

Paper no: MSGHCC/127/2020
Meeting date: 22 January 2020
Agenda item: 5

Purpose: For action / note

Title:	Overview of Integration Authority Strategic Commissioning Plans 2019 - 2022
---------------	--

Key Issues:	<p>This paper provides an overview of Integration Authority Strategic Commissioning Plans 2019 – 2022. The overview identifies key messages and covers key elements including:</p> <ul style="list-style-type: none"> • Scope of plans; • Reach and quality of engagement; • Strategic needs assessment, strategic priorities and financial planning.
--------------------	--

Action Required:	<p>The MSG is invited to agree:</p> <ul style="list-style-type: none"> • In conjunction with the progress update on the integration review and in particular proposals at 3 (iv) and 3 (v) to note this overview. • That the key messages are widely shared in order to promote learning and continuous improvement in strategic commissioning processes and practice.
-------------------------	--

Author: Eilidh Love	Christina Naismith
Date: January 2020	January 2020

Introduction

1. All Integration Authorities have now revised their strategic commissioning plan, maintaining, realigning or setting their vision for the next 3 years, as required by the Public Bodies (Joint Working) (Scotland) Act 2014.
2. Integration Authorities are responsible for planning, designing and commissioning services in an integrated way from a single budget in order to take a joined up approach, more easily shifting resources to best meet need. They have a duty to publish a strategic commissioning plan for integrated functions and budgets under their control. Collectively, Integration Authorities manage almost £9 billion of resources that Health Boards and Local Authorities previously managed separately, and have the power and authority to drive real change.
3. The strategic commissioning plan is a very important document that sets out how Integration Authorities will plan and deliver services for their area over the medium term, using the integrated budgets under their control.
4. Strategic commissioning is centred around a continuous cycle of analyse, plan, do and review. Although this iterative process culminates in the production of a plan, the activity surrounding this will be continuous to ensure individual local systems are focused on people having access to the right care at the right time, and in the right place.
5. The strategic commissioning plan sets the direction of travel and ambition of the Integration Authority. It identifies the challenges and determines the priorities for delivering quality and co-ordinated care for their local population, all set within the context of available resources.

Key messages from overview of plans

6. There are a number of national priorities and challenges which are reflected in all of the strategic commissioning plans which are areas of focus for local systems across the piece. Those are supplemented by specific local priorities and issues which are unique to each individual area. The plans provide detail on both alongside the planned action in order to meet and tackle these. The key messages from the overview of the revised plans are as follows:
 - All Integration Authorities bar one have now published their second strategic commissioning plan. These are high level plans providing the strategic ambition for that area. Underpinning these plans will be a suite of specific plans, covering particular functions or aspects of statutory duties as well as care group or condition specific plans, which will provide more detail on how the Integration Authority will support and provide care for those in the partnership area with specific complex care needs.
 - These plans provide the statement of ambition and identify the direction of travel for integrated health and social care services and supports in each area. In most instances this is articulated very well but some have left the detail light which leaves the reader with an uncertainty about what the

statement of intent is or what they can be expecting to see happen in future years.

