Healthcare Improvement Scotland

Best Value Report 2023-24

September 2024

Supporting better quality health and social care for everyone in Scotland

NHS SCOTLAND

Introduction

Best Value has been part of the local government performance improvement and accountability landscape since the Best Value Task Force was established in 1997, it was their 2002 report which led to the introduction of a formal Best Value regime for Scottish local authorities in 2002. The positive impact of the Best Value concept in local government led Scottish Ministers to introduce a non-statutory Best Value duty on all public sector Accountable Officers across health and central government in 2002. This was reinforced by refreshed Ministerial guidance in 2006, highlighting the importance that the Scottish Government places on Best Value as a means of supporting public service reform.

The Scottish Public Finance Manual issued by Scottish Ministers provides guidance on the proper handling and reporting of public funds. Boards have corporate responsibility for creating and promoting the efficient and effective use of staff and other resources by the organisation in accordance with the principles of Best Value. Furthermore, the Blueprint for Good Governance for NHS Scotland requires that Board Members must regularly scrutinise evidence that public money is being safeguarded and appropriately accounted and resources are being used to secure best value. Healthcare Improvement Scotland's (HIS) 2022/23 Annual Audit Report included the recommendation that HIS '*should consider how it articulates that arrangements are in place to secure and demonstrate best value*'.

Best value in public services: guidance for accountable officers - gov.scot (www.gov.scot) explains the duty of Best Value and the characteristics of a Best Value organisation. The guidance was prepared to assist Accountable Officers of Public Bodies covered by the Scottish Public Finance Manual and reinforces the importance of the duty and to better reflect the context of public services working in partnership to deliver improved outcomes for the people of Scotland. It is intended to support Accountable Officers and, where appropriate, Board Members (and the organisation which they serve) in focusing on:

(i) continuous improvement which will help ensure sustainable economic growth for the people of Scotland and

(ii) delivery of the outcomes required of all public services as articulated in the National Performance Framework.

Accountability for this function is directly to the Scottish Parliament under Section 15 Public Finance and Accountability (Scotland) Act 2000.

Best Value is covered in Healthcare Improvement Scotland's Performance Management Framework approved by the Board in 2023.

Best Value duty

The concept of best value assesses how well an organisation optimises its costs and maximises the impact of every pound spent on achieving strategic goals. It ensures resources are used efficiently and strategically, which leads to better outcomes and increased effectiveness.

The Scottish Public Finance Manual describes the duty of Best Value in Public Services as follows:

- To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance.
- To have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.

Best Value characteristics have been recently regrouped to reflect key themes that supports the development of an effective organisational context from which public services can deliver key outcomes and ultimately achieve best value:

- Vision and Leadership
- Governance and Accountability
- Use of resources
- Partnership and collaborative working
- Working with Communities
- Sustainability
- Fairness and equality

The duty does not seek to create a “one size fits all” approach but rather it provides details on what organisations should be aiming for. Ultimately, Best Value should be appropriate to, and proportionate to, an organisation’s priorities, operating environments and the scale/nature of business and should be implemented accordingly.

Best use of resources

As outlined, Boards have corporate responsibility for creating and promoting the efficient and effective use of staff and other resources in accordance with the principles of Best Value. In this section, we will focus on how, as a best value organisation, Healthcare Improvement Scotland demonstrates how we make effective, risk-aware and evidence-based decisions on the use of all our resources to deliver our Strategy 2023-28.

Workforce planning

Healthcare Improvement Scotland's expenditure profile is 80%+ staffing costs and therefore it is essential that how we plan for and deploy staff ensures the efficient and effective use of its most valuable asset.

The 2022 to 2025 Workforce Plan outlines how we will plan, attract, train, employ, retain and nurture the workforce we need to deliver sustainable, high-quality services to achieve our strategic and operational priorities. Given the changing health and social care landscape, we will continue to focus on how we can support and develop our staff to remain a flexible, agile and high performing workforce with the right skills and expertise to support changing organisational and national priorities.

Over the last two years we have continued to see an increase in our overall headcount and whole time equivalent employees. This can be attributed to an increased workload that is generated from additional allocations due to the continued demand for a range of services from HIS.

The financial arrangements around this workload can have a significant impact on the workforce, particularly regarding the uncertainty of additional allocations for workstreams. Efforts are being made to develop a strategy to minimise the impact of allocation-based funding, and where anticipated funding has not been baselined, to ensure that appropriate workforce solutions are available which support both staff and programme delivery.

During 2024-25, we will revise our approach to managing fixed term contracts and are undertaking a test of change to introduce a new workforce model that is aligned to the organisational priorities but also enables a flexible and agile approach to capacity and delivery across HIS.

We have also agreed a new approach to our Medical Model in 2024. This will enable us to make the best use of clinical skills across the whole organisation. This model will ensure that HIS maximises the value and impact of its investment to address current risks and gaps in access to medical input.

Our workforce plan is monitored on a quarterly basis by the Staff Governance Committee as well as discussions taking place on a regular basis with the Partnership Forum.

