

NHS RECOVERY PLAN 2021-2026



August 2021



Contents

 Click to navigate



Foreword from
Cabinet Secretary for Health
and Social Care



Overview



Staffing and Wellbeing



Primary and
Community Care



Outpatient and Diagnostic
Procedures



Additional Inpatient and
Day case Activity



Urgent & Unscheduled Care



Cancer



Mental Health



National Mission to tackle
drug-related deaths



Innovation & Redesign



Workforce & Recruitment



Principles for Safe and
Effective Recovery



What this means for patients
and staff



Assessing Risks & Developing
Mitigations

Foreword



Scotland's National Health Service is our most precious institution. In our hour of greatest need during the pandemic the women and men who staff our NHS provided exemplary care in the most trying of circumstances.

Addressing the pandemic in order to save lives and protect our NHS has come at a difficult cost. It made the delivery of what would otherwise be the normal service of our NHS harder to deliver. It has meant some people waiting longer in pain for care, or even simply longer in doubt for diagnosis.

The aim of this plan is to drive the recovery of our NHS, not just to its pre-pandemic level but beyond. This recovery plan is backed with over £1 billion of targeted investment over the next 5 years to increase NHS capacity, deliver reforms in the delivery of care, and get everyone the treatment they need as quickly as is possible.

Of course, the process of recovery must have at its heart an acknowledgment and understanding of the challenges of the last year and more. Our health and social care staff have been extraordinary in their response to unprecedented demands and delivered services in new and sometimes unfamiliar ways. It is not easy to convey the full impact that working in pandemic conditions has had on staff, and indeed on the health and care system more generally. I take the opportunity once again to express my sincere thanks for the continued courage, commitment and professionalism of all staff during this time. I welcome their continuing support and invaluable insight and direction as we take the next steps on the road to recovery, remobilisation and renewal. Success in this endeavour can only be achieved if recovery of staff is intrinsic to our collective ambitions for renewing our NHS. Investment in support for staff wellbeing is therefore an essential and vital component of this recovery plan.

Whilst the NHS has sought to prioritise and maintain essential services, such as urgent, emergency, mental health, maternity and vital cancer care throughout the pandemic, we know that many people have had treatment delayed. The pausing of non-urgent elective procedures and screening, while unavoidable as part of our pandemic response, has resulted in delays to routine treatment and it has significantly lengthened waiting times for many patients. Primary and community care services, such as general practice, pharmacy, dentistry and eye care, have also been greatly impacted and are under significant pressure. Getting services back on track and tackling backlogs of care for patients as quickly as possible is essential, and this Plan sets out how we will do that safely and effectively, while being open and transparent about the scale of the challenge the NHS faces over the next few years.

This NHS Recovery Plan sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years. While it is important to stress that recovery is the immediate task, this Plan is fundamentally about ensuring that the process of recovery also delivers long term sustainability. That is why service innovation and redesign - as well as creating additional capacity - is central to it. The plan will be reviewed regularly and reported on annually to ensure its actions and outcomes are delivered. We will also remain open to new ideas and initiatives that can help accelerate recovery and shape sustainable ways of working.

The task ahead will be challenging and will take time to be fully realised, but I know with the right support we can see our NHS deliver a successful and sustainable recovery for the people of Scotland.

A handwritten signature in black ink, appearing to read 'H. Yousaf'.

Humza Yousaf

Cabinet Secretary for Health and Social Care

Overview

Impact of the Pandemic

The impact of addressing the Covid-19 pandemic meant many health and care services had to be suspended or reduced in scope and scale. This affected almost all aspects of NHS care. As a result, there are many people who are waiting longer for the care they need. Addressing this backlog of care, while continuing to meet the ongoing urgent health and care needs of the country, is the central aim of this recovery plan.

Before the pandemic, waiting times for elective care were improving by virtue of the Waiting Times Improvement Plan - for example, in the 18 months to March 2020, the number of new outpatients waiting over 12 weeks had reduced by over 30%. However, the pandemic resulted in a 41% reduction in new outpatient activity in 2020/21 - equating to around 586,000 appointments. Inpatient and day case activity reduced by more than 50% - around 138,500 procedures.

The easing of Covid-19 restrictions is now enabling a return to greater normality for services. While this will allow activity levels to start to increase again, it will also see deferred demand from those who have not been able to access services normally over the past year and a half. As a result, as services return to normal and backlogs in care to be tackled, the number of people awaiting treatment will continue to rise unless action is taken to increase healthcare capacity. Delays in care will also mean a deterioration in condition that will mean that more people will require hospital treatment than would otherwise have been the case. We know that it will take time - and a series of targeted actions to build capacity and redesign patient pathways - to bring waiting times back within targets.

We must also recognise that, alongside the impact on patients, the pandemic has had a significant impact on the wellbeing and resilience of NHS staff whose continued dedication and efforts will be critical to the successful remobilisation and recovery of services. That is why this Recovery Plan includes additional support for staff, to ensure that they can recover and recuperate.

Recovery

This Recovery Plan sets out how we will take forward or aim of increasing NHS capacity by at least 10% as quickly as is possible in order to address the backlog in care and meet ongoing healthcare needs for people across the country. As well as outlining the principles our NHS recovery is shaped by, it also sets out the over £1 billion of targeted investment need to deliver improvements in the short term, throughout this 5 year term of the Scottish Parliament, and sustainably for the future.

The backlog of care in acute service doesn't just affect the acute aspects of the NHS, ultimately it also puts additional pressure on primary care as patients seek support and relief while they wait for the elective care they have been diagnosed as requiring. That is why our Recovery Plan details the focussed action we intend on taking to recover all the integral parts of our National Health Service.

Prior to the pandemic Scotland's NHS carried out approximately 270,000 inpatient/day cases per year, and approximately 1.4 million outpatient appointments. The effects of the pandemic on NHS capacity continue to be felt in 2021/22, but in the coming years we will be increasing our NHS capacity substantially beyond pre-pandemic levels of activity. The measures that we have identified will result in an increase of 55,500 procedures per year by the end of this plan - a 20% increase over pre-Covid levels. A summary of how we will deliver this is set out in the table below:

Additional Inpatient and Day case Activity	2022/23	2023/24	2024/25	2025/26
National Treatment Centres	12,000	19,000	25,000	40,000
Additional activity at NHS board level	15,500	15,500	15,500	15,500
TOTAL	27,500	34,500	40,500	55,500

One aspect that cannot yet be fully quantified is the true backlog in care that will emerge following the pandemic, as we know there will be a number of people who will not yet have presented with conditions requiring treatment. As a result we will continue to work to identify ways of adding additional activity, through new facilities or through improvements to existing ways of working. We will include the results of this work in the annual updates to this plan.