- The majority of areas have been clear that their strategic priorities remain the same, and that the basis of this new plan is to build on the progress made and continue to deliver improvements. Others have supplemented older priorities with new emerging ones. In plans where there is no suggestion of reflection or review of existing strategic priorities, the plan can seem quite disjointed.
- There are a number of strategic priorities that emerged as common themes. These include: creating capacity in the system and shifting the balance of care; aligning budgets with strategic plans; delivering primary care improvement; redesigning social care support; strengthening community engagement; and workforce recruitment and retention across sectors.
- All plans detail the national and strategic objectives to which their strategic commissioning plans align. Some give more detail than others but helpfully this provides a clear context for where the plan sits as part of the wider aims and ambitions of not only local partners but to the Scottish Government.
- Accessibility of plans and accompanying documents was relatively good but at times there were difficulties in locating these, or determining whether those documents were final versions. Ensuring that such important documents are available and widely accessible, and their status is clear, is crucial.
- Most plans detail the requirement to develop a financial plan which underpins the strategic plan, and most of these financial plans cover a shorter timespan than the strategic commissioning plan. Where this is the case, a medium to long term financial framework that covers the duration of the strategic commissioning plan is referenced.
- The plans include good explanations about how integration works locally and useful distinctions of the roles of each partner body which is helpful for the reader. An example of this is that most plans detail what the Integration Joint Board and the Health and Social Care Partnership are and their individual roles. This terminology has caused significant confusion to some, mainly with accountability and governance. Being clear on the functions, roles and differences of these bodies provides clarity.
- There are varied approaches to the level of detail provided in plans - both too little and too much. Accessible and easy to read plans have minimised repetition and utilised annexes, while providing links to other key documents and strategies.
- A number of plans set out progress to date before transitioning into what the future years look like. This gives a good baseline. However, in some plans this can be quite detailed and feels like an annual performance report, rather than a strategic commissioning plan. In those instances the plan has been set out more like a high level summary of the progress made and where they are

to date, rather than forward looking and providing detail on the ambition or plans to deliver change.

- We are starting to see plans touch on the need for prioritisation and the requirements to invest in new models, while requiring disinvestment elsewhere. This provides a level of transparency and offers the opportunity to set out the difficult decisions to be made and the challenges faced in ensuring the provision of good quality integrated services and supports that are sustainable.
- There is considerable variation in how financial information is presented. Many plans showed their financial profiles by providing detail on the proportion of the budget spent on each area of activity. Moving forward this will be a useful indicator to evidence any shifts in the balance of spend.
- Many describe in detail the financial challenges they face and the substantial gaps they are anticipating in future years. This provides transparency and clarity about the scale of the choices facing Integration Authorities and the need for radical redesign and development of new approaches.
- Every plan highlights the need to shift the balance of care and establishes this as a key priority. Most plans are light in providing detail on what actions they will take to progress this shift with some referencing further work being required. A number of areas reference plans produced by the Health Board for unscheduled care where the responsibility for planning for this function sits with the Integration Authority. Further work is required to ensure that Integration Authorities are planning for these services and that there are effective links to acute services and across multi-partnership Health Board areas.
- All plans make reference to housing and recognise this as a key contributor to effectively shifting the balance of care from institutional care to community based services and supports.
- It was clear that the integration principles were threaded throughout each plan.

7. The Scottish Government published an overview report on the first iterations of Integration Authorities' Strategic Commissioning Plans in September 2016.

8. These plans are required to be reviewed every three years and all of the Integration Authorities, bar one, have now reviewed, refreshed and published the second iteration of their strategic commissioning plans. This provides an opportunity to ensure the focus remains on improving outcomes for people and achieving sustainability within local systems.

9. As Integration Authorities mature and policy ambitions begin to take shape we would expect that these revised plans demonstrate progress with embedding integration, evidence maturing relationships, developing priorities and articulating future ambitions.

10. This report provides an overview of the key themes, challenges and opportunities reflected in the revised strategic commissioning plans, offering a national perspective on how the plans have evolved, how integration is progressing, and whether priorities have remained or shifted as integration further embeds.

Background

11. The way in which health and social care services are planned and delivered across Scotland changed when the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) came into effect on 1 April 2016. Under the 2014 Act, Health Boards and Local Authorities must set up an Integration Authority to plan, provide and monitor all adult social care, primary and community healthcare, and some specific hospital services, such as accident and emergency, and general medicine. A Health and Social Care Partnership is the operational and delivery aspect of integration, bringing together staff from the relevant Health Board and Local Authority.

12. The strategic commissioning plan is the output of what is commonly referred to as strategic commissioning, defined by [Statutory Guidance](#) as 'the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.'