Financial planning

The Blueprint for Good Governance sets out the requirement to ensure public money is being safe guarded, appropriately accounted for and resources are being used to secure best value as set out in the Scottish Public Finance Manual (SPFM).

The SPFM is issued by the Scottish Ministers and provides guidance on the proper handling and reporting of public funds. It sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for economy, efficiency and effectiveness, and promotes good practice and high standards of propriety.

The committees of the Board have a responsibility to review progress against the duty of Best Value as set out in the SPFM and guidance from Scottish Government. Specifically, there is an individual and corporate responsibility on the Directors and non-executive members to promote the efficient and effective use of staff and other resources in accordance with Best Value principles.

Assurance of this area of responsibility to the Chief Executive is included as an explicit statement in the Annual Report of the committee.

Performance management

Performance management focuses on how the organisation is embedding a culture and supporting processes that ensures clear and accurate understanding of how all parts are performing and uses this intelligence to take informed action that demonstrates continuous improvement in performance and outcomes, and effectively manages risks.

At the start of the 23/24 reporting year, the quarterly performance report introduced Best Value / Value for Money assessments in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA) 4Es Framework, as outlined in our Performance Management Framework.

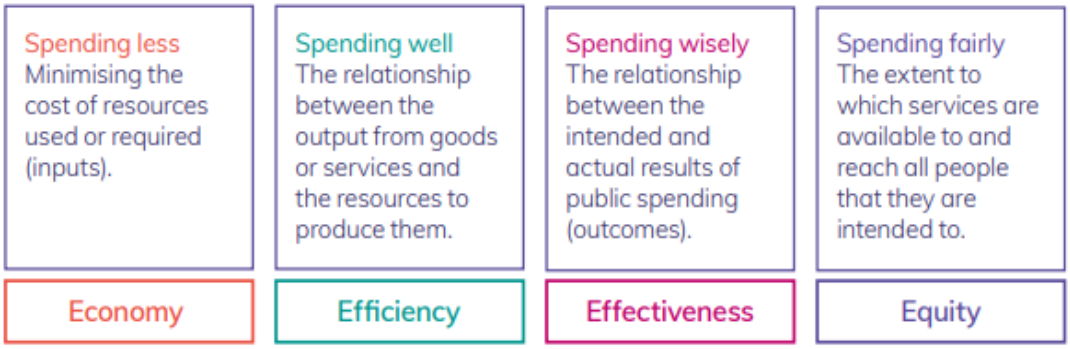


Image 1 CIPFAs 4Es Framework

When these Best Value assessments were introduced into HIS' quarterly performance report, Q1 was used to 'test' the concept with further refinement applied for Q2 and Q3. Based on feedback from the Committee, best value assessments have been seen as a welcome addition and the approach to assessment good. Assessments did not follow a fixed selection criteria rather areas assessed were based on available data, a blend of longer-term and newer programmes, range of budgets and spread across the organisation.

During 2023/24, we reviewed:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Scottish Intercollegiate Guidelines Network (SIGN)	Citizens Panel	Access QI	Hospital at Home
National Cancer Medicines Advisory Group (NCMAG)	Scottish Health Technologies Group	Management of Controlled Drugs (MCD)	Adverse Events
	Death Certification Review Service (DCRS)		Scottish Medicines Consortium (SMC)

The assessments for each are available at Appendix 1.

Delivering Value Based Health & Care: A Vision for Scotland, describes how we can improve outcomes by collaborating with the people we care for to deliver care that is right for them. It defines this as "delivering better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of available resource". The Scottish Government published a Value Based Health & Care Action Plan which sets out the actions to support health and care colleagues practice Realistic Medicine and deliver value based health and care, by focusing on outcomes that matter to people, optimising use of health and care resources, and contributing to a more sustainable health and care system. The action plan included the following six commitments:

In addition to CIPFAs 4Es, our best value assessments are aligned to NHSScotland Value Based Health and Care Action Plan to provide an indication of Healthcare Improvement Scotland's contribution to the six commitments.

A key outcome that quickly emerged was we are not currently in a position to consider impact and improvement outcomes from programmes of work, as these are not routinely gathered across the organisation. There are some detailed impact assessments providing evidence of positive outcome and improvement, particularly where we have worked with external partners (e.g. Diabetes Scotland) but this is not routine. This is a critical component in determining best value and demonstrating positive impact across the health and care system as well as delivery against HIS' strategy, and as such work is underway to look at this strategically to ensure we are better placed going forward and there is a consistent approach across the organisation.

