

DUMFRIES and GALLOWAY NHS BOARD

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Considerations for the Board in relation to the Potential Development of a “Maggie’s” Centre in Dumfries.

Authors:

Jeff Ace
Chief Executive

Sponsoring Director:

Jeff Ace
Chief Executive

Alexandra Little
Strategic Planning Manager/
Commissioner

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RECOMMENDATION

The Board is asked to consider the proposal to develop a Maggie’s Centre in Dumfries. In particular, it is asked to agree;

- The IJB role in the governance of decision making.
- Financial contribution.
- Land availability
- Utilisation of Area Clinical Forum to provide formal guidance to Board and IJB.

CONTEXT

Strategy / Policy: This paper can be considered in the context of the National Cancer Plan and the IJB’s Strategic Planning framework.

Organisational Context / Why is this paper important / Key messages:

The paper highlights potential to facilitate delivery of a major new facility in Dumfries which would provide third sector led support to patients, families and carers experiencing cancer. Such facilities have previously only been available at tertiary treatment centres in Glasgow and Edinburgh.

GLOSSARY OF TERMS

MONITORING FORM

Policy / Strategy	Health and Social Care Strategic Plan. National Cancer Strategy
Staffing Implications	None for NHS D&G
Financial Implications	Up to £250,000 capital with a recurring revenue commitment of £80,000.
Consultation / Consideration	
Risk Assessment	Strategic discussion paper hence no formal risk assessment carried out.
Risk Appetite	
Sustainability	
Compliance with Corporate Objectives	<ol style="list-style-type: none"> 1. To reduce health inequalities across NHS Dumfries and Galloway. 5. To maximise the benefit of the financial allocation by delivering clinically and cost effective services efficiently. 6. Continue to support and develop partnership working to improve outcomes for the people of Dumfries and Galloway.
Local Outcome Improvement Plan (LOIP)	
Best Value	<ul style="list-style-type: none"> • Use of resources • Equality • Sustainability
Impact Assessment	<p>Impact assessment has not been carried out as this is a general strategic discussion paper. Any definitive proposals that may arise from the paper will have impact assessment carried out as part of their planning.</p>

EXECUTIVE SUMMARY

This report was commissioned by the Chief Executive of NHS Dumfries and Galloway to support consideration of the proposal to develop a “Maggie’s” Centre in Dumfries.

Section 1 of this report begins with the necessity for change in how services are provided in Dumfries and Galloway. It links to relevant National and local policies.

Section 2 of the report briefly presents the context for population health in Dumfries and Galloway in terms of demographics and the particular impact of cancer on the population.

Section 3 of the report sets out the “Maggie’s” proposal for the development of a local Centre and the key decisions for Board consideration.

The report concludes with a recommendation as to the appropriate way forward for the Board.

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1. Strategic Context

The economic crisis that began in 2008-09 has led to increased pressures on health and social care funding. Simultaneously the rising costs of health care, the development of new medicines and technologies, the impact of ageing populations, social isolation, reduced social care services and high patient expectations have increased demand and added to financial pressure on health services. From all of these factors, the one certainty is that health and social care face considerable and ongoing resource challenges.

The current pattern of health and social care services is widely recognised as unsustainable. The key drivers for change can be summarised as:

- The need to respond to changing conditions in Dumfries and Galloway's population
- Unsustainable current and predicted future costs of ill-health
- Long term health and social care service challenges including the staffing of services
- The need to continue to improve, or at least to maintain, the quality of health and social care services.

1.1 Strategy and Policy

Within Dumfries and Galloway, the Health and Social Care Strategic Plan aims to bring about radical service change: <http://www.dg-change.org.uk/strategic-plan/>

This is an exciting and opportune time in Dumfries and Galloway to plan new ways of working. Our new acute district general hospital successfully opened at the end of 2017 and the integration of health and social care is on the way to changing the way that health and care services are planned and delivered.