13. Strategic commissioning by Integration Authorities is about planning and making decisions about how best to meet the needs of their local population, including taking account of specific care groups and people with particular conditions, using the combined resources available. As part of this, stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plans, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

14. The continued importance of effective strategic planning and commissioning for improvement is reflected in the [review of progress with integration](#) that was published by the Ministerial Strategic Group for Health and Community Care (MSG) in February 2019. The review set out 25 practical proposals for Integration Authorities, NHS Boards and Local Authorities, working with key partners including the third and independent sectors to increase the pace and effectiveness of integration within 12 months.

15. This includes proposals aimed at improving strategic planning and commissioning arrangements, as well as improved capacity for strategic commissioning of delegated hospital services, which must be put in place. These proposals reflect that maximising the benefit of health and social care services, and improving people's outcomes and experience of care, depends on good planning across all the services that people access. These proposals aligned in full with the recommendations made in [Audit Scotland's update report on integration](#) which published in November 2018.

16. Since publication of the MSG review, all Integration Authorities, Health Boards and Local Authorities have collectively evaluated their current position in relation to

the proposals. An overview analysis of self-evaluation responses, presented to the Review Leadership Group and the MSG, highlighted that there is a considerable range of work underway within and across local systems, with some variance in where local systems had evaluated themselves in terms of progress to date.

17. All local systems have developed improvement action plans and shared these with the Scottish Government. Generally, work is being taken forward systematically and at pace. National improvement support and shared learning with a number of local systems is augmenting this local endeavour, led by the Director of Delivery, Health and Social Care Integration.

Overall content and approach

18. The strategic commissioning plans provide the opportunity for partnerships to reach a wide audience and it is clear that most areas have been mindful of this in how they have approached the development of their plans, including the structure and content. This is strongest where a range of sources have been used which have incorporated visuals, infographics and data, balancing this with clearly presented text and providing a more engaging and inclusive story on what the future will look like, and why things need to change.

19. All, in some format or another, have linked back to the nine National Health and Wellbeing Outcomes, ensuring that messages on how this will support improving outcomes for their local population are prominent.

20. Overall, the plans are much more accessible than previously: approaches to tailor messages to a variety of audiences have been positive and have included honing key messages; references to strategies and documents housed elsewhere; and utilising appendices to provide more detailed information.

21. Some strategic commissioning plans proved difficult to find. Partners should ensure the plans are easily found online.

Scope of plans

22. The scope of the plan is determined by the functions delegated to the Integration Authority. Each plan details the roles and responsibilities of the Integration Authority, the functions delegated and their localities.

23. Where functions are not delegated, for example, children services, many of the plans refer to how best to co-ordinate these services when planning and delivering across the piece. This is useful in showing the links that have been established between partners and to ensure plans are aligned in order to meet their strategic ambitions. This is most prominent with criminal justice, education, children's services and housing. **Annex A** provides an overview of services that are delegated to each Integration Authority beyond the statutory minimum.

24. In all instances, it is clear that the strategic commissioning plan is the document that informs all other planning, including delivery plans and plans for specific populations, services or care group needs.

25. Making clear that these plans are underpinned by specific service delivery plans is helpful.

Reach and quality of engagement

26. We would expect to see details in each plan of who has been engaged with, the method for this engagement and the outcome. The plans set out a variety of approaches to engagement. A significant focus on community engagement is clearly set out in most plans, with some signposting directly to their published engagement plans and strategies. Some also describe how their local engagement has directly influenced the content of the plan itself.

27. A few plans are light on how they are engaging with communities. Recognising the importance of effective engagement, one proposal from the MSG review was that: *effective approaches for community engagement and participation must be in place for integration.*

28. A working group has been established, co-chaired by Scottish Government and COSLA and is meeting regularly in order to develop this with the aim of publishing in Spring 2020. The new statutory guidance will aim to provide clarity and specificity about how public engagement principles apply to health and social care in Scotland showcasing examples of best practice to support practical implementation.

Strategic needs assessment

29. Our expectation is that every plan identifies the total resource available across health and social care for each care group, including carers. This should then be related to the information set out in the strategic needs assessment on the needs of the local population.