The selection and prioritization of future programmes for assessment should be based on more robust criteria while being mindful of the need to revisit previous assessments so the Committee is assured of continuous progress and improvement. A number of options have been considered, including:

- status quo, continue to select based on available data, a blend of longer-term and newer programmes, range of budgets and spread across the organisation
- selected based on spend, starting with higher cost programmes
- selection based on programmes split into strategic priorities
- specifically look at programmes that roll over from one year to the next
- to encourage engagement, each directorate selects at least two areas of work to assess

- risk based approach for programmes with high residual risk ratings and those out of appetite

In future, whilst it is essential to engage directorates in the provision of data and intelligence to support assessments, there also needs to be a degree of independent assurance in the process. Therefore, considering these factors and to ensure a more robust selection criteria for future Best Value assessments, Quality and Performance Committee approved the approach where:

"Programmes of work will be chosen for value for money assessments based on their risk ratings, financial value and alignment to our strategic priorities. Assessments will be undertaken at appropriate intervals (minimum one year) with follow up reviews as required. The aim is to assess key programmes of work to provide assurance to the Board regarding best value in HIS on an annual basis."

To undertake these reviews, a cross organisational multi-disciplinary approach will be implemented, using expertise in measurement and evaluation from across the organisation and including the Finance and Planning and Performance teams.

Appendix 2 provides the approved schedule of Best Value assessments for 2024-25. The schedule will be subject to change and will remain flexible in the year due to changes in risk profiles, re-prioritisation and/or funding confirmation.

Conclusion

The King's Fund "Better Value in the NHS – The Role of Changes in Clinical Practice" (July 2015) describes how the NHS has struggled to improve its productivity over several decades but further improvements are required to increase the value from the NHS budget. However, measuring best value is a complex landscape.

Depending on how measures are constructed, it is important to consider how Healthcare Improvement Scotland deploys its resources to support improvements across the health and social care setting, not just in terms of cost savings (usually translated into the provision of higher volumes of care for the same overall budget) but also for the quality and safety of patient care (although less demonstrably so).

There is always specific policy, clinical, economic or managerial factors that are directly or indirectly associated with improvements in productivity. These factors normally work in combination highlighting the action needed at a number of different levels in the system to make change happen. Common factors which align to the essential work we do and support we provide include:

- Health technology developments
- Clinical / managerial culture
- Patient pathway design / redesign

- Data and information
- Frontline support to enable change

When it comes to assessing best value there is rarely a magic bullet solution and this makes measuring impact and outcome improvements difficult especially where it takes time to embed. Dramatic jumps are not the norm, rather steady progress on relatively small incremental changes that eventually accumulate to larger gains but over the long, not short, term. Ultimately, how we deploy our resources must ensure safe, effective, efficient and sustainable change in the health and care system.

As we have found from best value assessments carried out as part of our quarterly performance reporting process during 2023/24, we do need to do more to understand impact and outcomes as this has emerged as a weakness yet critical when determining best value and demonstrating positive impact across the health and care system as well as delivery against HIS' Strategy. We do not routinely gather this information but work is underway to address this gap so strategically we are better placed to carry out future assessments and assure best value.

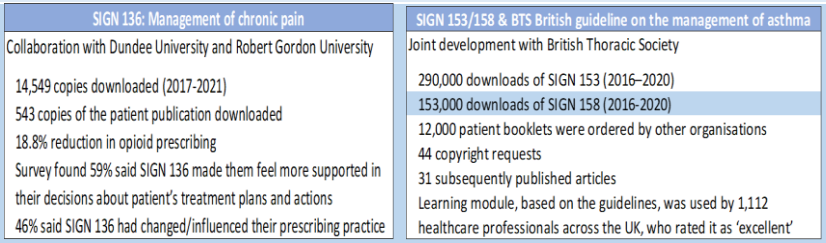
Appendix 1

2023/24 Best Value Assessments

Quarter 1

4Es	SIGN	NCMAG
Brief description	The objective is to improve the quality of health care for patients in Scotland by reducing variation in practice and outcome, through the development and dissemination of national clinical guidelines containing recommendations for effective practice based on current evidence.	NCMAG provides advice to NHSScotland on the clinical and cost-effectiveness of off-label and off-patent uses of cancer medicines, which are out with the remit of Scottish Medicines Consortium (SMC).
Key Facts (based on 22/23)	In 22/23 the SIGN team consisted of 10.6 WTE, working on 21 guidelines and publishing 7 guidelines / outputs which were a mix of new, reviewed, focussed and adapted guidelines. Total cost of SIGN team £715k	NCMAG is funded through an additional allocation of £370k. To deliver the work NCMAG have: - Engaged with 9 different patient groups - Worked in partnership with clinical teams and networks across the cancer community Collaborated with academic and pharmaceutical industry 6 decisions supported since Sept-22 c.800 patients with improved outcomes £3.8m per annum estimated net savings x10 return on investment Centralised national process - relieving pressures on Boards
Economy (spending less)	National guidelines, like SIGN's, centralise spending and avoid duplication on guideline development by every board. The guidelines help healthcare providers to make informed decisions that lead to more cost-effective treatments and interventions, optimising resource allocation within the healthcare system. SIGN has also introduced a	The NCMAG team is lean at 3.6 WTE, creating a greater than x10 return on investment in the last 12 months. Each advice document is accompanied with a budget impact tool prepared by a HIS Health Economist to support financial planning within Boards. In some

