients received **13,378** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	3750	48.06%
Public Health Service	892	44.13%
Urinary Tract Infection	657	5.62%
Skin Infection	109	0.86%
Impetigo	83	0.67%
Healthboard Local Service	24	0.35%
Shingles	18	0.14%

Medicines: Care and Review Registrations

A total of **1097** patients are registered for the Medicines: Care and Review service

GP Practices in the Dunfermline Locality - 7

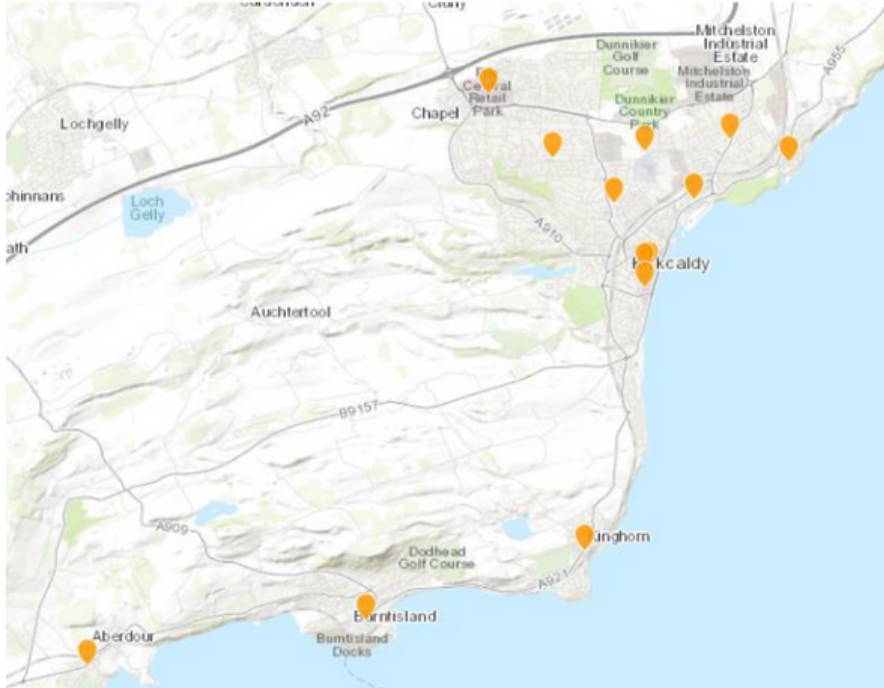
Disp Location Name	Presc Location Code	% of Prescriptions
NEW PARK MEDICAL PRACTICE	20466	17.68%
BELLYEOMAN SURGERY	20490	16.68%
NETHERTOWN SURGERY	20451	15.60%
MILLHILL SURGERY	20485	13.54%
HOSPITAL HILL SURGERY	20471	11.46%
LINBURN ROAD HEALTH CENTRE	20502	8.47%
PRIMROSE LANE MEDICAL CENTRE	21755	4.05%
Other Prescribers	Various	10.95%

Breakdown of all prescriptions sent to the thirteen Pharmacies within Dunfermline Locality

87.48% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1f



Pharmacies in the Kirkcaldy Locality - 13

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
LLOYDS PHARMACY	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG			
LLOYDS PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL	✓	✓	
LLOYDS PHARMACY	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
LLOYDS PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
LLOYDS PHARMACY	18 HIGH STREET, KIRKCALDY, KY1 1LU			
LLOYDS PHARMACY	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
LLOYDS PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
LLOYDS PHARMACY LTD	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓	✓	
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	13.87%
18 -64yrs	57.19%
Over 65yrs	28.93%

• **1,225,226** items were dispensed between all 13 Pharmacies

-**50,064** Unique Patients

-**80%** with more than 2 forms

-**1,538** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	45598	93.31%
NURSES - PRESCRIPTION FORMS	3870	2.42%
PHARMACY FIRST	8681	1.50%
URGENT SUPPLY OF MEDICINES	5978	1.30%
HOSPITAL ADDICT FORM	565	0.54%
HOSPITAL FORM	999	0.41%
DENTIST PRESCRIPTION FORM	669	0.38%
PHARMACISTS PRESCRIPTION FORM	172	0.05%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	25375	25.36%
CARDIOVASCULAR SYSTEM	17998	22.88%
GASTRO-INTESTINAL SYSTEM	18753	10.28%
ENDOCRINE SYSTEM	11181	9.02%
RESPIRATORY SYSTEM	12554	6.83%



Urgent supply/Public Health Service/Pharmacy First

A total of **5978** Unique Patients received **15,962** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	Number of Paid Items	%
Urgent supply	4825	10332	64.73%
Public Health Service	640	4845	30.35%
Urinary Tract Infection	528	600	3.76%
Impetigo	66	71	0.44%
Skin Infection	52	57	0.36%
Healthboard Local Service	13	22	0.13%
Shingles	11	14	0.09%