30. All of the plans referenced their strategic needs assessment, although the subsequent link to their identified priorities was not always clearly described. Most provide links to these documents in full, some summarise them and a few contain very little detail on strategic needs.

Strategic priorities

31. Given the well documented and long standing challenges for delivering good quality, sustainable health and social care services, it is unsurprising that the strategic priorities of most Integration Authorities are unchanged in this version of their plans. In a few instances local priorities have changed, and it is not always clear why, though in some instances priorities have been consolidated into a briefer description. Integration Authorities will want to bear in mind whether, in making the plans easier to read, they may lose some important details.

Locality arrangements

32. Locality arrangements vary significantly across the country and some areas are still developing or reviewing their approach. Some locality arrangements are

focused on both an organisational unit for operational delivery and for locality planning, while others are entirely focused on one or the other with the intention of developing localities further over time.

33. The statutory guidance on localities states that localities provide one route, under integration to ensure strong community, clinical and professional leadership of strategic commissioning of services. Essentially, it is the route whereby local communities and local clinicians and professionals can play an active role in service planning for their local population, in order to improve outcomes. This approach fits well with community empowerment and community planning arrangements for localities. It ensures that people who live and work in a locality have a forum to inform redesign and improvement in that locality. A table of localities mapped to Partnerships and Health Boards is appended at **Annex B**.

34. Many plans highlight the need to shift to more preventive approaches and to continue to build community capacity. Working closely with local communities and building on their assets is also widely recognised, especially in locality planning and delivery.

35. A number of localities are based on existing Community Planning Partnership areas to retain or develop a strong connection to community planning, including joint work such as participatory budgeting to support small scale but vital community services or involvement. This ensures a common approach between key public service agencies and optimises opportunities for joint work on shared priorities. A small number are based on long-standing locality arrangements between health and social care, and many have taken clear account of GP cluster arrangements.

36. Many Integration Authorities have developed locality plans and these are outlined in strategic commissioning plans. Most also have developed locality profiles, using partnership wide data and disaggregating this to the locality area. This is an important aspect of equipping localities to plan for their populations.

Social Care

37. The reform of care and support in the community continues to be a focus for every area. Most plans detail the challenges and focus on the importance of ensuring social care services are flexible and person centred, and based on principles of empowerment and co-production.

38. All plans continue to prioritise further developing social care support to move beyond time and task based care, shift the focus to an outcomes based approach, and bring together a range of professionals to be able to provide the right care and support, in the right place at the right time.

39. Although social care is established clearly in every plan as a priority, a few plans are unclear on how challenges to change will be addressed.

40. Where significant detail has been provided on improving social care details have included: the current configuration of care, opportunities to shape the market, and recruitment and retention of the workforce.

41. The Scottish Government continues to prioritise social care for adults and is currently working with COSLA, people who use social care support, carers, and the social services sector to take forward a national programme to support local reform of adult social care support. This will be looking specifically at the current and future level of need for support and complexity of needs, and co-developing and testing new funding structures or models.

Primary Care

42. Improving provision of primary care is also a widely recognised priority, with frequent references in the plans to implementing the GMS contract. Primary Care Improvement Plans are being developed locally which will set out the detail for local delivery that underpins these commitments.

43. Primary Care is a long standing priority both nationally and locally, and there is significant work underway to shift care away from acute and institutional settings into the community. In particular considerable progress has been made in implementing the GP contract in the first 18 months but there remains substantial work to accelerate progress in the next 18 months. All strategic commissioning plans recognise the role of the GP as the expert generalist and being critical to support this.

44. The plans indicate that there has been substantial progress in both the pace and the scale of the development of primary care multidisciplinary teams of health and care professionals across all areas of Scotland since 2018, and a step change in the nature of clinical leadership in the GP profession in co-designing reform.

Financial planning

45. Integration Authorities must publish an annual financial statement in relation to delivery of the strategic commissioning plan.