For outpatients we will increase capacity for outpatients by 10% compared to pre-pandemic activity levels of around 1.4 million appointments and procedures a year.

The vast majority of this increase will be delivered through the redesign of care pathways that learn from the latest and best practice from across Scotland, and beyond. The new Centre for Sustainable Delivery (CfSD) will work with health boards to help best practice to be embedded across the country and help release consultant's time to accommodate new outpatient appointments in hospital clinics.

Outpatient activity	2022/23	2023/24	2024/25	2025/26
Increases in hospital outpatient capacity	8,000	12,000	16,000	20,000
Releasing activity through redesign of care pathways	50,000	70,000	90,000	120,000
TOTAL	58,000	82,000	106,000	140,000

Our specialist diagnostic services are split between imaging services (MRI scans, CT scans) and endoscopy services. We are investing £29 million this year, to provide an increase of 78,000 diagnostic procedures and have identified means to increase these procedures by 90,000 by the end of this plan.

Additional Diagnostic Procedures	2022/23	2023/24	2024/25	2025/26
Additional CT pods	29,000	29,000	29,000	29,000
Mobile MRI Units	24,000	24,000	24,000	24,000
Additional Endoscopy	20,000	25,000	25,000	25,000
Innovation in diagnostics	5,000	7,000	9,500	12,000
TOTAL	78,000	85,000	87,500	90,000

These goals are ambitious but achievable. Key to that achievement will be working in partnership with stakeholders across health and care settings to ensure a whole system approach. This will include working with unions and staff side organisations, local partners and communities, third sector organisations and, of course, the wider public. Good communication will be essential to keeping people informed of progress, nationally and locally - as part of this, we will publish annual updates against this plan. The volume of increased activity in particular specialisms will be driven by a range of factors, not least existing demand and projected demand from demographic change. As a result the shape of increased capacity will vary by specialism and treatment.

Staffing and Wellbeing

NHS and care staff across our nation have been on the frontline in our efforts to tackle the Covid-19 pandemic. They have been heroes, but we cannot forget that they are only human. If we want our NHS and social care staff to be able to best care for us we need to make sure that we care for them.

That's why we will invest an additional £3 million a year to provide enhanced wellbeing support, both locally and nationally. This will increase our targeted support for staff wellbeing for everyone working in health and social care to £6 million, and increase our targeted support to primary and social care staff to £2 million.

Everyone working across health and care will have continued access to the National Wellbeing Hub and Helpline for advice. The hub is a wellbeing support service for staff that has already been used by more than 115,000 health and care staff since we created it in May 2020.

In the last six months we have introduced a new Workforce Specialist Service that is providing tailored, confidential mental health support to regulated staff across the NHS and social care workforces. It is the most expansive of its kind anywhere in the UK. Over 200 staff have already received bespoke mental health care and we will continue to invest in and grow the service in line with what staff tell us they need. We are also providing funding to NHS Education for Scotland (NES) to improve how Health boards' deliver psychological interventions and therapies to support the mental health and wellbeing of their staff.

We will offer further practical support for the physical and emotional needs of the workforce - this will include additional funding for rest areas, guidance to promote effective wellbeing conversations, new opportunities for staff to reflect on the emotional aspects of their work and further resources so staff at all levels can access peer support.

We will enhance occupational health for staff, and continuously evaluate the range of wellbeing support in place to ensure it is sufficient. In particular, we will identify with partners new ways to support the needs of those working in specific areas of work such as ICU, nursing, primary and social care. This work will inform the development of a new National Wellbeing Programme to be implemented from autumn 2021.

Significantly, we are recruiting more staff throughout the NHS so our ambitious recovery can be fully realised, with this plan outlining our commitment to:

- Recruit 1,500 new clinical and non-clinical staff for National Treatment Centres by 2026
- Provide 1,000 additional staff in Primary care mental health, giving every GP practice access to a link worker
- Increase the number of medical undergraduate places by 100 per annum and double the number of widening access places
- Invest £11 million over the life of this plan in new national and international recruitment campaigns and establish a national Centre for Workforce Supply
- Create new youth employment opportunities in health and social care through our national Young Person's Guarantee
- Provide additional training opportunities through the NHS Academy for new and existing staff in key areas of need, including pre and perioperative care and endoscopy

And we remain on track to deliver the following longer term commitments set out in the Integrated National Workforce Plan:

- 800 new mental health workers by 2022
- 500 advanced nurse practitioners
- Increase the GP workforce by 800 by 2026
- 225 new advanced musculoskeletal practitioners by 2024/25
- Create 30 new reporting radiographer training places over the next 3 years
- Create 30 training places in cardiac physiology

Primary and Community Care

A huge volume of the care our NHS provides is through primary care and a GP consultation is almost always the first step of a patient's journey. GPs are our health system's expert medical generalists and like the rest of the NHS our GPs and their practice teams have continued to provide care through the pandemic, but often in very constrained circumstances.

Through this Recovery Plan we will increase wider primary care capacity and urgently seek to fully restore face to face consultations in GP surgeries and other primary care services as a priority. To support this Public Health Scotland will imminently publish updated guidance for primary care settings covering key issues such as physical distancing requirements, access for patients and infection prevention control.

Primary care teams moved swiftly to utilise digital and telehealth services to deliver care through the pandemic, and these will continue to play a part in the delivery of care as part of the mix of service provision. This form of care will not be suitable in all circumstances or for all patients, but it is a welcomed option by many as it allows them to get care without disrupting personal and work commitments, and reducing unnecessary travel. To support this we will continue to scale up the use of 'NHS Near Me' with £3.4 million a year. Prior to the pandemic usage of NHS Near Me was limited to around 1,200 consultations per month, but with the rapid scale up due to the pandemic this now stands at 12,000 per week.

This year, we are investing £155 million to provide General Practices and their patients with support from a range of healthcare professionals in the community, all underpinned by a joint implementation plan with Health Board, Integration Authorities and the BMA signed in July 2021. This plan includes, for example, the recruitment of further pharmacists to help with patients' repeat prescriptions and medicine reviews, community nurses to assist with diagnostic tests and chronic disease management as well as physiotherapists to treat musculoskeletal issues in the community. By April 2022, we are aiming to have Board-delivered pharmacy and nursing support in all 925 of Scotland's General Practices or direct additional support to Practices where this is not the case. This is in addition to our existing commitment to deliver 800 additional GPs by 2028, as well as the recruitment of Mental Health Link Workers supporting GPs as outlined above.