Medicines: Care and Review Registrations

A total of **786** patients are registered for the Medicines: Care and Review service

GP Practices in the Kirkcaldy Locality - 11

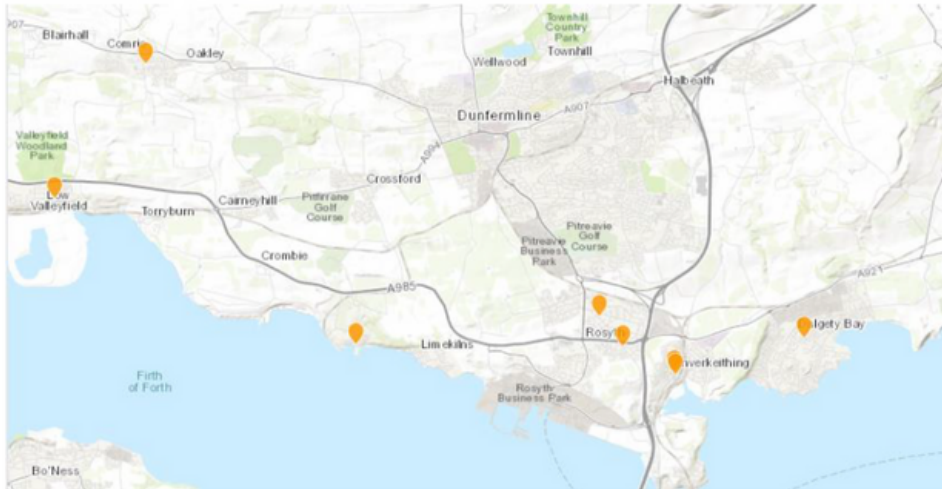
Disp Location Name	Presc Location Code	% of Prescriptions
PATH HOUSE MEDICAL PRACTICE	20998	17.07%
BENNOCHY MEDICAL CENTRE	20979	10.97%
NICOL STREET SURGERY	20950	9.20%
DRS MCKENNA, MURPHY & MCCALLUM	20964	8.94%
ST BRYCEDALE SURGERY	20983	8.62%
DRS DIXON, DUGGAN, EGERTON & MCCRICKARD	21007	8.16%
DR MITCHELL & PARTNERS	21011	6.81%
BURNTISLAND MEDICAL GROUP	20151	6.57%
KINGHORN MEDICAL PRACTICE	20907	4.54%
Other Prescribers	Various	17.77%

Breakdown of all prescriptions sent to the 13 Pharmacies within Kirkcaldy Locality

96% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1g



Pharmacies in the South West Fife Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH		✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	14.44%
18 -64yrs	58.67%
Over 65yrs	26.89%

• **876,559** items were dispensed between all 10 Pharmacies

-**39,072** Unique Patients

-**83%** with more than 2 forms

-**577** patients recorded as care home patients



Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	35344	92.29%
NURSES - PRESCRIPTION FORMS	4174	2.69%
PHARMACY FIRST	10484	2.63%
URGENT SUPPLY OF MEDICINES	4099	1.34%
DENTIST PRESCRIPTION FORM	554	0.44%
HOSPITAL FORM	500	0.30%
HOSPITAL ADDICT FORM	128	0.18%
PHARMACISTS PRESCRIPTION FORM	201	0.08%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	19323	22.89%
CARDIOVASCULAR SYSTEM	13334	22.87%
GASTRO-INTESTINAL SYSTEM	14319	9.98%
ENDOCRINE SYSTEM	8485	9.52%
RESPIRATORY SYSTEM	10707	7.51%

Urgent supply/Public Health Service/Pharmacy First

A total of **4099** Unique Patients received **11,713** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	2986	52.04%
Public Health Service	636	41.75%
Urinary Tract Infection	403	3.94%
Skin Infection	53	0.46%
Impetigo	45	0.40%
Shingles	11	0.09%
Healthboard Local Service	5	0.05%



Medicines: Care and Review Registrations

A total of **536** patients are registered for the Medicines: Care and Review service

GP Practices in the South West Fife Locality – 6

Disp Location Name	Presc Location Code	% of Prescriptions
INVERKEITHING MEDICAL GROUP	20752	29.07%
OAKLEY MEDICAL PRACTICE	21613	14.52%
PRIMROSE LANE MEDICAL CENTRE IN DUNFERMLINE CLUSTER	21755	11.46%
PARK ROAD PRACTICE	21760	10.20%
VALLEYFIELD MEDICAL PRACTICE	20729	7.93%
CHARLESTOWN SURGERY	21308	7.27%
Other Prescribers	Various	12.38%