	range of outputs, including rapid reviews, to allow flexibility in approach and cost of required inputs. The National Institute for Health and Care Excellence (NICE), like SIGN produce and publish a range of guidelines. Their average cost of producing a guideline is estimated to be £260k, but they have a much greater resource at their disposal enabling them to do more volume.	instances, advice may result in greater cost of a medicine to a Board, but improved patient outcomes and treatment times.
Efficiency (spending well)	At SIGN there is a strong relationship between the scope of a guideline and the resources invested in producing it and the quality of the output. Such as Eating Disorders, which was a full guideline, taking longer than the average to complete due to the complex nature and scope of the guideline, compared to a refresh of Pharmacological Management of Migraine which was completed over two months. Guidelines are supported by patient versions and accessible versions on the Right Decision Service platform. The guideline development group, uses specialist contributions by volunteers to support delivery at a minimised cost as, the most expensive input (clinical and citizen) is free to HIS	NCMAG provides 'Once for Scotland' advice to improve outcomes and experiences for cancer patients and minimise duplication of work across the country. The team has capacity to review approximately 8 full proposals per year and the work programme is driven by clinical need, where proposals are submitted by groups of clinicians from across all Scottish Regional Cancer Networks. A Remit Checklist is also required, which reduces the risk of clinical teams working up full proposals that may be out with the remit of the programme.
Effectiveness (spending wisely)	SIGN uses a prioritisation process to choose topics of need and high impact, which is determined through a referral process and the Work Programme Committee. The guidelines are evidence-based and focused on delivering the best patient and service outcomes. The internationally accepted methodology used by SIGN has been evaluated to demonstrate that guidelines produced to these standards are most likely to positively influence clinical practice, patient outcomes and overall healthcare delivery	NCMAG Executive, which meets quarterly, has the role of providing effective strategic direction and leadership and to oversee governance for the NCMAG programme, including making decisions on prioritisation of proposals for review when necessary. The NCMAG Council meets quarterly and is responsible for making recommendations to NHSScotland on off-label uses of licensed medicines which are out with the remit of Scottish Medicines Consortium. A horizon scanning process is underway for both off-label uses for cancer medicines and where patent expiry with generic competitors are likely to become available in the next 18 months.

Equity (spending fairly)	SIGN guidelines are available to all and are produced in a range of formats with the aim of reaching all people they are intended to benefit across different populations and settings. Topic specific equality and diversity and accessibility requirements are considered for every guideline; Equality Impact Assessments (EQIAs) are carried out as standard practice	Individual Health Boards have their own policies for off-label prescribing which may result in different off-label practices and inequity of access. There is often research supporting the use of off-label prescribing in specific patient groups, but it may not be commercially viable for a pharmaceutical company to apply for a licence. This is particularly the case in rarer cancers and with off-patent medicines. NCMAG will review the research evidence for the off-label use of a specific medicine for a specific patient group and decide if a 'Once for Scotland' approach will improve equity of access and reduce unnecessary variation.
Additional Information		
Overall Assessment	At present, measuring impact and improvement outcomes, as set out in the logic model approach, is not done as the SIGN team do not have capacity. Examples of when an opportunity has arisen to work with partners to measure impact is included under 'additional information' above. To provide this information on a consistent basis for all guidelines, investment would be required into SIGN.	Measuring access to medicines and patient outcomes is complex and it is therefore difficult to deep dive further into impact on patient outcomes and the consequential impact on value for money across NHS Scotland. Academic research would be required to methodically capture and interpret the required clinical information, and previous work in this area has demonstrated the complexity associated with this type of research. That said, it is clear to see that the additional allocation received offers good value for money with a high return on investment and clear estimated efficiency savings being recorded across NHS Scotland, not just in financial terms but also in terms of releasing capacity for frontline patient care.

Quarter 2

4Es	Citizens Panel	SHTG	DCRS
Brief description	Brings together the views of around 1,000 people across Scotland to inform and influence key decisions about health and social care policy and services.	Produces Health Technology Assessments (HTAs) for NHSScotland to support decision making on a Once for Scotland basis, thus avoiding the same work being undertaken across health boards.	Responsible for improving the accuracy & quality of Medical Certificates of Cause of Death (MCCDs), commonly known as death certificates, giving the public assurance in the death registration process in Scotland.
Key Facts (based on 22/23)	• £33.5k SG allocation • 2 panel surveys / year • 5 policy areas influenced by recommendations • £12.2k estimated savings • Total costs £231.6k over 3 years includes survey costs, internal project management (0.20wte) / admin support (0.80wte)	• 16 outputs produced • Total SHTG cost £816k • Team consists of 11.20wte	• 5,880 standard MCCD reviews completed • 195 non-standard reviews carried out • 191 repatriation reviews completed • 2,546 enquiry calls supported • Team comprises 14.65wte • C.£186 cost per review or enquiry • £1.6m total cost of service
Economy (spending less)	Cost of six surveys across three years is £53k (ave £9k). Undertaking similar sized traditional surveys (face to face) would cost c.£15k per survey. The cost to run these in-house would be significantly more (financial and staff).	Advice provided supports informed decision making by helping to identify health technologies that are of value – considering patient outcomes, safety, and cost effectiveness. The application of HTA supports the efficient and sustainable use of our scarce resources whether financial, workforce or indeed environmental.	Medical Reviewers advise doctors on accurate completion of MCCDs, which means if the MCCD is subsequently selected for review the discussion with the certifying doctor can be much quicker. Service is progressing direct access to NHS clinical portals (patient medical notes) to facilitate the more detailed level 2 review reducing the admin burden within boards and improving the focus of reviews. With direct access to clinical portals in West of Scotland the average time to complete a level 2 review has reduced by c.2 hours. DCRS have now connected to Health Boards in the North of Scotland and aim to connect to the