All of our efforts to enable primary care recovery is underpinned by our commitment to deliver an increase in primary care spending of at least 25% by the end of this parliament.

This investment and the additional staff it supports will help to alleviate pressures on GP services while ensuring we all get the care and support we need from a qualified professional. Community pharmacies, acting as the first port of call, will be a key provider in unscheduled care, supporting the recovery of the NHS. That's why we introduced the NHS Pharmacy First service, backed by £7.5 million of investment this year, which means your community pharmacist can help with a range of common clinical condition treatments. We're going to increase this investment by £2.5 million in 2022/23 to enable community pharmacies to provide an even wider range of advice and, treatment, avoiding unnecessary GP and out of hours appointments.

Over the next year we will develop and introduce a new pharmacy woman's health and wellbeing service through our public health services. This new service will provide greater access to advice, guidance and if appropriate treatments in areas such as conception, contraception and menopause. In the second year of this plan we will also establish a community pharmacy hospital discharge and medicines reconciliation service to help speed up the process for people being discharged from hospital. We are investing in developing new digital solutions such as ePrescribing and eDispensing to make the prescribing process paperless which will free up capacity for healthcare professionals so that they can see more patients. It will also make it easier for patients to access their medicines quickly and safely.

We will also take forward public consultation and engagement to develop a safe and secure digital app that will support people to access information and services directly, self-manage, and access and contribute to their own health and care information.

For NHS community dentistry our immediate focus will be on returning the sector to at least pre-Covid levels of activity as soon as is practicable. The impact of the pandemic on NHS dentistry services has been particularly hard because of the aerosol particles generated by many dental procedures and the additional risk of spreading the virus that this brings. We are working on a four nations basis on revised infection, prevention and control (IPC) guidance, with a review of the guidance due to report in September 2021. We have invested £5 million to improve the ventilation capability of dental surgeries, and £7.5 million in new dental equipment. Both of these measures will reduce that risk and therefore help us to increase capacity in our dental surgeries. Both these initiatives will increase the capacity of dental practices to see more NHS patients under the present restrictions.

Over this parliament we will remove all NHS dental charges and work with our frontline dentists to deliver service reform that ensures that are sustainable long into the future. We're committed to maintaining at least the range and scope of procedures that are available through an NHS dentist, and building on our established Oral Health Improvement Plan (2018). Our first step in removing charges is to remove charges for anyone aged under 26. By improving access to primary dental care we can help reduce pressure on acute dental services in the future.

Enhancing primary care specialist services can help reduce demand for acute services – freeing up capacity in the acute sector. Pre-pandemic ophthalmology was the largest hospital outpatient specialty. That's why we are reforming the way in which eye care services are delivered, with a focus on managing significantly more patients in the community instead of in hospital. We are investing £2 million initially for a range of innovative projects, increasing to around £9 million per annum by the end of the five year Plan, including: a new National Low Vision service for visually impaired people provided by accredited community optometrists and dispensing opticians; enabling more complex anterior (front) eye conditions to be managed by Independent Prescriber optometrists; and stable glaucoma and treated ocular hypertension patients to be discharged from hospital into the management of accredited community optometrists.

This year we are also investing £200,000 to pilot enhanced community audiology services, and we aim to develop community hearing services that are on a par with primary care services by the end of this parliament.

All the work set out above will be supported and built on by two national boards that directly support healthcare in the community - NHS 24 and the Scottish Ambulance Service. These services ensure patients have 24/7 access to urgent care in their communities where this is appropriate, either through advice to support appropriate self-care or referral to the best available health care professional.

NHS24 work will continue to work collaboratively across the whole healthcare system as a key contributor to the redesign of urgent care to direct people to the right care in the right place. We are investing over £20 million additional funding in NHS 24 to ensure call handling times are appropriate and that they can continue to respond to the needs of the community on a range of health care asks.

The Scottish Ambulance Service to continue to grow their specialist practitioner workforce to be able see and treat more patients at home avoiding attendance at hospital. We are investing £20 million this year in SAS as part of their demand and capacity review to help tackle the biggest challenges they face, including hospital turnaround times.



Outpatient and Diagnostic Procedures



We know that the impact of the pandemic on Outpatient appointments has been significant. There has been a reduction of more than 41% in new outpatient activity (which would equate to the loss of around 586,000 appointments) since March 2020, which has led to a build-up of around 200,000 people waiting over the Scottish Government standard of 12 weeks for a first Outpatient appointment. However, throughout the pandemic, the NHS has responded to address the challenges, and has been delivering Outpatient services differently, to ensure that Outpatients appointments could continue, despite the difficulties in carrying out 'face to face' consultations due to the need to maintain protocols to protect the health and safety of patients and NHS staff. Increased use of NHS NearMe, video calls and telephone consultations have ensured that appointments have continued to be provided, albeit in a different format.