Breakdown of all prescriptions sent to the ten Pharmacies within South West Fife Locality

80% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 2

References

[NHS Fife Director of Public Health Report 2020 and 2021](#)

[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)

[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023**

Governance - General							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risk Register	Director of Finance & Strategy				✓		
Review of Annual Workplan	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	Board Secretary						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Strategy / Planning							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Population Health & Wellbeing Strategy	Director of Finance & Strategy	✓	✓	✓	✓ Community & Staff Engagement	✓	✓
Anchor Institution Programme Board / Portfolio Board	Director of Public Health	✓		✓		✓	
Corporate Objectives	Director of Finance & Strategy	✓					
Annual Delivery Plan 2022/23	Director of Finance & Strategy / Associate Director of Planning & Performance	Postponed (awaiting national guidance)	✓ Private Session	✓ Private Session			

Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	Director of Property & Asset Management	✓						
Strategy / Planning (cont.)								
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23	
Mental Health Strategy Implementation	Director of Health & Social Care	Deferred to next mtg	✓			✓		
Primary Care Governance & Strategy Group (<i>timing tbc</i>)	Director of Health & Social Care							
Quality / Performance								
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23	
Covid Testing Programme	Director of Public Health	✓	(General population testing ended in April '22)					
Flu Vaccine / Covid Vaccine (FVCV) Programme	Director of Public Health / Director of Health & Social Care	✓	(Will become part of business as usual)					
Children Services	Director of Health & Social Care			✓				
Health Promoting Health Service	Director of Public Health			✓				
Health Weight <i>*timing tbc</i>	Director of Public Health							
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan	Director of Public Health		Deferred to next mtg	✓		✓		
Oral Health Reporting	Director of Public Health					✓		
Sexual Health and Blood Borne Virus Framework	Director of Health & Social Care				✓			
Smoking Cessation and Prevention Work	Director of Health & Social Care		✓					
LDP Standard for Psychological Therapies	Director of Health & Social Care			✓				
CAMHS Performance & Recruitment Update	Director of Health & Social Care							✓

Inequalities							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Equalities Outcome Report <i>(also goes to CGC)</i>	Director of Nursing					✓ 2023 Report	
Participation & Engagement Report <i>(also goes to CGC)</i>	Director of Nursing				✓		
Child Poverty Action Plan	Director of Public Health			✓			
Annual Reports							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing					✓	
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care						✓
Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health	✓					
Fife Child Protection Annual Report	Director of Nursing					✓	
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care	✓					
Health Promoting Health Service Report	Director of Health & Social Care	✓					
Immunisation Annual Report <i>(also goes to CGC)</i>	Director of Public Health		Deferred to next mtg	✓			
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health			Deferred to next mtg	✓		
Linked Committee Minutes							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Minutes of Fife Partnership Board	Director of Public Health				✓ 23/08	✓ 08/11	

Linked Committee Minutes (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Minutes of Population Health & Wellbeing Portfolio Board	Director of Finance & Strategy	✓ 17/03		✓ 12/05 09/06 14/07	✓ 11/08	✓ 15/09 13/10 & 10/11	✓ 08/12
Minutes of Public Health Assurance Committee	Director of Public Health	✓ 09/02 & 06/04	✓ 01/06	✓ 03/08	✓ 05/10	✓ 07/12	TBC 01/02
Ad Hoc Items							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Mental Health Estate Re-Design Programme	Medical Director	✓					
Implementation of the Immunisation Strategic Framework	Director of Public Health	✓					
Flu Vaccination Covid Vaccination (FVCV) Local Governance Arrangements	Director of Public Health	✓					
Progress of Annual Delivery Plan (RMP4) 2021/22	Associate Director of Planning & Performance	✓					
Post Diagnostic Support for Dementia Update	Director of Health & Social Care		✓				
Corporate Risk Register - Draft Strategic Risks	Director of Finance & Strategy			✓			
Report on Outcomes from Existing Clinical Strategy	Medical Director				✓		
Shingles & Pneumococcal Vaccination Invite Incident	Director of Public Health				✓		
Pharmaceutical Care Services Report 2021/22	Director of Pharmacy & Medicines				✓		
Strategic Planning & Resources Allocation 2023/24	Director of Finance & Strategy				✓		

Development Sessions							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Psychological Services and CAHMS	Director of Health & Social Care					TBC	

FIFE PARTNERSHIP BOARD
(Meeting on 23 August 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

23rd August, 2022

2.00 p.m. – 3.00 p.m.