46. Robust financial planning is essential to successful strategic commissioning. Partnerships must ensure that resources are accounted for and directed to deliver the best possible outcomes for people who use health and social care services. Achieving sustainability is a key requirement associated with the transformational change underway. This will involve making decisions regarding the prioritisation of resource – where to invest and disinvest – with an increasing focus on prevention and new models of care and support. Planning for sustainable quality services and supports across health and social care is complex and often interdependent; the better developed plans provided insights and to these complexities and dependencies.

47. There are positive examples in many plans of tackling resource prioritisation, including where an Integration Authority has been clear on the need to prioritise investment that will require a disinvestment in other areas. Where plans highlight the need to make progress in this area but offer little detail on how, there is a real risk that this will cause the reader concern as to what this will mean in real terms, particularly whether this is a mechanism to cut services. It is important that such

plans for redesign are based around the community engagement principles, bringing people on a journey to ensure those difficult conversations and discussions are made with communities.

48. Alongside their annual financial statements there is a need for Integration Authorities to plan financially over the medium and long term. Following the publication of the Scottish Government's Medium Term Financial Framework for Health and Social Care, most Integration Authorities have developed their own medium term financial plans. Most strategic commissioning plans either make specific links to local medium term financial plans or reference that they are currently developing these plans.

Links to acute and cross partnership working

49. Shifting the balance of care, appropriately, from acute to community settings is a priority for better integrated care. In order to make this a reality, planning across the unscheduled care pathway is required and should be included in every strategic commissioning plan. There is room for progress on this, as the plans currently do not include sufficient focus on effective use of acute resources to support the wider commitment to improving the balance of care.

50. Increased emphasis must be given to planning acute services that are delegated to Integration Authorities if effective progress is to be made. Recent work on developing revised statutory guidance on Directions from Integration Authorities to Health Boards and Local Authorities provides advice on multi-partnership co-ordination to ensure that plans for acute services are coherent and do not destabilise either the hospital system nor neighbouring partnership services, and that enable good directions to be developed to ensure effective delivery.

51. Multi-partnership collaboration and co-ordination is essential between contiguous IJBs within a Health Board area where plans for acute care are being developed. However, all decisions about delegated functions still require to be made by constituent IJBs, whatever operational arrangements are in place, such as hosting of services.

Housing

52. Housing services are an integral part of achieving our ambition of supporting people to live independently for longer at home or in a homely setting.

53. The first iteration of strategic commissioning plans provided a lot of detailed information on housing supported by Housing Contribution Statements and detailed plans for different care groups that combined housing with care. Although housing still features in most of the plans, it is interesting to note that, broadly speaking, less detail is included in this iteration of the planning cycle and not all include a Housing Contribution Statement.

Performance reporting

54. The nine National Health and Wellbeing Outcomes are underpinned by a suite of indicators used to measure whole system working. Integration Authorities are required to publish an annual performance report outlining improvement and performance against each of the outcomes. This allows progress to be measured and benchmarked against performance in other areas. The Scottish Government's expectation is that the strategic commissioning plan will identify the resources that are being used, and in what way, to improve these outcomes.

55. The plans demonstrate a varied approach to the use of data. Some use a mixture of data, infographics and visuals to provide a cohesive narrative of how progress is being made towards the national health and wellbeing outcomes in their areas. This approach is accessible and engaging, particularly when data are laid out alongside the projects and programmes that delivered the change.

Strategic Planning Group

56. Every Integration Authority must establish a Strategic Planning Group to help prepare the strategic commissioning plan. Each group must include representatives from the Health Board and Local Authority, users of health care and carers; commercial and non-commercial providers of health care; health and social care professionals; users of social care and carers; non-commercial providers of social care and social housing; and third sector bodies carrying out activities related to health or social care.