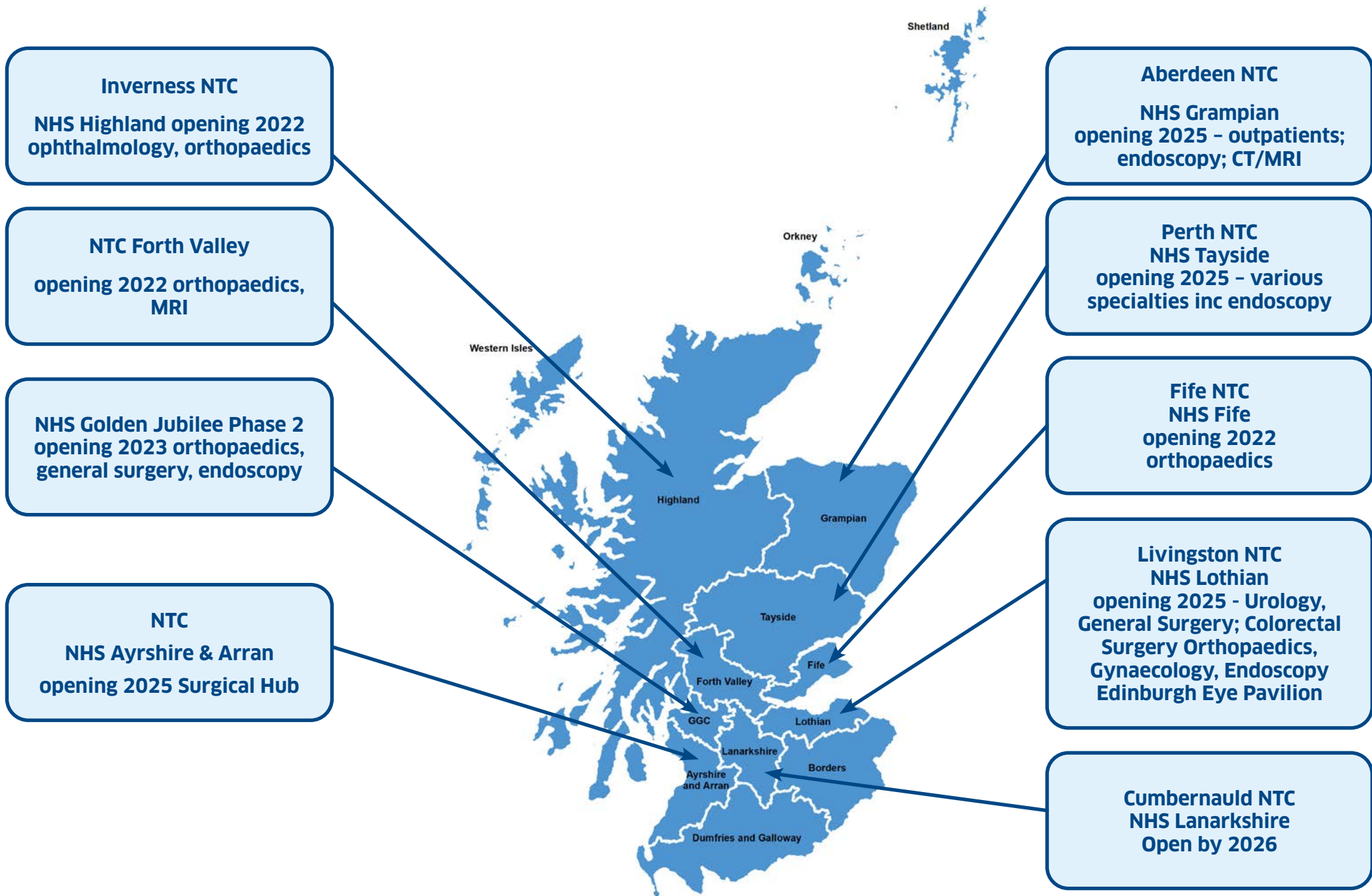
The newly created Centre for Sustainable Delivery (CfSD) will work with our NHS boards to introduce new ways of delivering care that will create additional capacity for inpatient, day case and outpatients. They will do this building on the use of video consulting, supporting self-care, and developing alternative pathways of care that will include patients being able to initiate follow up support when required, thus releasing capacity for new outpatient appointments. We've made progress in this area already, for example in many areas the Irritable Bowel Syndrome pathway provides diagnosis and treatment in primary care setting with support from dieticians without the need for a patient attending hospital. Similarly the Coeliac Disease pathway in many areas is now community-led and reduces time to diagnosis.

These actions, together with additional activity will enable us to see 140,000 new outpatients each year by the end of this plan.

Diagnostic imaging is also an important part of the patient pathway, and we will prioritise reducing waiting times for these important procedures. We have provided investment of £29 million to increase diagnostic procedures by 78,000 this year and we will continue this over the course of this plan. Together with innovation in diagnostic procedures we expect to increase capacity by at least 90,000 procedures by the end of the year.

Additional Inpatient and Day case Activity

Central to our objectives of tackling the Covid-19 related treatment backlogs, and putting the NHS on a sustainable path for the future, is the creation a network of National Treatment Centres (NTCs) for planned elective procedures and diagnostic care. This builds on the model pioneered by the Golden Jubilee, Scotland's original National Treatment Centre, which will help ensure that more planned care is less vulnerable to disruption from surges in unplanned care.

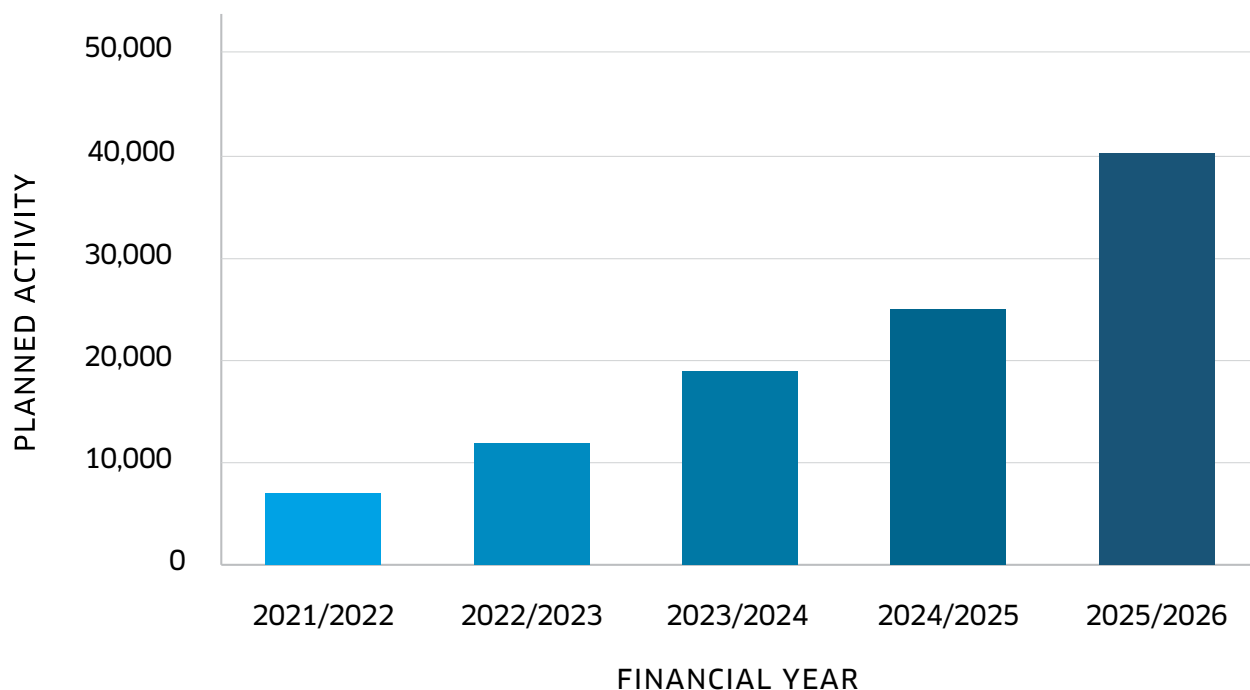


© Crown copyright and database right (2021). Ordnance Survey (OS Licence number 100024655)

The NTC Programme is a huge investment in frontline planned care infrastructure and over the next five years it will provide the single biggest increase in planned care capacity ever created in the NHS. We have already committed to an investment of £330 million in the NTC programme, with the first expansion of the Golden Jubilee in November 2020. Through this recovery plan we will increase NTC investment to more than £400 million to support the establishment of two further centres in Ayrshire and Cumbernauld.