PRESENT: Councillors David Ross (Convener), David Alexander and Linda Erskine; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Mark Bryce, Area Commander, Scottish Fire and Rescue Service; Lynne Cooper, Regional Engagement Partner, Skills Development Scotland; Anna Herriman, Senior Partnership Manager, SESTran; Stephen Gethins (Substitute for Prof Brad MacKay), St Andrews University; Chief Superintendent Derek McEwan, Police Scotland and Alison Taylor, Place Director, Scottish Government

ATTENDING: Tim Kendrick, Community Manager (Development), Communities and Corporate Development; Ken Gourlay, Executive Director, Enterprise and Environment; Gordon Mole, Head of Business & Employability, Bill Lindsay, Service Manager, Morag Millar, Programme Manager, Economy Tourism & Town Centres; Economy Planning and Employability Services and Michelle Hyslop, Committee Officer, Committee Services, Legal & Democratic Services.

1. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 15th February, 2022.

Decision

The Board approved the minute.

2. LOCAL COMMUNITY PLAN UPDATE

The Board considered a report by the Executive Director, Communities which provided partners with an update on the development of the revised local community plans.

Decision

The Board endorsed the progress detailed in the report and noted that partners would be fully involved in the development of the revised local community plans.

3. PLAN FOR FIFE DELIVERY UPDATE

The Board considered a report by the Executive Director, Communities which provided partners with an update on the progress in delivering the Plan for Fife recovery and renewal priorities, which included the arrangements for the Our Fife Leadership Summits.

Decision./

Decision

The Board noted:-

- (1) the progress updates on the delivery of the recovery and renewal priorities; and
- (2) the arrangements for the Our Fife Leadership Summits.

4. FIFE LOCAL DEVELOPMENT PLAN REVIEW

The Board considered a report by the Head of Planning advising partners on the Local Development Plan (LDP2) review, which highlighted the importance of the land-use plan as the spatial expression of the Plan4Fife and sought a decision in respect of the Board's statutory processes.

Decision

The Board:-

- (1) considered the statutory process that would be required as part of the local development plan review;
- (2) noted the role of partners in promoting any land and property assets where land use change would be sought; and
- (3) agreed that a report would be presented to the Board once the review had gone through the key statutory stages.

5. LEVELLING UP FUND UPDATE

The Board considered a report by the Executive Director, Enterprise and Environment which provided partners with an update on the bids made to the UK Levelling Up Fund on the 2nd August, 2022.

Decision

The Board noted the bids that were submitted to the UK Levelling Up Fund.

6. FIFE'S UK SHARED PROSPERITY INVESTMENT PLAN

The Board considered a report by the Executive Director, Enterprise and Environment which provided partners with an update on the steps taken to develop Fife's Shared Prosperity Investment Plan.

Decision

The Board endorsed: -

- (1) the approach taken to develop the UK Shared Prosperity Investment Plan in line with the priorities of the Plan4Fife 2017-2027;
- (2)/

2022 FPB 3

- (2) the allocation to each of the investment priorities based on historical investment levels for EU Funding which included 50% for People & Skills, up to 29% for Supporting Local Business and at least 21% for Communities and Places;
- (3) the advisory governance, prioritisation principles and allocations by the UK Shared Prosperity Investment Priority and noted the process to confirm the interventions for 2023/24 and 2024/25 as detailed in the report;
- (4) the creation of a subgroup of the Fife Partnership Board, which would provide oversight to the UKSPF Investment Plan, and agreed to invite Fife's MP's and representatives from the UK Governments Levelling up Team to attend the subgroup;
- (5) the extension of the remit of the Employment Delivery Partnerships to provide advice to the People and Skills Investment Priority, the re-establishment of an economy delivery partnership to provide advice to support local businesses, and formation of a community and place delivery partnership which would address climate change, poverty, crisis management, leading economic recovery, community wealth building recovery and renewal; and
- (6) the revised Investment Plan and noted that the Board would be asked to approve the interventions for 2023/24 and 2024/25 at the Board Meeting in February 2023.

7. **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT HEALTH AND WELLBEING IN FIFE 2020-2021**

The Board considered a report by the Director of Public Health, NHS Fife which provided partners with an update on the Public Health Annual Report for 2020 and 2021.

Decision

The Board welcomed the report and endorsed the approaches taken to date.

8. **FREE PERIOD PRODUCT PROVISION FOR FIFE'S COMMUNITIES**

The Board considered a report by the Executive Director, Communities which provided partners with an update on the free period product provision for Fife's Communities and advised on the plans for further expanding this provision. The Period Provision Scotland Act 2021 required local authorities to make period products free and easily obtainable within Scotland.

