



VOLUME 2

FACT FILE

*****TO INFORM VOLUME 1, THE ACTUAL PLAN*****

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Contents

	Page
1. Demography of Grampian	3
2. Epidemiology of Grampian	4
3. Provision of Health and Social Care for patients in Grampian	4
4. Grampian strategic objectives	5
5. National policy drivers	5
6. Local policy drivers	7
7. Workforce	7
8. Performance Management	8
9. Stakeholder involvement	8
10. Members of Neurological Services Improvement Network	8

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This document can be printed off and read. However if read online there are several hyperlinks that enable the reader to jump from areas of the document to other references. For example if actions refer to policy or where performance information is available within narrative sections.

1. Demography of Grampian

1.1. Geography of Grampian

- 1.1.1. Grampian covers the North East of Scotland stretching along the Moray Coast from Forres over to Peterhead in Aberdeenshire, down to Laurencekirk in South Aberdeenshire, cross country through Aberdeenshire and back into Moray through Speyside.
- 1.1.2. The region is divided into 3 Community Health Partnerships who co-exist alongside 3 local authorities. (Aberdeenshire, Aberdeen City and Moray). There is a broad mix of remote and rural locations, with urban and inner city areas as you move closer to Aberdeen City.
- 1.1.3. Transport can be a large problem for the rural areas in relation to their health care requirements and staff travel particularly where specialist interventions are required can be significant.
- 1.1.4. Good relations and obligate networks with the Highlands and Islands allow needs to be met through shared resources and use of telemedicine. This collaboration and use of technology can make the geography more manageable.

1.2. Population of Grampian

- 1.2.1 The population is recorded at 573,141 at Jan 2011.
- 1.2.2 Aberdeen City has an estimated population of 213,810. The percentage of the population aged 0-15 is the third lowest of all the CHPs in Scotland and the percentage who are of working age is the third highest. The percentage population aged 75 plus is 7.4% (Scotland 7.7%). Male and female life expectancies are significantly better than the Scotland average.
- 1.2.3 Aberdeenshire has an estimated population of 243,510. The percentage population who are aged 0-15 is higher than the Scotland average (19.1% compared to 17.6%). The percentages of working age, and aged 75 and over are both lower than Scotland average. Male life expectancy is the second highest of all CHPs and female life expectancy is also significantly better than average.
- 1.2.4 Moray has an estimated total population of 87,660. The percentage of population who are of working age is lower than the Scotland average (63.7% compared to 65.7%). The percentage of the population aged 75 and over is higher than Scotland (8.4%, compared to 7.7%). Life expectancy is significantly better than Scotland average for both males and females

<http://scotpho.org.uk/web/FILES/Profiles/2010>

1.3. Socio-economics of Grampian

- 1.3.1. Aberdeen City is better than the Scotland average on all the economy indicators, however there are areas of deprivation identified, where activity focussed on inequalities and improving health are significant. The percentage of people claiming incapacity benefit or severe disability allowance is significantly lower than the Scotland average. Crime ratings are significantly worse than the rest of Scotland and referrals to the children's violence-related offences are significantly higher than the Scotland average.
- 1.3.2. Aberdeenshire is significantly better than average on all education and economy indicators. The percentage of the population who are income deprived is the lowest of any CHP. The percentage of households in extreme fuel poverty is significantly worse than average. The crime rate is the third lowest of any CHP, where 70% of adults rate their neighbourhood "a very good place to live".
- 1.3.3. Moray is better than the Scotland average on all education and economy indicators. In Moray the percentage of adults claiming incapacity benefit or severe disability allowance is significantly lower than Scotland average. The percentage of people who are income deprived is lower than the Scotland average. The crime rate in the area is significantly better than the Scotland average.

<http://scotpho.org.uk/web/FILES/Profiles/2010>

2. Epidemiology of Grampian

- 2.1 The main health issues in Grampian are Cancers, heart disease and alcoholic liver disease; these factors help to explain why someone might die prematurely in Grampian.
- 2.2 The changing demographics and the people living longer with long term conditions is also a particular challenge for Grampian.
- 2.3 The data on Neurological conditions needs to be improved. We do however have admission data and general practice registers to assist in understanding the size and nature of demand.

3. Provision of Health and Social Care for patients in Grampian

- 3.1 Grampian has three Community Health Partnerships which are co-terminus with the Local Authority boundaries of Aberdeen City, Aberdeenshire and Moray (Moray is a Community Health and Social Care Partnership).
- 3.2 All 3 sectors feed into the Acute Hospital provision of Aberdeen Royal Infirmary, Aberdeen Maternity Hospital, Royal Aberdeen Children's Hospital and Dr Grays Hospital in Elgin. In Aberdeen City there is also inpatient provision at Woodend, with a focus on Care of the Elderly and Orthopaedics. Both Aberdeenshire and Moray have community hospital provision in many of the burghs or towns.