“Beating Cancer: Ambition and Action (March 2016), www.gov.scot/Resource/0049/00496709.pdf seeks to improve the outcomes and experiences of people affected by cancer across Scotland by improving service delivery and reducing health inequalities. A significant challenge in achieving these ambitions is for health, social care and third sector services to develop sustainable and innovative approaches to cancer care.

The strategy acknowledges Scotland's changing demographic profile; i.e. by 2039 the number of people aged over 65 years is expected to rise by 53% to 1.5 million. This will have an inevitable impact on the demand for health and social care services, including cancer services as increases in the incidence of cancer are partly due to the ageing population.

The NHS Dumfries and Galloway Lead Cancer Team are responsible for delivering the recommendations within the National Cancer Strategy, and are currently refreshing the Dumfries and Galloway Action Plan.

In 2015, the Scottish Government stated its vision for palliative and end of life care:

“By 2021 everyone who needs palliative, end of life care and bereavement support will have appropriate access, regardless of age, gender, diagnosis, social group or location”

“We aim to provide a “good death” for all, one which emphasises respect and dignity, underpinned by patient and carer preferences and choices and the provision of genuinely person centred care”.

A Dumfries and Galloway strategic outline for co-production is currently in draft and progressing through NHS governance groups, prior to broad consultation and co-production; and articulates the vision and aspirations for Dumfries and Galloway in this area.

This strategic co-production approach will set priorities and seek to enable best value in terms of outcomes, experiences and use of resources and also reduce the risk of inadvertently creating inequity of access or provision.

Scottish Government has set out nine national health and wellbeing outcomes (Scottish Government, 2015). Two of the outcomes are particularly relevant to this report:

- Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

2. CONTEXT

2.1 Population Profile

Dumfries and Galloway is one of the most rural areas of Scotland, where issues such as transport, access to services and rural deprivation can have a marked impact. The region covers 6,426 square kilometres with a population of approximately 150,270 people.

Almost half of the population (46%) live in areas classified as rural, which is defined as living in settlements with fewer than 3,000 people and many (22%) live in remote rural locations.

The only urban areas are the towns of Dumfries and Stranraer, though neither of these is classified as a large urban area.

In terms of accessibility; just over a quarter (27%) of the population live in areas classified as remote (remote rural or remote small towns), which are defined as further than 30 minutes' drive away from a large town.

The latest population projections from the National Records of Scotland indicate that over the next 25 years younger people will make up a smaller proportion of our population than is currently the case.

2.2 Cancer in Scotland

It is estimated that more than 2 in 5 people in Scotland will develop some form of cancer, with increased risk over the age of 65. Data trends predict that there will be over 168,000 cases of cancer diagnosed in adults in Scotland during 2016 – 2020 around 33,000 cases p.a.

(Cancer in Scotland: Sustaining Change Cancer Incidence Projections for Scotland (2001 – 202) Scottish Executive 2004).

2.3 Local Cancer Incidence

Overall, 2.9% of men and 3.7% of women in Scotland are living with cancer (2,882 men and 3,699 women per 100,000) this equates to almost 4,500 men and over 5,500 women in Dumfries and Galloway.

The following table represents the number of actual incidents of cancer by locality in Dumfries and Galloway during 2012-2014:

source ACaDMe

Year	Annandale & Eskdale	Nithsdale	Stewartry	Wigtownshire	Total
2012	253	354	178	216	1001
2013	235	373	164	187	959
2014	311	401	226	229	1167

Future estimated incidences of cancer by locality are demonstrated below; however it is worth noting that the actual incidences of cancer were slightly less than those estimated for 2012-2014 (93 less in 2012, 148 less in 2013 and 44 less in 2014):

Year	Annandale & Eskdale	Nithsdale	Stewartry	Wigtownshire	Total
2015	295	415	203	225	1137
2016	300	420	205	227	1152
2017	305	427	207	230	1169
2018	310	434	209	232	1184
2019	314	440	211	234	1199
2020	319	445	212	236	1213
2021	323	451	214	239	1227
2022	328	457	216	241	1242
2023	332	463	217	242	1255
2024	336	469	219	244	1268
2025	340	474	220	246	1280
2026	344	479	222	247	1292