Decision

The Board:-

- (1) noted the requirements of the Period Products (Free Provision) (Scotland Act 2021) and considered the implications this may have on partner organisations;
- (2)/

2022 FPB 4

- (2) noted that Fife Council's Communities Directorate were undertaking the free period product provision in collaboration with partners,
- (3) acknowledged the successes in providing this provision to date;
- (4) considered the action plan for expanding the provision of free period products in Fife; and
- (5) agreed to promote the availability of free period products across Services.

9. DATE OF NEXT MEETING

Decision

The next Board Meeting would take place on Tuesday 8th November, 2022 at 10.a.m.

Population Health and Wellbeing Portfolio Board

(Meeting on 15 September 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 15 SEPTEMBER 2022 AT 10.00AM TO 11.00AM IN THE MAIN HALL, LYNEBANK HOSPITAL

Carol Potter
Chair

Present

Carol Potter (CP)	Chief Executive (Chairperson)
Dr Chris McKenna (CMcK)	Medical Director
Susan Fraser (SF)	Associate Director of Planning and Performance
Kirsty MacGregor (KMCG)	Associate Director of Communications
Linda Douglas (LD)	Director of Workforce
Joy Tomlinson (JT)	Director of Public Health
Nicky Connor (NC)	Director of Health and Social Care
Gillian MacIntosh (GMcl)	Head of Corporate Governance & Board Secretary
Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (deputy chair)
Alistair Graham (AG)	Associate Director of Digital and Information
Neil McCormick (NMCC)	Director of Property & Asset Management
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Ben Hannan (BH)	Director of Pharmacy & Medicines
Mark McGeachie (MMcGe)	Charity Director

In Attendance

Claire Berry (CB)	Project Support Officer (Minutes)
Fiona McLaren (FMcl)	Head of PMO, Corporate PMO
Nicola Robertson (NR)	Associate Director of Nursing

Apologies

Claire Dobson (CD)	Director of Acute Services
Jeanette Owens (JO)	Director of Nursing
Tom McCarthy (TMCC)	Portfolio Manager, Corporate PMO
Wilma Brown (WB)	Employee Director

1.	Unconfirmed Minute from meeting held 9 June 2022
	The Minute from 14 July 2022 was accepted as an accurate record.
1.2	Actions Outstanding
	Action 25 - NHS Fife contribution to improving population health & reducing inequalities – Extended Acute SLT session to take place in September to discuss this agenda item and to get input from management team and clinical leads.
2.	Programme Updates
2.1	Digital Tools (Presentation attached)

	<p>AG presented on Digital First and how this will support recovery of services by utilising the systems we have in a more meaningful way throughout each stage of the Digital First Model. This will include providing unlimited user access to systems which will allow for better planning and shared care and support across all services.</p> <p>Action: CB to share Digital Tools presentation.</p>
2.2	Population Health & Wellbeing Strategy Update
	2.2.1 Report on Outcomes of Clinical Strategy
	<p>SF presented on the changes since the publication of The Clinical Strategy 2016-2021 focusing on the 7 workstream recommendations and applying them to the 4 strategic priorities below:</p> <ul style="list-style-type: none"> • Improve health and wellbeing • Improve quality and care of services • Improve health and wellbeing • Improve value and sustainability <p>The Board acknowledged that looking back at the previous clinical strategy will help us to meaningfully look forward as we work to develop our new population health and wellbeing strategy. The fuller report will be shared with members once finalised.</p>
	2.2.2 Focussed Community Engagement Plan
	<p>SF provided the paper presented to EDG in August for information.</p> <p>Recruitment of the focus groups is ongoing and should be completed in 3 weeks.</p>
	2.2.3 4 National Care Programmes
	SF provided the paper presented to EDG in August for information.
2.3	Developing Personas
	<p>It was agreed at July Portfolio Board to take forward additional work to discuss personas and how they may usefully be used going forward.</p> <p>JT presented the Persona Development paper by Rishma Maini who has recently joined NHS Fife as Public Health Consultant. Rishma met with MMcG, JT and Fay Richmond to discuss work that has been done.</p> <p>JT highlighted that we must be careful in the way that we describe all the different elements in the population. Personas will be narrative in format rather than visual, including the disclaimer that they do not intend to be representative of a specific group. All relevant permissions to use lived experience stories will be sought prior to approving the final personas.</p> <p><u>Proposed application:</u> Members of the public health team will work closely with the NHS Fife Population Health and Wellbeing Strategy team to identify narratives which reflect key findings and themes from the Director of Public Health Annual Report and align with strategic</p>