			remaining three Health Boards by December 2023.
Efficiency (spending well)	Outputs are a snapshot of public opinion on a healthcare topic. Topics are determined by SG priorities. Since April 2022, there have been three full and one pulse survey covering eight topics. Social and market research industry standards for public opinion surveys is ±5% error rate, Citizens Panel surveys are well within the range with the most recent being ±3.8%. External researchers are contracted to administer surveys; tendering has run three times over the last six years and awarded to the most cost-effective supplier.	HTAs are tailored according to the needs/requirements of the stakeholders requesting (or likely to be affected by) their support. A range of outputs or 'products' are produced and within each project the scope and approach is agreed with the referrer. To further explore a commitment to efficiency, recommendations are likely to incorporate a wider range of evidence (for example, covering cost effectiveness, patient views, safety, economic analysis) compared with the SHTG Assessments.	Each MCCD review involves an educational discussion with the certifying doctor on accurate completion of an MCCD. The service can instigate 'For Cause' reviews, if concerned around the quality of a doctor's certificates, however, the service educative approach has resulted in improved certification across Scotland without the need to instigate any 'for cause' reviews since 2016.
Effectiveness (spending wisely)	Surveys contribute to people and communities being empowered to participate in health and care; people have increased opportunity to share their views and experiences in order to influence policy and practice; and view and experiences of users of health and care services influence the design and delivery of healthcare services. Impact of surveys are reviewed with SG policy leads after 6, 12 and 18 months of the results being published to measure specific key impacts. Impacts have included informing a new model of care for dentistry; change in frequency of Treatment Time Guarantee communication with patients; influenced Urgent and Unscheduled Care Collaborative; reducing A&E waiting times and improve patient experience; influenced the scope of the Patient Safety Commissioner for Scotland Bill; and helped SG understand the experience of accessing Covid-19 vaccines.	SHTG prioritises topics of need and high impact, which is determined through the referral process. Advice is evidence-based and focused on identifying the best patient and service outcomes. HTA methodology is based on international based practice, yet its approach for Scotland leans heavily towards what is referred to as 'rapid HTA' methodology. This enables the delivery of a comprehensive, objective and consistent HTA process, which is timely and can be flexed to meet the needs of stakeholders. In recent years, SHTG has aligned its work to decision making structures / groups across NHSScotland and SG policy. This approach has helped to ensure that SHTG's work is visible and relevant, for example Accelerated National Innovation Adoption pathway (ANIA) and SG policy areas e.g. cancer, genomics, diabetes, (digital) mental health and the Unscheduled Care Programme.	During 22/23, **17.4%** MCCD reviews were 'Not In Order' compared with 18.5% in 21/22 demonstrating an improving position. In addition, **96%** of reviews are completed within Service Level Agreement (SLA) timeframes, indeed level 1 reviews were completed in less than four hours (SLA – one day) & level 2 reviews in just over a day (SLA – 3 days). **96%** of doctors and funeral directors responding to our smart survey found it easy to get in touch with the service and found the information provided helpful.