57. All the plans provide a description of the role and remit of the local Strategic Planning Group.

Conclusion

58. Integration Authorities take a range of approaches to setting out their strategic commissioning plans. Looking to the future, it will be useful to consider in particular how effectively the plans describe the evidence to support the local approach to change and improvement. The recently published [Framework for Community Health and Social Care Integrated Services](#), which provides a succinct description of what good looks like in terms of the provision of effective, integrated community-based assessment, treatment, care and support, supports this approach and will help to provide a mechanism for sharing and implementing good practice.

59. Approaches to developing and consulting on strategic commissioning plans have matured and improved across Integration Authorities. Their key importance is now much better understood by Integration Authorities themselves, their partners and their stakeholders and they are widely used and referred to in local systems to ensure a focus on priorities for the delivery of sustainable and high quality services.

60. Strategic commissioning plans provide the statement of ambition and identify the direction of travel for all integrated health and social care services and supports in each area. Getting the level of detail balanced with accessibility and effective comprehension is vital – a few have more to do in this regard. Similarly, clarifying

links between supporting plans for specific care groups or services and the strategic commissioning plan is important and can help in getting the level of detail right by clearly signposting and mapping other plans.

61. We expect the next iteration of strategic commissioning plans to continue to improve and develop, as well as the supporting care group specific and delivery plans for key aspects of service.

Integration Division
January 2020

Delegation of Functions (beyond minimum requirements)

Integration Joint Board	Children's Health Services	Children's Social Care Services	Criminal Justice Social Work	All Acute Services
East Ayrshire	Delegated	Delegated	Delegated	Not delegated
North Ayrshire	Delegated	Delegated	Delegated	Not delegated
South Ayrshire	Delegated	Delegated	Delegated	Not delegated
Scottish Borders	Not delegated	Not delegated	Not delegated	Not delegated
Dumfries & Galloway	Delegated	Not delegated	Not delegated	Delegated
Fife	Delegated	Not delegated	Not delegated	Not delegated
Clackmannanshire & Stirling	Not delegated	Not delegated	Not delegated	Not delegated
Falkirk	Not delegated	Not delegated	Not delegated	Not delegated
Aberdeen City	Not delegated	Not delegated	Delegated	Not delegated
Aberdeenshire	Not delegated	Not delegated	Delegated	Not delegated
Moray	Not delegated	Not delegated	Not delegated	Not delegated
West Dunbartonshire	Delegated	Delegated	Delegated	Not delegated
East Dunbartonshire	Delegated	Delegated	Delegated	Not delegated
East Renfrewshire	Delegated	Delegated	Delegated	Not delegated
Glasgow City	Delegated	Delegated	Delegated	Not delegated
Inverclyde	Delegated	Delegated	Delegated	Not delegated
Renfrewshire	Delegated	Not delegated	Not delegated	Not delegated
Argyll & Bute	Delegated	Delegated	Delegated	Delegated
North Lanarkshire	Delegated	Not delegated	Not delegated	Not delegated
South Lanarkshire	Delegated	Not delegated	Not delegated	Not delegated
East Lothian	Delegated	Not delegated	Delegated	Not delegated
Edinburgh	Not delegated	Not delegated	Not delegated	Not delegated
Midlothian	Delegated	Not delegated	Not delegated	Not delegated
West Lothian	Not delegated	Not delegated	Not delegated	Not delegated
Orkney	Delegated	Delegated	Delegated	Not delegated
Shetland	Delegated	Not delegated	Delegated	Not delegated
Angus	Not delegated	Not delegated	Not delegated	Not delegated
Dundee City	Not delegated	Not delegated	Not delegated	Not delegated
Perth and Kinross	Not delegated	Not delegated	Not delegated	Not delegated
Eilean Siar	Delegated	Not Delegated	Delegated	Not delegated

Lead Agency	Adult Health and Social Care	Children's Health and Social Care
Highland Health and Social Care Partnership	NHS Highland	Highland Council