Estimated numbers based on 2012-based locality population projections, National Records of Scotland (NRS) applied to all cancer (excluding non-melanoma skin cancer) incident rates, at 5 year age groups, for Scotland 2008-2012 (rates taken from ISD Cancer Incidence projections 2012-2037, <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Incidence-Projections/>)

Each year around 1,900 people die in Dumfries and Galloway. On average approximately 28% of deaths are attributed to cancer.

Cause of Death	Average %
Cancer	28%
Ischaemic Heart Disease	14%
Respiratory Disease	13%
Stroke	8%
Dementia	7%
External Causes	4%
Other Diseases (combined)	26%

Source: NRS

3. THE MAGGIE'S CENTRE PROPOSAL

3.1 An opportunity has arisen to work with "Maggie's" to build a Centre in the grounds of DGRI to support people affected by cancer, their family and carers.

Appendix 1 is a paper produced by Sarah Beard of Maggie's that sets out the organisation's perspective on the development and provides clarity on the key requirements for NHS Dumfries and Galloway, namely;

1. Land at a peppercorn rent at the new D&G Royal Infirmary
2. Confirmation of a financial contribution (the revenue contribution is particularly important)
3. Formal Support from the Health Board Execs and senior clinicians for a Maggie's Centre at Dumfries
4. Confirmation of numbers of new cancers diagnosed per annum

Taking each of these in turn;

3.2 Land Availability

Appendix 1 highlights the potential site for a Dumfries 'Maggie's Centre' at the new DGRI. This is currently a landscaped area adjacent to the main entrance and patient car park and has not been earmarked for alternative use. It would be possible within the framework of NHS Scotland's Property Transactions Manual to make this site available to 'Maggie's' at a notional rent. The site could be made easily accessible though we would need to undertake traffic assessments to determine requirement for additional car parking provision. We would also need to mitigate any impact on current patient access and parking during construction.

Whilst there is obviously an opportunity cost associated with land use, the overall risk to the Board in utilising this space for a 'Maggie's Centre' appears low and manageable. We would, of course, be subject to the usual planning processes managed by Dumfries and Galloway Council.

3.3 Financial Contribution

Early discussions on the quantum of financial support required by the Board have led to an in-principle commitment of capital support of £250,000 and a recurring revenue contribution of £80,000. These are significant sums in the context of the Board's overall financial position and its requirement for significant cash releasing savings. If the Board formally commits to this sum, additional savings from either clinical or other services will be required in order to achieve our statutory duty of break even.

3.4 Board and Clinical Support

Since the creation of the Integrated Joint Board (IJB), the issue of decision making on major projects has become somewhat more complex. The NHS Board holds all assets and is responsible for capital infrastructure decisions. However, the IJB has primacy in the strategic planning and commissioning of services and therefore has a legitimate interest in service developments of this scale together with their associated costs. It may therefore be appropriate for both bodies to consider the proposal and align their views on best way forward.

There has been considerable clinical discussion around the proposal and its fit both with existing cancer advice services and with our wider approach to chronic conditions management. The Area Clinical Forum is best placed to offer definitive guidance to the Board and, if agreed, a formal request for advice can be submitted following this discussion.

3.5 Confirmation of Cancer Diagnoses

This data is provided in the report.

4. CONCLUSIONS

The paper at Appendix 1 provides a succinct evaluation of the potential advantages to the population of Dumfries & Galloway from the development of a 'Maggie's Centre' in Dumfries. These centres have proved enormously popular with patients across the UK and have a proven track record of support to families at a particularly stressful time.

Board considerations of this proposal should include its affordability in the current financial environment and the governance of the decision making to ensure alignment of all key stakeholders.

References

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