



ANNUAL REVIEW: NHS AYRSHIRE & ARRAN  
THURSDAY 3<sup>rd</sup> October 2024

At: Macdonald Education Centre, University Hospital Ayr, KA6 6DX

## QUESTION AND ANSWER SESSION

1. **Question** - Can you provide details of any plans to increase support for women in the region with endometriosis? For example, will the pathway be re-designed to ensure patients are not discharged when any surgery or treatment is complete? There is no cure and this condition requires specific input for the whole of someone's life. The recruitment of a specialist nurse would be a start in assisting with this. Are there any plans to provide specific BSGE training to the existing gynaecology teams on endometriosis?

**Answer** - NHS Ayrshire and Arran recognises that the current pathway for endometriosis care does not fully meet the needs of those patients and may lead to delays or suboptimal care. Nationally this has been shown to result in delays to diagnosis of the condition, sub-optimal management and poor patient experience. In response to this detailed planning has begun to develop a comprehensive pathway for endometriosis care, modelled on the recommendations of the Modernising Patient Pathways work undertaken by the Centre for Sustainable Delivery<sup>1</sup>. A first step in this process will be to develop a dedicated endometriosis clinic for secondary care referrals. By triaging referrals received, those presenting with symptoms indicative of endometriosis or previously diagnosed with this condition will be placed on a dedicated clinic (as opposed to a general gynaecology clinic) where senior staff with a special interest in the management of endometriosis will lead the diagnosis and management of cases. Dedicated endometriosis clinic with referral pathway for women affected by this condition will help streamline and standardise the treatment delivered, both surgical and non-surgical. By developing this dedicated clinic, there will also be the opportunity to provide ongoing care and review for women with a current diagnosis and ensure that the current model of discharging patients following care can be reversed. This recognises the complex management of endometriosis, which may evolve over time based on the needs and priorities of the patient. This will also aim to reduce the overall waiting times for individuals, who will no longer require to be referred internally within the gynaecology department to be able to see a specified clinician. It is also anticipated that clinical quality can be improved by ensuring those clinicians with the most knowledge and skill in managing endometriosis are at the forefront of care. Furthermore, to address the need for specialist skills required to deliver

<sup>1</sup> [Gynaecology | The national Centre for Sustainable Delivery \(nhsctsd.co.uk\)](https://www.nhs.uk/centres-for-sustainable-delivery/gynaecology/)



	with feedback sought from service users, families, carers and staff to identify learning and further improvements.
3.	<p><b>Question</b> - What resources does the board plan to put in place to meet the requirements written in policy DL38 (2021) Climate Emergency and Sustainable Development coupled with the increased annual reporting requirements from government around our delivery planning and our annual reporting to them?</p> <p><b>Answer</b> - In the current financial climate, we are not expecting to receive any new resources to meet the requirements of this policy. We have developed a local strategy, which is in line with the national strategy and have identified existing members of our workforce who have already responsibility for areas within the strategy objectives. We have developed a detailed work plan, established working groups and have leads in place for these workgroups to identify and implement the required actions to meet the different policy objectives.</p> <p>The strategy objectives/ workstreams within the national strategy are also supported by national groups and we have been actively participating in these groups and have used these help us progress our objectives. Where required, we have sought expertise from the national teams and external consultants to provide additional support. In addition, we continue to work closely with other health boards and local authority partners where possible and practicable to enable the sharing, alignment and implementation of best practice.</p>
4.	<p><b>Question</b> - The new CSRD reporting requirements (Corporate Sustainability Reporting Directive) where organisational Financial reporting will be required, how will the board understand its operational activities vs its strategic goals and then be able to report on these to show progress towards our strategy for sustainability?</p> <p><b>Answer</b> - This would be achieved through the Annual Climate Change Report which requires us to report annually to Scottish Government how we as a Board perform against a number of sustainability targets. In addition, the Boards Delivery Plans also set out our climate change, environmental and decarbonisation priorities for delivery in the coming year and in future years.</p>
5.	<p><b>Question</b> - Given the current ED performance - what actions are the Board planning to take in advance of winter to ensure the situation is brought under control before winter to enable patients to receive timely and safe care?</p> <p><b>Answer</b> - Our teams have been working on a range of actions throughout the year to improve performance. ED performance is impacted when other areas across the system are under pressure. All work to date has involved reviewing our clinical pathways when a patient arrives at hospital, reasons for extended length of stay in hospital, and the systems and processes around the whole patient journey.</p> <p>In recent months this has also included working with colleagues aligned to the National Centre for Sustainable Delivery to understand our services, our workforce, and patient pathways in more detail to inform additional improvements which will be incorporated into our winter planning.</p>

An Urgent & Unscheduled Care plan has been in place throughout 2024 to recover performance with trajectories which show improvement month on month. The actions outlined within the plan are in place in response to the areas that we know from our data and patient experience that impacts on our ED performance and quality of care. There will continue to be a focussed effort in achieving the aspired trajectories whilst working closely with our local teams and our health and social care partners to identify any opportunities to further improve.

**Some examples of the overarching aims within the Urgent and Unscheduled Plan that have trajectories:**

1. Reduction of Scottish Ambulance Service handover times
2. Improving ED 4 hour compliance
3. Reduction in 12 hour delays within ED
4. Reducing the average LOS in the ED for admitted patients
5. Reducing the Acute site occupancy
6. Reducing the average LOS for emergency admissions to acute hospitals
7. Reducing the number of non-delayed patients in Acute hospital beds with a LOS >14 days.

We will also be introducing additional winter focussed actions aligned to the national winter preparedness checklist which all Health Board areas complete in collaboration with health and social care partnership teams which will set out our state of readiness for winter across all of our services. This approach recognises that pressures in one system area can have a knock-on effect to others, and actions will consider how services are interdependent on each other.

**6. Question** - Why do patients still require to attend hospital for most review/update appointments especially in more rural areas where transport is an issue - why can more not be done quicker to enable this to happen virtually?

**Answer** - For the 12 months until the end of June 2024, NHS Ayrshire and Arran provided a total of 342,642 return outpatient appointments. Of these, 55,597 were conducted virtually (either by telephone or via Near Me) without the need for the patient to attend hospital. This represents 16.2% of the total which compares to a national average for this measure of 13.7%.

We recognise there are further opportunities to improve in this respect and that this would be particularly advantageous to those patients for whom it is more difficult to physically attend our health care sites. This will be one of the improvement focuses of our Planned Care Programme in the coming months.