Integration Authority Localities by NHS Board Area

NHS BOARD – INTEGRATION AUTHORITY		LOCALITIES
NHS Ayrshire and Arran	East Ayrshire	Kilmarnock
		East Ayrshire - North
		East Ayrshire – South
	North Ayrshire	Arran
		Irvine
		Kilwinning
		Ganock Valley
		North Coast
	South Ayrshire	Troon & Villages
		Prestwick & Villages
		Ayr South and Coynton
		Ayr North and Former Coalfield Communities
		Maybole and North Carrick Villages
	Girvan and South Carrick Villages	
	NHS Borders	Scottish Borders
Cheviot		
Eildon		
Teviot & Liddesdale		
Tweeddale		
NHS Dumfries and Galloway	Dumfries and Galloway	Annandale and Eskdal
		Nithsdale
		Stewarty
		Wigtownshire
NHS Fife	Fife	North East Fife
		Glenrothes
		Kirkcaldy
		Levenmouth
		Dunfermline
		South West Fife
		Cowdenbeath

NHS Forth Valley	Clackmannanshire Stirling	and	Clackmannanshire		
			Stirling City with the eastern villages		
			Bridge of Allan and Dunblane; Rural Stirling		
	Falkirk		Falkirk		
			Grangemouth, Bo'ness and Braes		
			Denny, Bonnybridge, Larbert and Stenhousemuir		
NHS Grampian	Aberdeenshire		Banff and Buchan		
			Buchan		
			Formarine		
			Garioch		
			Marr		
			Kincardine and Mearns		
	Aberdeen City		Aberdeen North		
			Aberdeen Central		
			Aberdeen West		
			Aberdeen South		
	Moray		Moray East - Buckie / Cullen, Keith, Speyside		
			Moray West - Elgin / Lossiemouth, Forres		
	NHS Highland	Highland		Caithness	
				Sutherland	
Easter Ross					
Mid Ross					
Skye, Lochalsh and Wester Ross					
Inverness West					
Inverness East					
Lochaber					
Badenoch & Strathspey, Nairn & Ardersier					
Argyll and Bute					Lorn and the Isles
					Mid Argyll
					Kintyre
		Islay and Jura			
		Bute			
		Helensburgh and Lomond			

NHS Greater Glasgow and Clyde	East Dunbartonshire	West of East Dunbartonshire
		East Dunbartonshire
	East Renfrewshire	Levern Valley
		Eastwood 2
		Eastwood 1
	Glasgow City	North West Glasgow
		North East Glasgow
		South Glasgow
	Inverclyde	East Inverclyde Central
		Inverclyde
		West Inverclyde
	Renfrewshire	Paisley
		West Renfrewshire
	West Dunbartonshire	Clydebank
Alexandria and Dumbarton		
NHS Lanarkshire	North Lanarkshire	Airdrie
		Bellshill
		Coatbridge
		Motherwell
		North (Cumbernauld, Kilsyth and Northern Corridor)
		Wishaw
	South Lanarkshire	Hamilton
		Clydesdale
		East Kilbride
		Rutherglen and Cumbuslang
NHS Lothian	East Lothian	East - Haddington & Lammermuir, North Berwick, Dunbar & East Linton
		West - Musselburgh, Fa'side & Preston, Seton & Gosford
	Edinburgh City	North West
		North East
		South West - Pentlands, South West
		South East / Central
	Midlothian	East Midlothian
		West Midlothian
	West Lothian	East Lothian
		West Lothian

NHS Orkney	Orkney	East Mainland
		West Mainland
		Isles
NHS Tayside	Angus	North West Angus
		North East Angus
		South East Angus
		South West Angus
	Dundee City	Lochee
		Strathmartine
		West End
		Coldside
		Maryfield
		East End
		North East
	The Ferry	
	Perth and Kinross	North Perthshire
South Perthshire & Kinross		
Perth City		
NHS Shetland	Shetland	North Mainland
		South Mainland
		West Mainland
		Central Mainland
		North Isles
		Whalsay & Skerries
		Lerwick & Bressay
NHS Western Isles	Nan Eilean Siar	Barra & Vatersay
		The Uists and Benbecula
		Harris
		Rural Lewis
		Stornoway & Broadbay