	<p>priorities. Appendix 2 provides an example case study which may be used. It is anticipated that at least six personas and will be identified and will serve two purposes:</p> <ol style="list-style-type: none"> 1. Serve as a tool to engage stakeholders in sharing their views on how services may better meet the needs of the population. This could include using them to stimulate discussions with clinical staff as well as the public during focus groups being held in localities. 2. Potentially serve as illustrative examples which bring to life key messages within the final NHS Fife Population Health and Wellbeing strategy. <p>JT will meet with Rishma to feedback all comments received from Portfolio Board.</p> <p>CP advised that there was a slide shared during Future Planning for NHS Scotland as a whole presentation that might be helpful.</p> <p>Action: CP to circulate slide from Future Planning for NHS Scotland presentation.</p>
2.4	<p>Mental Health Inpatients Redesign Project</p>
	<p>CMcK discussed the paper which was brought for approval which to agree that the Mental Health Impatient Redesign Project broaden its scope to consider all mental health services. The scope for the project is significant and includes estate held within NHS Fife, Fife Council and 3rd Sector Organisations. There is a lot of work to be done around what goes into the community hubs and what is needed from a capital and revenue point of view. NMCC highlighted that a programme initial agreement will be required to bring all the business cases together. NHS Fife would be one of the first boards to do this if successful.</p> <p>Terms of reference and workstreams will be updated. Final consultation has taken place and outcomes are awaited.</p> <p>The Board agreed to the proposal.</p>
2.5	<p>Integrated Planned Care Programme</p>
	<p>CMcK asked for feedback on allocations for Orthopaedics, NTC Fife. NHS Fife waiting times was highlighted and how this can be balanced if we are being allocated patients from other Boards.</p> <p>CMcK highlighted Repatriation of Robotic Prostatectomy to Fife. NHS Lothian have not progressed this service. NHS Fife are in the process of bringing some patients from Lothian to Fife.</p> <p>Action: CD to provide feedback on the above points on return from annual leave.</p>
2.6	<p>Integrated Unscheduled Care Programme</p>
	<p>CMcK highlighted that the RAG status is amber across all projects but there is evidence that things are happening but what does this mean in terms of outcome</p>

	<p>when things are still difficult at the front door. CMcK added that there is not enough resource to do what we want to do on a sustainable basis as we are experiencing unprecedented demand. A lot is about public communication and public behaviour as well as how we get our pathways right.</p> <p>Action: CP requested to meet with CD/NC/CMcK to discuss unscheduled care further.</p>
2.7	Pharmacy & Medicines Programme
	<p>BH advised that SF has provided support in terms of programme structure to ensure Pharmacy are streamlining reporting.</p> <p>BH asked FMcL to review the risks from the Programme to ensure there is consistency across all the Programmes</p> <p>Action: FMcL to review HRPM risks.</p>
2.8	Financial Improvement & Sustainability Programme
	No items raised for discussion.
2.9	Kincardine & Lochgelly Business Cases Update on Scottish Government Capital Investment Group Meeting
	JT advised that dialogue is continuing with NHS Assure with a meeting scheduled for 16 September 2022. The economic case for CIG is in progress along with full costings.
2.10	Report on Initial Prioritisation & Phasing across all programmes (<i>from the strategy milestone plan</i>)
	<p>SF provided the paper for information.</p> <p>Action: CP requested that Anchor Institutions is moved to priority 1.</p>
3.	For Information
3.1	Integrated Unscheduled Care Programme Board Terms of Reference
	No items raised for discussion.
3.2	Youth Employment & Employability
	<p>CP requested item to be added to October Portfolio Board agenda for discussion.</p> <p>Action: LD to check if paper should go to APF and Public Health Committee.</p>
4.	AOCB
	No further business discussed.
5.	DATE OF NEXT MEETING
	Thursday 13 October 2022 9.30am to 11.00am via Microsoft® TEAMS

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 5 October 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

**Unconfirmed minute of the PUBLIC HEALTH ASSURANCE COMMITTEE MEETING (PHAC)
held on Wednesday 5 October 2022 at 2.30PM via Microsoft Teams**

Present:

Emma O'Keefe (EOK) (Chair)	Consultant in Dental Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Fiona Bellamy (FB)	Snr Health Protection Nurse Specialist
Cathy Cooke (CC)	Public Health Scientist
Hazel Close (HC)	Lead Pharmacist Public Health
Lorenzo Lafrate (LL)	ST1 Specialty Registrar
George Brown (GB)	Resilience Officer
Sharon Crabb (SCr)	Public Health Service Manager
Susan Cameron (SCa) (Joined at Item 8)	Head of Resilience
Olukemi Oyedeji (OO) (Joined at Item 8)	Consultant in Public Health Medicine

Apologies:

Joy Tomlinson (JT)	Director of Public Health (Chair)
Esther Curnock (EC)	Consultant in Public Health Medicine
Catherine Jeffrey-Chudleigh (CJC)	Consultant in Public Health
Lucy Denvir (LD)	Consultant in Public Health Medicine
Lynn Barker (LB)	Associate Director of Nursing

In attendance:

Brenda Ward (BW)	Health Protection Support Secretary (minute)
------------------	--

1. Welcome and Apologies

EOK welcomed everyone to the meeting, introduced Lorenzo Ilfrata and a round of introductions took place. The apologies were noted and the group were advised the meeting was being recorded for minute taking purposes.