In addition to the Golden Jubilee the new network will include the 6 centres already in development, and the two additional centres in Ayrshire and Cumbernauld. We are also working on the replacement of the Edinburgh Eye Pavilion, which will ultimately see a national network of 10 specialist centres delivering a wide range of elective and diagnostic care across the country.

The phased opening of the NTCs is being accelerated to support NHS recovery and help the increase in demand that is anticipated to arise from demographic changes. The graph below shows the expected year on year increase in capacity. By 2026 the network is planned to deliver at least 40,000 additional elective surgeries and procedures per year. From 2026 onwards, this will increase to 50,000 per year. In particular, the NTCs will significantly increase capacity for diagnostic procedures such as CT and MRI scans, outpatient appointments, day surgery and short-stay theatre procedures in specialties such as orthopaedics, ophthalmology and general surgery. To deliver this, by 2026, we will recruit at least an additional 1,500 staff to work in the NTCs. The full network of NTCs will be completed and operational by the end of this Parliament. In addition to this new capacity we expect around 15,500 additional procedures to be delivered in existing NHS Board facilities in each year of this plan.



Urgent & Unscheduled Care

The number of people attending A&E declined significantly during 2020 as people followed health advice and stayed home to protect the NHS and save lives. However, as restrictions have lifted urgent and emergency attendances and admissions to A&E departments have returned to pre-pandemic levels, which in 2019 were at historically high levels. This increase in attendances - combined with factors such as the reduced capacity resulting from infection control measures, and understandable staff absences as a result of self-isolation and annual leave - has contributed to the current pressures being experienced in A&E and unscheduled services.

The focus of our strategy for urgent and unscheduled care is on optimising safe and effective patient care. To this end, we are working closely with local teams and expert groups to develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge. All of these actions will not just help reduce pressure in A&E - they also have the potential to increase bed capacity by 150 beds per day, which will in turn help to increase our ability to provide planned care. In addition we have already committed £3.6 million in funding in 2021 to support our ambition to roll out Hospital at Home across Scotland to deliver high quality specialist care in people's own homes.

We are also implementing the Redesign of Urgent Care (RUC) Programme. A hub has been established in every health board to directly receive referrals from NHS 24, offering rapid access to a senior clinician, using a telephone or video consultation where possible and minimising the need to attend A&E. Since June 2021, these have expanded to include children aged 18 months - 12 years. Where people are referred to A&E, this is as scheduled as possible, for a specific day and time, reducing unnecessary waits. And, where appropriate, patients will be encouraged to contact their GP or community pharmacist as their first point of contact, keeping care as close to home as possible and avoiding the need to wait in A&E, helping keep everyone safe. The overall aim of the programme is to reduce attendances at Emergency Departments by 15% to 20%, and ensure faster access for those who do require to attend.



Cancer

Limiting the impact of Covid-19 on cancer patients has been a top priority, with the majority of vital cancer treatments continuing throughout the pandemic. The NHS has consistently either met, or been very close to meeting, the 31 day cancer standard (95% of those diagnosed with cancer will receive their first treatment within 31 days of urgent suspicion of cancer referral) – currently 97.7%. The 62 day standard (95% of those referred with an urgent suspicion of cancer will receive their first treatment within 62 days) remains more challenged - this reflects diagnostic pressures that have been exacerbated by the impact of the pandemic.

The Scottish Government Framework for Effective Cancer Management, introduced in February 2018, required all NHS Boards to improve overall cancer waiting times performance. To incorporate the new ways of managing cancer pathways and services across NHS Scotland that have emerged as a result of Covid-19, a refresh of the Framework is underway and will be published September 2021.

Over this term of Parliament, we will also invest an additional £40 million in targeted improvements designed to maintain the 31 day standard and achieve the 62 day standard on a sustainable basis by:

- Provision of additional clinics for the most challenged pathways including urological, colorectal and breast cancers
- Provision of additional follow up clinics for breast cancer patients
- Introduction of new surgical techniques for urological cancer
- Increasing nurse workforce, and upskilling clinical nurse specialists
- Provision of additional surgical theatre sessions
- Investing in chemotherapy delivery, including staffing and equipment
- Continued investment in diagnostics including endoscopy services

This is in addition to the overall investment of £114.5 million to support the delivery of the National Cancer Plan.

This overall investment will support the transformation of Cancer Care Partnerships, including the continued roll out of the pioneering partnership with MacMillan, support the national population screening programmes to reduce inequalities in screening and address the impact of the pandemic, provide all cancer centres in Scotland with the most up-to-date radiotherapy equipment and, through our national cancer network, improve access to the best treatments and care for rarer cancers.

Delivering rapid and high quality cancer treatment after diagnosis is essential, but so too is diagnosing cancer earlier. All of the national screening programmes have now restarted and two additional strands of work are also vital in this regard.

We will have invested £20 million in, and continue to support the Detect Cancer Early (DCE) Programme. This will provide greater public awareness of signs and symptoms of cancer through campaigns and support the development of optimal pathways to improve earlier diagnosis rates. We will also develop

additional DCE public awareness campaigns to reach those in areas of deprivation to reduce the health inequality gap.

We have also established a network of Early Cancer Diagnosis Centres (ECDCs). These will provide a fast-track diagnostic pathway through a new referral route for primary care for patients with non-specific symptoms suspicious of cancer, but who do not currently meet existing tumour specific referral pathways. Around 60% of cancers are diagnosed through the urgent suspicion of cancer (USC) pathway in Scotland, leaving around 40% which are detected through alternative routes (for example, routine or urgent referrals from primary care). The ECDCs are intended to speed up this diagnosis of those not covered by the USC pathway.

Three ECDCs have already been established in NHS Ayrshire and Arran, NHS Dumfries and Galloway and NHS Fife. These will be evaluated on an ongoing basis and the findings will inform the delivery of the roll out of further Centres.

We are also supporting a 'prehabilitation' programme for cancer patients, to ensure the best possible preparation for treatment and improve both the experience of treatment and the clinical outcomes from it. Key to this is clear communications, and to that end, we are developing, and already piloting a "single point of contact" for cancer patients to support them throughout their treatment.