Equity (spending fairly)	A recent refresh aims to ensure the Panel is as representative as possible and has concentrated on recruiting more young people, people from deprived areas and people from Black, Asian and Minority Ethnic backgrounds.	SHTG advice is available to all, and all the advice is available in a plain language format. Equality Impact Assessments are carried out as part of the HTA process. SHTG continue to develop and design its content to ensure that its recommendations and key findings are clear and accessible to everyone.	All death certification resources are available in a central location (Support After Death website) which is accessible to all. The service is free at point of delivery to avoid any exacerbations of inequalities of healthcare. The enquiry line is open to anyone who seeks advice around death certification.
Additional Information	Survey responses see typically 60% response rate consisting of c.250 electronic surveys, c.250 postal surveys and c.100 telephone interviews. Electronic surveys are sent out first but followed up by alternative formats to improve the response rate. Panel membership is deliberately targeted across all Scottish society including age, economic status & deprivation.		The service also provides better public health information and contributes to safer clinical practice. MCCD's are completed by Certifying Doctors (CD's) & randomly selected for review by the DCRS. Reviewed and development of **two** e-learning modules, MCCD guide, case scenarios on reporting to the Procurator Fiscal and **11** educational presentations.
Overall Assessment	Many improvements have already been made to ensure the Panels effectiveness as part of continuous improvement activities including measuring impact, outcome and improvement. As we move to new permanent directorate structure with an enhanced research capacity, we will have an opportunity to assess the skills and resources needed to effectively manage the entirety of the Citizens' Panel commissions internally. Overall, it is felt Citizens Panel is of immense importance offering best value but opportunities to explore further efficiencies will continue to be explored including cost effectiveness to identify potential savings.	At present there is not capacity for measuring impact and improvement outcomes, however SHTG has worked with partners to measure impact where possible (e.g., Diabetes Scotland which established that Freestyle Libre prescribing has increased steadily year on year following SHTG's recommendation for its use, from <1,000 in 2018 to <60,000 in 2023 resulting in significant benefit to people with diabetes). Investment would be required to provide this information on a consistent basis for all SHTG's advice and a key action is to establish a short life working group to look at gathering impact and outcome information which will also support future VfM assessments.	12% of all MCCDs are reviewed each year & the educational approach used by the service has resulted in a 57.4% reduction from the baseline 'Not in Order' rate being achieved in under 8 years. Level 1 MCCD reviews are completed in less than 4 hours (SLA – 1 day) & level 2 reviews in just over one day (SLA 3 days) due to effective leadership & effective & consistent approach used to progress reviews. The support & advice service has been developed within the core budget. In terms of educational support, less DCRS time is now required to develop resources.
NHSScotland Value Based	Person-centred care and shared decision making.	Reducing unwarranted variation and inequality Reducing waste and harm.	Reducing unwarranted variation

Health and Care Action Plan			

Quarter 3

4Es	Access QI	Management of Controlled Drugs
Description	Work with planned care services to spread the use of quality improvement methods to sustainably improve waiting times, through the Access QI Collaborative	HIS has a statutory governance role in the safe management of controlled drugs.
Key Facts (based on 22/23)	• 28 tools and resources produced, 23 events delivered • Services in 22 NHS Boards participated • Baselined costs of £200k pa • Current team consists of 2.8 WTE • Internally supported by Data Management and Business Intelligence, Evidence and Evaluation for Improvement (EEvIT) and Communications	• Annual cost £40k baseline funded • Current staffing 0.6WTE (clinical and business support) • Supports delivery of policy/legislation in relation to safe and effective use of controlled drugs and regulation of independent healthcare • 55 designated bodies reported on and supported with Controlled Drugs Accountable Officers (CDAOs) arrangements
Economy (spending less)	Most of the programme is delivered virtually using organisational platforms and tools to support engagement and learning. Face-to-face events are delivered when identified as adding value to the stakeholder experience. Staffing costs have decreased each year of the programme to the current minimum staffing levels in line with reduced funding and also the changing needs of the programme over time.	Clinical leadership and business support is provided by staff recruited for and funded from other programmes of work across the medicines and pharmacy team e.g. Health and Justice and Area Drug Therapeutic Committee Collaborative (ADTCC). Additional support for the recent review of the controlled drugs self-assessment has been provided by the HIS NES Management Trainee.
Efficiency (spending well)	Planned activities are based on the Institute for Healthcare Improvement's "Breakthrough Collaborative" model and includes materials developed by or in conjunction with NES. Ad-hoc outputs published throughout the programme aim to share emerging learning. Outputs highlight new innovations, projects	Processes for self-assessment and self-declaration have been specifically designed to support the requirements of both NHS and private healthcare organisations, in order that they can monitor their own clinical governance arrangements for controlled drugs.

	showing impact, and best practice based on the most robust evidence available at the time. Access QI's work also supports NHS Boards in removing waste from their pathways.	All resources are web-based and a there is a standardised approach for engaging with CDAOs and Designated Bodies. There is linkage with national controlled drugs networks, which supports review of outputs via stakeholder engagement with national and working groups.
Effectiveness (spending wisely)	The collaborative prioritises topics of need and high impact through evidence review or from local testing activity and learning. Access QI works in collaboration with the Centre for Sustainable Delivery (CfSD). Examples of outcomes achieved from the programme include reduced time from referral to diagnosis for urgent suspected cancer pathway by six weeks (gynaecology), sustainable reduction in maximum waiting time for Tier 1 new patients by 70% (podiatry), reduced the need for post-surgery inpatient beds by 30% to improve access to care and reduce risk of cancellation due to lack of beds (general surgery), and reduced time wasted due to Did Not Attend by 31.6%, resulting in improve use of time and a 20% decrease in people on the waiting listing (drug and alcohol service).	The programme has limited resources available, however by using existing cross organisation expertise, we fulfil all aspects of the governance and assurances required under our statutory obligations. The shared links with Quality Assurance Directorate ensures that requisite governance and assurance requirements in relation to controlled drugs are evidenced in the inspection process for NHS and independent healthcare settings.
Equity (spending fairly)	All Access QI resources are published on HIS' website using plain language. Equality Impact Assessments are conducted as part of the design and delivery of the programme and participants are advised of the need to adopt an equitable approach to their quality improvement activities. Participating teams are afforded equitable access to the programme by adjusting our delivery methods.	Support and advice are available for all healthcare organisations in Scotland. All resources and information for CDAOs are available in a central web-based location.