2. Minute of previous meetings held on 3 August 2022

The minute of the previous meeting was approved as an accurate reflection of the meeting.

3. Review of PHAC Action Log

The action log was reviewed and updated.

4. Identified Near Misses, Critical Incidents & Learning

4.1 National Vaccination Coding Incident

BW shared the SBAR drafted by EC which outlined a national vaccination coding incident resulting in repeat vaccination with shingles and pneumococcal vaccine for a cohort of patients across Scotland, including residents in NHS Fife. The incident is being managed at national level by Public Health Scotland and letters are being issued. FB added that telephone calls would be taking place as a small number of patients were scheduled to attend clinics in the next few weeks as a date has not been confirmed when

letters will be issued to patients. The SBAR was not for the wider dissemination now and will be shared with EDG before being taken to Public Health and Wellbeing Committee. EOK asked that thanks were passed to EC for drafting and sharing the paper.

5. New Prospective Risks

5.1 Immunisation – Vaccine Preventable Disease

EOK spoke to the new risk that was prepared by EC; as part of the Immunisation and Inequalities agenda we are acknowledging the Vaccination Programme and preventable disease and being mindful that not everyone will come forward for the programme and what can Public Health do to reach out to everyone. The PHAC were supportive of the new risk and agreed the initial risk status level of Moderate 9 (Likelihood 3, Consequence 3) with a target of Moderate 6 (Likelihood 2, Consequence 3). BW was asked to add the new risk to the PH Risk Register in Datix for review at the February PHAC meeting.

BW

5.2 Health Inequalities

The group reviewed the updated risk and a discussion followed on the initial scoring. DFW raised the consequence being scored at extreme. PHAC members noted there is a potential mismatch between the scoring and actions required to manage the risk. GB said it was unusual to see a risk created as extreme. EOK took an action to feedback to Catherine Jeffrey Chudleigh and further consideration of the scoring.

EOK

6. Review of Current Risks on Public Health Register

6.1 Risk 518 Resilience

GB said the risk started on a high level and a lot of work has taken place to mitigate the risk. An initial meeting of the Silver Business Continuity Group on 22 September 2022 and was chaired by SCa and the group discussed and reviewed the Business Continuity Plans (BCP). The major incident plan was ratified by NHS Five Resilience Forum and a Hazmat exercise was held to test the plan and this went well with lot of learning points. A BCP survey was issued to understand what plans were used during the pandemic and awaiting the staff feedback. Bitesize sessions on BCP have been a success with over 135 managers in attendance and moving forward one session every month is planned. A testing of the BCP plans will commence in a couple of weeks with the aim to standardise the approach. SCa has written a workforce development briefing paper which is in draft, and the team have received assistance from Test and Protect Staff and a new member of staff is starting on 19th October which will assist. EOK gave thanks the Resilience Team and the Contact Tracing Staff for all the work undertaken. **The PHAC agreed the risk status level be reduced from High 16 to Moderate 12 (Likelihood 3, Consequence 4) and would be reviewed at the December PHAC meeting.**

6.2 Risk 528 Pandemic Flu Planning Meetings

DFW said the meetings were paused during Covid and have now resumed, the group reviewed the Terms of Reference and Membership with a view to meeting three times yearly. The plan is to shift the scope away from Flu and have plans for generalised pandemics and developing frameworks for response. National pandemic guidance is being published which will influence our local work and ongoing work to ensure the necessary frameworks are in place. **The PHAC agreed the risk status level remained at Moderate 12 (Likelihood 3, consequence 4) and this would be reviewed at the December PHAC meeting.**

6.3 Risk 1904 Coronavirus Disease 2019 Pandemic

EOK provided an update on the risk on behalf of JT. The COVID numbers in hospital and ICU were relatively stable during the summer months. Within the last week, there has been a changing pattern with increased presentations of patients with COVID. The roll-out of the Vaccination Programme will boost immunity of those who are more at risk in the population. Given the roll-out of vaccination booster and additional protection this will provide to the population and relative stability of virus with no new emerging variants the consequence is recommended reduced to 3 but likelihood of occurrence at 4 (Moderate 12) as we are moving into the winter months where more mixing will occur and there are minimal remaining mitigations in place. **The PHAC agreed the risk status level be reduced from High 16 to Moderate 12 (Likelihood 4, Consequence 3) and this would be reviewed at the December PHAC meeting**