Mental Health

Growing demand for mental health services was a challenge pre-Covid, but the pandemic has exacerbated this. As a result, record levels of funding are being invested to support recovery, tackle backlogs in care, focus on prevention and early intervention, and transform services. Our recovery will build on the responsive and innovative work undertaken across Scotland, including by the NHS, throughout the crisis. This will be supported by strong relationships and engagement with the voice of lived experience, staff and other key stakeholders (including the third sector).

This Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session.

As a response to national lockdown, mental health staff developed new ways to ensure people were supported. Services were moved online, and telephone and video consultations replaced much face to face interaction. Over the course of the pandemic, there was a dramatic expansion in the use of Near Me Online Video Health Consultations and Video Enabled Therapy. Over 6,300 video therapy consultations per week were conducted through Near Me in the last 12 months, compared with 700 prior to the pandemic.

A range of digital mental health services, including self-guided computerised Cognitive Behavioural Therapy, were developed in response to Covid. Feedback suggests that many patients prefer the convenience of digital access, although face to face treatment will always be needed and preferred by some. We will further expand the use of digital and telephone services and lock in new service innovations that have delivered good outcomes for people and ensured continuity of service provision.

Our Mental Health Transition and Recovery Plan is backed by a £120 million Recovery and Renewal Fund over 2021/22 – the single largest investment in mental health in the history of devolution. Our aim is to kick start a transformation in the support available for good mental health. The Plan contains over 100 actions, which focus on four key levels of need:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advise and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

The Transition and Recovery Plan also commits to a trauma-informed approach to support the recovery from the pandemic. Abuse, neglect and other traumatic and adverse experiences, particularly those experienced in childhood, can have devastating effects on people's lives. Without the right support, adverse childhood experiences (ACEs) and trauma can result in poorer physical and mental health, and poorer educational, employment and justice outcomes. Actions on children's rights, child poverty, keeping 'The Promise' and Getting It Right for Every Child are being taken to better prevent and mitigate ACEs, as well as action to support adults negatively affected by their early life experiences or trauma experienced in adulthood. We have extended the National Trauma Training Programme for a further two years, to 2023, to facilitate trauma-informed workforce and services.

Allied to the Transition and Recovery Plan are separate plans covering dementia, learning disability and autism.

Despite the huge effort by frontline staff over this period, there is still a significant and growing backlog of children and young people waiting too long to access treatment from Child and Adolescent Mental Health Services (CAMHS). The number of children and young people waiting more than 12 months has tripled in 2020 - this is mostly those needing face to face treatment. While the number of referrals to, and the numbers starting, treatment in psychological therapies (PT) and CAMHS services were similar to pre-Covid levels in the first quarter of 2021, frontline service anticipate a rise in referrals as schools return. The direct impact on children and young people's wellbeing continues to be researched, however we recognise the potential for this to be significant, particularly for those children and young people who were already vulnerable.

To create transformational and lasting change, we will provide sufficient funding for around 320 additional staff in CAMHS over the next 5 years, with the potential to increase capacity for CAMHS cases by over 10,000. We have also already invested over £34 million of the Recovery & Renewal Fund to significantly improve access to, and the quality of, CAMHS services. This includes implementation of the CAMHS service specification, increasing age range for CAMHS services from 18 to 25, and clearing waiting lists in both CAMHS and Psychological Therapies by March 2023.

We will also use the Recovery & Renewal Fund to:

- Invest in Primary Care. By 2026, every GP Practice will have access to a mental health and wellbeing service, creating 1,000 additional dedicated staff who can help grow community mental health resilience and help direct social prescribing.
- Invest in digital service capacity. Over the next year, we will begin work on an expanded Digital Mental Health Programme, building on the substantial progress already made. This will include continued scaling up of new digital treatments and therapies, ensuring these are also accessible in rural areas, increasing the ability to self-refer to some Computerised Cognitive Behaviour Therapy treatments and establishing a Mental Health Innovation Hub to encourage the development and evaluation of technologies focused on the identified needs of the population.
- Initiate work to develop a set of quality standards for all Adult Mental Health services so that people know what they can expect from their NHS services
- Support the needs of people with dementia to live well, including post diagnostic support. We will provide additional funding for dementia post-diagnostic support, to expand access to front-line services and to strengthen and support wider dementia community projects which benefit people with dementia and their families after a diagnosis.
- Develop our work on mental health and adult neurodevelopmental pathways to support people with a learning disability, autism and ADHD.

Progressively, from now until end 2022/23 we will also:

- Deliver a range of service improvement to CAMHS;
- Transform the integration of mental health within the unscheduled care setting by enhancing pathways for mental health presentations.
- Eliminate long waits for CAMHS and Psychological Therapies;
- Achieve our target of 90% of people referred to CAMHS and Psychological Therapies being seen within 18 weeks.

Over 5 years we will:

- Increase direct investment into Mental Health to ensure that 10% of frontline NHS budget is invested in mental health, with 1% directed specifically to children and young people'

Through the delivery of this programme of renewal, we will ensure our mental health services emerge stronger from the pandemic, with care and treatment being delivered effectively, safely, and in a timely fashion for anyone who needs it.

National Mission to tackle drug-related deaths

We have faced a growing numbers of drug-related deaths in recent years (including during the pandemic), in response, the First Minister announced in January our new national mission to tackle drug deaths. This will be supported by investment of £250 million over 5 years.

From the start of the pandemic we have worked to ensure continued support for those who need it. This has included moving away from single day supply, and the requirement for supervision for Opiate Substitution Treatment, which has relieved pressure on pharmacies and reduced stigma for those having to queue for treatment. Outreach services have also been increased, including the delivery of injecting provision and naloxone; along with video appointments to provide psychosocial support and to check on people's health and wellbeing. We will seek to build on these innovative approaches, while continuing to improve how we provide alcohol and drug services in the future.

Central to this transformation will be the implementation of new Medication Assisted Treatment Standards, published in May 2021. We will work with healthcare services to ensure same-day treatment for people seeking support for problematic drug use, and put in place a much wider range of treatment options than was available before the pandemic. These options include long-acting buprenorphine as an alternative to methadone, and heroin-assisted treatment.

We will also work with boards to ensure there is effective outreach in place - to provide support to people where they are, and to get more people into the protection of alcohol and drug treatment. New treatments will be required to stem the impact other drugs such as illicit benzodiazepines and cocaine are having on drug-related deaths.