Overall Assessment	Access QI has delivered significant improvements in demand and capacity management, service delivery and waiting times. While Access QI is a good example of National Board Collaboration, it is an initiative lead predominantly by CfSD and the impact of HIS' specific investment is hard to measure. It aligns strategically to our planned care work in the improvement priority, alongside H@H, Excellence in Care and SPSP Acute Adult care and should be benchmarked against these programmes on impact going forward.	HIS plays a statutory role in the safe management of controlled drugs in Scotland, supporting post-Shipman enquiry legislation which prevents these medicines being misused through improved clinical governance. Capacity is limited but provides the basic level of support required to undertake our statutory duties, resourced from the wider medicines team balanced with other work programme needs. Further investment in digital processes and resources is likely to be of limited return compared to investment required at present.
NHSScotland Value Based Health and Care Action Plan	Eliminate unwarranted variation in access to healthcare, treatment and outcomes while promoting the measurement of outcomes that matter to people.	Eliminate unwarranted variation in access to healthcare, treatment and outcomes. Build a community of practice and a culture of stewardship across Scotland

Quarter 4

4Es	Hospital at Home	SMC	Adverse Events
Brief description	The Hospital at Home (H@H) programme works with NHS boards/HSCPs to expand and develop new older people and acute adult Hospital at Home services.	SMC performs a statutory role on providing advice to NHS health boards on a once for Scotland basis on the clinical and cost-effectiveness of newly medicines.	The main programme aims are to enhance the safety of care systems in Scotland, through a national approach to learning from AE.
Key Facts (based on 22/23)	Over 1,700 people used H@H in January 2024, the equivalent of 495 hospital beds. (size of University Hospital Wishaw). H@H is now used in 20 HSCP areas (up from seven) and 13 NHS boards (up from three) Our H@H Toolkit has 40+ resources and has received 2,778 views this year. Our Learning System has 420 members. Funding of £0.7m pa (split by £0.4m baseline and £0.3m additional allocation). Current team consists of 6 WTE.	SMC issued 89 pieces of advice in 22/23 ○ 63 (71%) new medicines/indications were accepted for use ○ 22 (25%) were not recommended ○ 4 (4%) required no decision as part of the process (ultra-orphan medicines) 23/24 SMC budget of £3.1m which is approximately 0.2% of the overall drug spend in NHSScotland SMC consists of a team of 36 WTE.	Programme of AE national reporting standardisation commenced in August 2022. New community of practice for sharing learning from AE. Every NHSS Board will have its own dedicated space for uploading learning summaries and key work/polices/information. Baseline funding of £263k for a team of 5 WTE.

Economy (spending less)	A Cochrane review on Hospital at Home demonstrated costs were up to 18% lower than tradition inpatient care. Which is a saving in the region of £420 per bed per day. The programme is delivered and supported through various engagement methods including, virtual meetings and networks. Face to face networking events, meetings and site visits are delivered and attended when identified as adding value to the stakeholder experience.	New medicines, that are deemed to be both clinically effective and cost-effective following assessment by SMC can prolong life, improve quality of life, or both. In some cases, the medicine can help avoid the use of other healthcare resources (e.g. inpatient hospital stays or as an alternative option to existing treatment/intervention costs.) SMC's assessment of medicines helps drive down their cost to NHSScotland. In Q2 2023-24, 90% of medicines had a Patient Access Scheme (PAS) which results in a discount on the list price of the medicine. A proportion of these medicines (17%) had an improved level of discount via the PAS between the New Drugs Committee (NDC) stage and the SMC meeting. There was an average 35% decrease in medicine costs via an improved PAS following initial 'not recommended' advice at NDC for these medicines.	Under the new team structure, the reviews' function will flex and adapt staffing wise as required according to the key deliverables for the adverse events programme.
Efficiency (spending well)	For every patient admitted to H@H it frees capacity in acute hospitals, ambulance waiting times and reduces risk of delayed discharge. Outputs are coordinated, and in some cases co-produced, with other national organisations to maximise the use of staff and other resources.	The once for Scotland approach removes the need for individual health boards to replicate the required assessment work ensuring a standard approach to the clinical and cost-effective use of medicines across Scotland. SMC can represent Scotland as a single market which drives savings and eliminates geographical variation in practice relating to access to medicines. SMC provides an independent assessment of medicines considering long time horizons and	Development of the Significant Adverse Event Reviews (SAERs) notification system and other automation is underway. The AE team collaborate with SPSP portfolios for a multi-disciplinary approach.