- 3.3 Within the provision of Grampian Services there are both Specialist Neurological Services pan-Grampian and associated services such as Rehabilitation which are delivered in a variety of ways across the area. Specialist Nurse for specific neurological conditions are in place.
- 3.4 General Practice continues to relate into each CHP via Cluster or Federation arrangements agreed locally.

Services provided by the Voluntary/ Private and Community Providers

- 3.5 There are a number of voluntary sector providers of support and care. Currently the map showing this provision is insufficient and incomplete. Within the action plan there is an intention to focus some improvement in this area to understand better what is available via alternative providers of care and within communities.

4. Grampian strategic objectives

- 4.1 Within NHS Grampian efforts will be concentrated on five key areas of work. These strategic objectives are:
- Improving health and reducing health inequalities
 - Involving patients, public, staff and partners
 - Delivering safe, effective and timely care in the right place
 - Developing the workforce and empowering staff
 - Improving efficiency, productivity and sustainability – getting the best from our resources

5. National policy drivers

The key policy Drivers are:

- Quality Improvement Scotland – Clinical Standards – October 2009, Neurological Health Services
- NHS Quality Strategy (June 2010)
- Shifting the Balance of Care (2008)
- Better Care Without Delay, 18 week referral to treatment standard (2008)
- Better Health, Better Care (2008)

6. Local policy drivers

- SIGN 70: Diagnosis and Management of Epilepsy in Adults
- SIGN 81: Diagnosis of epilepsies in children and young people
- NICE 20: The Epilepsies - The diagnosis and management of the epilepsies in adults and children in primary and secondary care
- Joint Epilepsy Council: A Guideline on the training standards for the administration of Buccal Midazolam
- Joint Epilepsy Council: A guideline on training standards for the administration of Rectal Diazepam
- Long Term Conditions action plan (2009)
- United Kingdom Multiple Sclerosis Specialist Nurses Association (UKMSSNA) Management of MS Guidelines
- SIGN 79: Management of Urinary Incontinence in Primary Care
- UK Consensus on the management of bladder symptoms
- Association of British Neurologist Guidelines for prescribing Disease Modifying Therapy
- SIGN 107: Diagnosis and management of headache in adults

7. Workforce

7.1.1 The workforce of NHS Grampian is currently going through significant change as the organisation tries to ensure that services are fit for the future. It is recognised by all agencies that the skills set and skill mix for the future will be different to current patterns. There is a need to ensure our resources are targeted appropriately, this means that change is inevitable.

7.1.2 For Neurological services, within the workforce plan, it is intended via the pathway work and the capacity and demand work stream, to become clearer about the future pattern of services. Within this planning there is an ongoing need to understand the contribution of other agencies to determine how we can maximize the skill sets available.

7.2 Workforce Drivers

7.2.1 Drivers which will influence the shape, size and skill mix of the workforce are:

- Demography
- Access/provision for training and education

- Scottish Health Department strategy
- Employment law
- Finance
- Clinical quality outcome measures and professional groups' guidance.

8. Performance Management

- 8.1.1 Performance management will continue via the organisations standing arrangements for improvement, using the existing structures and committees which exist to facilitate. The 3 year plan has been supported and signed off locally with the aim of moving forward with implementation.

9. Stakeholder involvement

- 9.1. A large stakeholder event with an attendance of 87 people was held in May 2011. This comprised of providers across the statutory and voluntary sector agencies, as well as carers and people using services.
- 9.2. This successful event was used to check out expectations around patient/carer experience and to discuss this proposals for the 3 year plan. The plan was subsequently developed on the back of this event which produced a coherent view of what people wanted and what people thought could be reviewed or improved to go some way to meeting future need.
- 9.3. The event was also used as an opportunity to gain pledges from stakeholders in terms of their willingness to participate in an ongoing basis in shaping the future of neurological services across Grampian.
- 9.4. The event also included partners from NHS Highland, Shetland and Orkney where obligate networks exist, seeking to ensure that changes locally had a positive effect on these relationships and the care delivered.

10. Members of Neurological Services Improvement Network

Lucy Sutherland, Unit Manager, Neurological Services

Dr Linda Gerrie, Lead Clinician, Neurological Services

Carolyn Annand, Project Manager, Neurological Services

Michael Coulthard, Clinical Governance, NHSG

Aileen MacVinish, Programme Manager, BCWD

Gill Mayberry, Administrator, Neurology Services