Significant improvements are required on the provision of residential rehabilitation as a recovery option for people with problematic substance use. These changes in the way our systems - mental health, primary care and specialist services - provide support to some of the most marginalised people in our communities will be a key part of NHS recovery.



Innovation & Redesign



During the pandemic many new and different ways of working were developed to support the continued delivery of critical services. These new ways of working were borne out of necessity but in many cases they also delivered improvements. So we want to build on this work. We will support innovation in and redesign of services to ensure that more patients receive person centred care in the right place, at the right time, and in a way and that helps staff deliver high quality care and treatment.

Research, innovation and the redesign of services will be integral to the recovery of NHS services. There are a range of partner organisations that are central to research, innovation and service redesign - these include the new National Centre for Sustainable Delivery, NHS National Services Scotland, the Digital Health and Care Innovation Centre, Healthcare Improvement Scotland, and the Scottish Health Industry Partnership. We will support these organisations and ensure that their work is rooted in the principles of Realistic Medicine and aligned with our broader care and wellbeing programmes.

The increase in digital - planned for before the pandemic, and significantly accelerated as part of our response to the pandemic - means the time is now right to ensure that Digital is always available as a choice for people accessing services and staff delivering them. This will

allow more people to manage their condition at home, to be able to carry out pre and post-operative assessments remotely, and to continue to manage their recovery from home. We will set out in more detail how this will be delivered in our forthcoming Digital Health & Care Strategy.

The new National Centre for Sustainable Delivery for Health and Social Care (CfSD) will be particularly important in driving innovation. It has been established to pioneer and deliver new, better and more sustainable ways of delivering services and improving access for patients. It will be key to supporting NHS recovery and will aim both to reduce unnecessary demand for services, and also to develop new pathways of care that are more efficient and better for patients. This will include enhanced delivery of services in community settings, transformation of hospital pharmacy services, reducing the variation in and waiting times for planned and unplanned care, and improving overall patient experience. Not only will it maximise value for patients by avoiding waste, it will provide access to consistently high quality healthcare across Scotland.

As early priorities, the CfSD will build on and seek to accelerate work on developing alternatives to endoscopy for assessing patients, increasing diagnostic capacity, and optimising theatre capacity. The additional capacity delivered by CfSD will be over and above that delivered through initiatives in NHS Boards and through the network of National Treatment Centres. The work of CfSD will be central to our ambition to ensure that we are able to continually identify new ways to increase our capacity, and to respond to demand. We will update this plan to reflect that work as we review it each year.

The CfSD will work collaboratively with NHS Boards, health and social care partners, third sector, academia and industry to identify and implement improvements to care pathways across Scotland. This will include:

Improvements

- Extending new approaches to delivering care that minimise the requirement for patients to travel, and provide services more efficiently - for example virtual appointments, virtual fracture clinics, and digital dermatology.
- Accelerating the adoption of new technologies that support improved access to healthcare, such as cytosponge, colon capsule endoscopy, and the use of artificial intelligence.
- Improving theatre efficiency by re-designing how services are delivered, for example streamlined cataract theatres.
- Ensuring better senior clinical triage in secondary care so that patients are signposted to the care that best suits them at an early stage, rather than facing multiple waits to determine the care that is right for them.
- Maximising the use of community services, such as community pharmacies, opticians and dentistry to ensure services are provided close to people's homes and to reduce avoidable pressure on acute care.
- Ensuring resources are used efficiently by avoiding unnecessary or inappropriate healthcare interactions, grounded in the principles of realistic medicine. This includes:
 - making sure that all patients on a surgical waiting list have a definite clinical indication for surgery.
 - making sure that pathways through care are designed to support individual needs
 - helping patients have access to appropriate, clinically relevant information, to inform their decision making
 - making sure that patients are aware of alternatives available to them including non-operative interventions
- Reducing procedures that deliver little clinical benefit, with corresponding investment in alternative pathways.
- Supporting the NHS Academy to train more staff to enhanced practice levels to provide additional capacity within certain specialties.

Workforce & Recruitment

We can only realise the ambitions set out this Recovery Plan through a commitment to invest in the NHS workforce that is commensurate with our target of delivering a progressive 10% increase in elective capacity over the next five years. To do so we will take forward new recruitment both nationally and internationally, establish new training and development pathways in key areas of workforce need - such as in pre-operative and perioperative care - and we will continue to maintain highly competitive terms and conditions of service.

One important way in which we have already recognised the unwavering commitment and dedication of NHS staff has been through the 4% pay rise agreed in May this year. It was the biggest pay uplift for NHS staff since devolution and has ensured our NHS staff remain the best paid in the UK. In addition, we have agreed to implement the recommendations of the Doctors and Dentists Review Board. We will work through our nationally recognised partnership structures and with stakeholders to ensure that we have open and inclusive working environments supported by progressive workforce policies.

Prior to the pandemic significant progress had been achieved in expanding medical, nursing and midwifery training places, alongside increasing postgraduate specialty medical training fill rates, enabling us to begin to build the workforce we need for the future. This progress has been sustained during the course of the pandemic, with record numbers commencing training in 2020/21 (4206 for nursing and 1138 for medicine); and with that number set to rise further this autumn. We will continue to grow the number of undergraduate medical training places by 100 per annum over the lifetime of this Plan and double the number of Widening Participation places.

We will consolidate, and build further, on the progress already made against commitments set out in Integrated Health and Social Care Workforce Plan, to manage post-pandemic service recovery, and fulfil our promise to the workforce. This includes delivery of a number of longer-term commitments, including 800 additional mental health workers, recruitment of 320 staff for CAMHS, 500 additional advanced nurse practitioners, increasing the GP workforce by 800 by 2026/27. To further support paramedic training, from September 2021 we are introducing a new Paramedic Students Bursary, providing eligible students with up to £10,000 per year. We are also expanding the physiotherapy workforce to increase the number of advanced Musculo-skeletal (MSK) practitioners in primary care by 225 by 24/25 and increasing Reporting Radiography training places by 30 (10 in each of the next 3 years). Further, in Healthcare science we are increasing cardiac physiology by 30 places training places and promoting new recruitment into Scientist training programmes.

Alongside these commitments, we will recruit an additional 1,500 staff over the lifetime of this Plan, to support the accelerated delivery of the National Treatment Centre's Programme. This will be underpinned by investing £11 million in new recruitment activity and in the creation of a National Centre for Workforce Supply. The centre will offer health boards expert advice on labour market intelligence and coordinate recruitment campaigns, providing vital additional support to health board recruitment teams.