6.3 Risk 1906 Covid-19 Testing Programme

DFW gave a verbal update, Covid Testing was scaled back following recent DL on pausing of Asymptomatic Testing. Testing for Care Home out breaks remains ongoing and some vulnerable patient groups will get pre-admission testing and other testing would be carried out in hospital settings. The scope has vastly decreased in recent weeks however our ability to deliver on the national policy is good but ongoing staffing pressures. EDG funding has been secured until the end of February 2023. We are able to look at using current testing team to support Acute Services with testing if outpatient testing requirements reduce. DFW said the risk is framed in terms of there will not be sufficient testing to reduce prevalence in Fife and we may need to reconsider the risk. **The PHAC agreed the risk status level would remain at High 16 (Likelihood 4, Consequence 4) and would be reviewed at the December PHAC meeting.**

6.4 Risk 1907 Public Health Oversight of Covid-19 in Care Homes

FB informed PHAC that there has been a slight increase in cases and outbreaks in care homes over the last month as well as significant changes to Infection Control, this is combined with a population group who have not had the vaccination yet. FB proposed the risk level remains unchanged and revisit in December. **The PHAC agreed the risk status level remained at High 15 and would be reviewed at the December PHAC meeting.**

6.6 Risk 2222 No Cervix Exclusion – Cervical Screening Incident

CC reported that following on from the incident, the use of no further exclusion has been suspended from the programme as it was used inconsistently across Scotland and new exclusion terms are being considered to make it clearer. At the moment, temporary measures are in place, using comorbidity up to an exclusion range of 12 months and patients who not wishing to participate can have an opt out exclusion applied. No cervix exclusion can continue to be applied using existing process where there is clinical evidence that is used to meet this conclusion, the no cervix should only apply to women who have had pelvic radio therapy.

Preparation work is ongoing with regards to the wider cohort which may lead to reviewing over 12,000 records in Fife. We have an indication that NHS Fife may only receive 90% of the funding applied for, but this has not been confirmed by Scottish Government. As a result, we are unable to progress with recruitment of an Audit Team until funding is in place. In addition, we do not have a specific job description to match the Audit role and Fife's job matching panel meetings have only recently been reestablished.

The national audit database is still in development and user acceptance testing will commence in towards the end of October. Discussion regarding the clinical management of patients following the information gathering exercise and participants will be put into different cohorts and a clinical subgroup will look at what patient management will be put in place. EOK took an action to raise the funding as a concern with JT and provide feedback at the December meeting. **The PHAC agreed the risk status level would remain at Moderate 10 and would be reviewed at the December PHAC meeting.**

6.7 Risk 2330 PH Adult Screening Programme - Covid Recovery Risk

CC said the programme has received support from the Test and Protect staff on a piece of work with GP Practices to catch up on cervical screening for women who did not attend during the Pandemic and are behind on screening.

The Test and Protect staff have also supported work in relation to Diabetic Eye Screening and contacting patients who have not attended before and if in agreement arrange an appointment.

A communication was sent to elected members to explain about the changes on Breast Screening locations following complaints from residents including North East Fife. As part of the recovery, the number of locations where screening is taking place has been reduced. EOK asked that the Test and Protect Team were thanked for the support. **The PHAC agreed the risk status level remained at Moderate 12 and would be reviewed at the December PHAC meeting.**

7. Other Risks

Risk 1729 Misuse of Suspicion of Malignancy Function in SCCRS
Update not required until December 2022

Risk 1837 Absence of Comprehensive National Data Systems to monitor the Pregnancy/ Newborn Screening Programmes
Update not required until December 2022

Risk 2331 Local system surge capacity for new variants
Update not required until December 2022

8. Integrated Screening Annual Report

CC provided an overview of the Integrated Screening Annual Report which will be taken to EDG on 20th October 2022 and, if approved, go to the Public Health & Wellbeing Committee in November. EOK thanked CC and the team for the comprehensive report and the committee found the formatting and standardized template with charts helpful. It was agreed the final SBAR and Annual Report will be circulated to the PHAC for information.

BW

SCa and OO joined the meeting.

9. Any Issues to Escalate to Public Health & Wellbeing Committee

No matters requiring escalation at this time.

10. Any Other Competent Business

10.1 SBAR – Staffing for Cervical Screening Incident Audit

OO raised that an SBAR was being drafted for Public Health Management Team to review and understand the risks associated with not being able to recruit staff to carry out the audit for the Cervical Screening Incident (see section 6.6 above). SCr added that over the last few months the job review panel had not been meeting but SCr had received a communication that they will be re-starting monthly, but they have a backlog.

11. Date of Next Meetings

Wednesday 7 December 2022 at 2:30pm.

BW raised that the dates for the PHAC meetings in 2023 have been identified and calendar appointments will be issued soon.