	Our programme has delivered a structure to ensure that Scottish Government funding is targeted in areas to deliver the greatest impact.	therefore advises on sound investment of NHS funds into the future. Process improvements have been made to submissions process; widening the use of the abbreviated submissions, removing some review steps, improving the fast-track resubmission process and introducing direct acceptance of submissions at the NDC stage.	
Effectiveness (spending wisely)	A Cochrane review reported 90% of patients preferred the hospital at home experience. H@H services prevented over 11,000 people spending time in hospital during 22/23. There has been a 53% increase in patients managed by hospital at home services between Apr-21 and Mar-23.	Only those medicines assessed by SMC and considered to be clinically and cost-effective are made routinely available in Scotland, promoting a responsible use of NHS resources and averting the use of medicines that do not offer value for money. SMC produces “Forward Look,” a tool to support health boards with their financial, service and implementation planning for new medicines.	SAERs have increased from 43 to 69 per month over the last three years as awareness around the reporting of adverse events has increased. 100% of NHS boards comply with the reporting requirement to HIS and are engaged and collaborating in the AE network and framework revision. The AE network enables the sharing of learning and best practice for adverse events with the addition of theme specific webinars.
Equity (spending fairly)	Equality Impact Assessments and use of plain language publications are standard in the programme. Working with Public Health Scotland we have creates a Discovery dashboard providing local services with information on who is accessing their	SMC advice is available readily within the public domain, with accompanying ‘Decisions Explained’ summaries which is aimed at members of the public and provides a reference and advocacy tool for patients. SMC Committee has three volunteer Public Partners who ensure the broader view of the public is	The standardisation, framework revision and CoP work is working towards ensuring a national approach to the reporting, reviewing, and sharing of learning. This leads to equitable treatment of people in Scotland who are impacted by an adverse event in healthcare.

	service by age, ethnicity, area and Scottish Index of Multiple Deprivation.	considered in the process. SMC also works in partnership with Patient Groups and patients with lived experience who provide unique knowledge and insights on a condition.	Research completed in partnership with NHS Education Scotland (NES) evidences that the AE programme promotes outcomes that matter to people. Alongside this, we are ensuring that feedback from NHS staff who report adverse events, take part and lead reviews is captured and are supported through the process ensuring their psychological safety and allowing them to open about their experiences.
Overall Assessment	The programme has contributed to an increase in the number of patients receiving acute-level care in the community from 400 to 1,700. At an occupancy rate of 80% this equates to the equivalent of approximately 495 H@H beds across Scotland as of January 2024. The programme has enabled H@H services to demonstrate their impact to NHS boards/HSCPs so that local funding is secured.	SMC performs a statutory role on behalf of NHSScotland to assess newly licensed medicines and indications for comparative clinical and cost-effectiveness. SMC's efficient approach to health technology assessment offers value to NHSScotland by: • providing independent advice to health boards on the clinical and cost-effectiveness of medicines • reducing unwanted variation in prescribing • promoting efficiency by adopting a Once for Scotland approach • providing early insight into medicines that are likely to have a significant impact in the future	The development of the infrastructure and support for learning from adverse events started in 2019, with plans for standardisation and greater community engagement expected under the revised framework in Dec-24. Investment is required to make such changes and the pace of change and implementation is reflected in the current investment (0.7% of HIS' baseline budget). Consideration should be given to the balance and appetite of risk verses investment, and prioritisation of HIS resources towards adverse events.
NHSScotland Value Based Health and	This work contributes to the following aims:	This work contributes to the following aims:	This work contributes to the following aims:

Care Action Plan	• continue to build a community of practice and a culture of stewardship across Scotland • support delivery of sustainable care	• support the development of tools that enable health and care colleagues to eliminate unwarranted variation in access to healthcare, treatment, and outcomes • to continue to develop and support effective prescribing practices	• promote the measurement of outcomes that matter to the people we care for • continue to build a community of practice and a culture of stewardship across Scotland

Appendix 2

Best Value Assessments 2024/25

		Strategic risk currently out of appetite	Largest programme spend 24/25	Revisit from 23/24
Quarter 1				
Safety Network	Medical & Safety	x		
Drugs and Alcohol Improvement Programme	Community Engagement & System Redesign		x	
Healthcare Staffing Programme	Nursing & System Improvement		x	
Quarter 2				
Primary Care Improvement Programme	Nursing & System Improvement		x	
Police Custody Inspections	Quality Assurance & Regulation	x		
SIGN	Evidence			x
Quarter 3				
Standards and Indicators	Evidence			
Mental Health Reform Programme	Community Engagement & System Redesign	x	x	
NCMAG				x
Quarter 4				
Service Change	Community Engagement & System Redesign	x		
Responding to Concerns	Quality Assurance & Regulation			
Frailty	Nursing & System Improvement			

The schedule above will be subject to change and remain flexible due to changes in risk profiles, re-prioritisation and/or funding confirmation

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