By the end of this year we will publish a National Workforce Strategy that supports the delivery of this recovery plan, specifically its key workforce targets. The strategy will set out the strategic framework through which we will design, develop and deliver training programmes in partnership with NHS National Education Scotland and the NHS Academy, offering new routes into the NHS, and broadening opportunities for young people - in support of our Young Person's Guarantee - alongside those who may be seeking a career change. This will enable them to receive on-the-job clinical training and a route to future career progression. The Academy will also offer enhanced clinical training to existing staff in critical services, such as endoscopy, to allow them to build their skills and take on new and challenging roles as we build more sustainable future services. Furthermore, the National Workforce Strategy will set out how we will invest record resources in ethical international recruitment, supporting new staff from overseas to build their lives and careers in an open and welcoming Scotland.

Principles for Safe and Effective Recovery

The NHS Recovery Plan is a whole system plan that puts the needs of patients at its heart in order to provide services in the right place at the right time. The plan, which will reshape delivery to support sustainable performance against targets and achieve the necessary shift in the balance of care to support a healthier future for Scotland, will adhere to a key set of principles that include:

Maintain our capacity to respond to the pandemic by maintaining our Test and Protect and vaccinations services, we will increase our ICU capacity and we will stand ready to respond to any resurgence of the virus.

Focus on the whole system the pandemic has demonstrated the crucial interdependencies between the different parts of the health and social care system, and with other parts of society. We will make sure our approach recognises the important connections between services and systems and helps them work together.

The framework that we take forward, in consultation with our partners including local government, staff and service users, will highlight the interdependencies and put in place processes to ensure resources are allocated where they are most needed to ensure the whole system operates effectively and efficiently.

Quality, values & experience we will ensure that as we resume services, the highest standards of quality in care are maintained. We will practise Realistic Medicine. We will share decisions with patients based on what matters to them. We will also engage with the public, and workforce to understand what people most value, and what is safe, sustainable, high quality health and social care support system will look like in the future rooted in individual and staff wellbeing.

Services close to peoples home the pandemic has resulted in a wave of community-based responses, highlighting the value of both technology but also the benefit to people's wellbeing of personal connections that listen to what the patient needs and what matters to them.

We will design services so that we minimise unnecessary travel and increase the focus on 'net-zero' approaches.

We will continue to support the move to more health care being provided in the community and closer to home. We will evaluate and develop the role of virtual consultations and Covid community hubs, ensuring that the people who are most vulnerable are not missing out.

Improved population health This pandemic has highlighted the value of rooting our approach in the National Planning Framework, the importance of preventative practices and public cooperation. We will increase our work on prevention, improving life expectancy and promoting physical and mental health.

Focus on putting in place services, environments and wider approaches that support people to live healthy lives

Services that promote equality This pandemic has exposed and exacerbated deep-rooted health and social inequalities.

We will act to mitigate these and ensure that services are provided in a way that is proportionate to need.

The framework that we take forward will focus on how to best support those that are most vulnerable (socially and clinically) in our society.

Sustainability We recognise the financial sustainability challenges of the pre-Covid health and care system.

We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities.

Value and support the workforce across the health and social care system through policies and direct support that puts the wellbeing of our staff first.

What this means for patients and staff

Implementation of the NHS Recovery Plan will see many benefits for patients, staff and the NHS. These include:

Staff	Patients	System Leaders
We will support your wellbeing, providing continued access to wellbeing services and enhancing the role of occupational health.	You will be treated with dignity, respect and compassion. We will treat the whole person, not just your condition.	We will promote a consistent, collective and collaborative approach to systems leadership, that focus on solutions for citizens and staff.
We will promote positive workplace cultures in the NHS, shaped by our staff. You will be treated with dignity, respect and compassion.	When you are waiting for treatment we will provide you with information that will help you manage your condition and keep you updated on timescales.	We will support transformation that improves the seamless integration of health and social care.
We will support and develop leadership at all levels, across health and social care.	You will have access to services and channels to keep you healthier, manage your own health, including long-term conditions and to prevent ill health.	We will communicate openly with staff, patients, stakeholders and communities and listen to their views.
We will support you to learn and develop your skills and value your unique contribution.	If you need urgent care, you will be prioritised, ensuring the most seriously ill are seen as quickly as possible, with individual appointments for A&E where clinically appropriate.	Our leaders will role model our values such as honesty, integrity, care and compassion.
We will increase staff numbers year on year as the National Treatment Centres come on stream.	We will be open about what the NHS can and cannot do and will build on new approaches to how services are delivered.	We will continue to build leadership capability and capacity across the system.
We will invest in new and different roles, and new career pathways to support our future, enhance sustainability and increase meaningful career opportunities across Scotland.	You will be consulted and involved in all aspects of your care and will have an agreed plan for your treatment that includes support to know when and how to access services.	We will encourage innovation to support new ways of working.

Assessing Risks & Developing Mitigations

Key Risks	Mitigations
High levels of uncertainty over the coming months, particularly in relation to the future trajectory of the virus; which may lead to increased Covid related pressures on the system.	We will maintain sufficient resilience in the system to ensure we can step up services as required, including ICU beds and sufficient testing and vaccination capacity.
Workforce sustainability with the impact of untaken leave, retirements and staff 'burn out' resulting from the pandemic. Gaps in the workforce will limit our ability to deliver this plan.	We have demonstrated the value that we place on our staff through the pay settlements and we will continue to invest in wellbeing support and to monitor vacancies and absences.
The need for physical distancing and robust IPC arrangements to be maintained reduces our productivity.	We will keep all guidance under review and will step back as soon as it is safe to do so.
Impacts of unmet and unidentified health and care needs/ demands on delivery systems and partners. Longer term impact of COVID-19 on the health of the population.	We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities.
Individuals, organisations and systems return to previous ways of doing things; failing to build on lessons learned and on innovations developed during the pandemic (e.g. RUC, Near Me and other digital innovations).	The Scottish Government has established the new National Centre for Sustainability for Health and Social Care (CfSD) to pioneer and deliver new, better and more sustainable ways of working across the NHS and social care, and fully harness the benefits of technology and new treatments.
The emergence of new variants or vaccine failure may result in an increase in Covid hospitalisations which would impact on our ability to maintain non urgent services.	This plan sets out the measures that we will take supported by the CfSD to increase capacity.

Comments

The Scottish Government welcome comments and views on all of its publications. If you have any comments or views on this Plan and you wish to send them to us, please email them to WTIP@gov.scot



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2021

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80004-999-4

Published by The Scottish Government, August 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS880726 (08/21)

W W W . g o v . s c o t