

NHS RECOVERY PLAN 2021-2026



Progress Update



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Introduction

Our NHS Recovery Plan invests £1 billion of targeted funding over five years to increase NHS capacity, deliver reform, and ensure everyone has the treatment they need at the right time, in the right place, and as quickly as possible, all in aid of our recovery from the global pandemic, the biggest shock our NHS has faced in its 74 year existence.

This document is intended to provide an update on our NHS Recovery Plan, and demonstrates both significant progress, as well as our absolute commitment to our long term ambition to invest and reform our NHS.

However, we know that the NHS will not recover from impact of the Covid-19 pandemic in weeks or even months, it will take years – and we will always be clear and honest about the scale of the challenge we face. It is important to note that since the publication of the Recovery Plan there have been multiple waves of Covid-19, the accumulative impact of which are still being felt by our NHS and social care system.

This challenge is not only being felt, and will continue to be felt for some time, across the NHS and social care system, by the people working within it but those seeking to access care too.

Notwithstanding those challenges, and the frustrations felt during a time of recovery and change, we can report here a series of tangible improvements in our NHS and social care systems, the results of significant investment, targeted reform and dedicated innovation.

For example, we have seen a significant improvement in waits of longer than 2 years, with more than 70% of Health Boards having five or fewer patients waiting for that time.

We would like to thank all of our NHS staff for their phenomenal work to tackle these long waits, and for aiding our recovery during a time of significant challenge.

Indeed in the past year, our workforce has continued to deliver – with skill, dedication, and commitment – services in the face of both increased and pent-up demand, multiple waves of Covid-19 and the most difficult winter period yet experienced.

The Omicron variant led to inpatient numbers higher than we had ever seen before, and since then, our Health Boards have had to respond to waves on an almost quarterly basis.

We are under no illusions about the challenges facing the NHS and social care systems in the months ahead. We have been working with NHS Scotland Chief Executives, Directors of Planning, and Executive Leads for Resilience, to plan for the significant pressures we fully expect this winter to bring. We will also continue our regular engagement with staff side representatives and trade unions to ensure we do everything in our power to support the wellbeing of our workforce.

Our Winter Resilience Overview, published alongside this update, outlines our resilience plans in further detail.

This work to invest and reform in a recovering NHS, and build resilience for all that winter brings, takes place against an economy in turmoil. The unfolding and escalating Cost Crisis means that we have had to take difficult decisions on the allocation of our budget across the Scottish Government, including in Health and Social Care. With the increase in inflation alone, our Health Budget is worth around £650 million less than when it was set in December last year.

Unfortunately, our lack of fiscal levers, including borrowing powers, means that we have to choose just as much what not to do as what to do. Our public services have to operate within a fixed budget, so as part of the Emergency Budget Review we will look at how best to apply finite resources to support our NHS as it continues to face such stark challenges.

The Cost Crisis reminds us, in stark terms, that the society within which we live and work is subject to rapid and sometimes alarming change.

The NHS Recovery Plan is in place, and we are absolutely committed to it: but it is important too that we can adapt, update and refine our plans and our services as our national circumstances evolve.

Our health and social care services are cornerstones of modern Scotland. They are crucial to the functioning of our caring, resilient, and sustainable society. That is why this Recovery Plan is central to our Government's work – because, as in all of the work we undertake, the needs of the public we care for are our first priority.

Key Progress and Achievements

Over the last year, we have continued to find innovative and sustainable solutions to the challenges we face and we have made real progress in our recovery:

By the end of August, over [75% of outpatient](#) specialities had either no, or fewer than ten patients waiting longer than two years for their treatment.

We have invested significantly to increase the [NHS Scotland workforce](#) to historically high levels, with staffing up by 8.9% since the onset of the pandemic (December 2019), and by 1.7% in the last year.

Scotland [led the rest of the UK](#) on 1st, 2nd, 3rd and booster doses of the Covid-19 vaccine, and delivered one of the most successful vaccination programmes in the world last winter.

By March 2022, we [recruited over 3,220 primary care Multi-Disciplinary Team \(MDT\) members](#). Recruitment has continued over the last year, reducing the need for multiple appointments for the same issue, and freeing up time for longer appointments.

Last winter, [we provided funding over £40 million](#) to enable employers to provide an uplift to the hourly rate of pay for staff offering Direct Care within Adult Social Care. We have since provided additional funding of £200m to increase the hourly rate of pay to £10.50.

Scotland's world-leading diagnostic bowel service, [Colon Capsule Endoscopy \(CCE\)](#), has supported nearly 3,000 patients since becoming operational in June 2020, including around 2,500 since April 2021.

[Cytosponge](#), which is used to detect those at risk of oesophageal cancer, as an alternative to upper GI Endoscopy, has supported nearly 4,700 patients overall since its introduction in September 2020, including 3,000 in 21-22.

In November 2020, the National Eye Centre opened at NHS Golden Jubilee. Last year, [over 8,700 cataract operations](#) were undertaken at this new state of the art facility.

We have exceeded our target to recruit [800 Mental Health workers](#) supporting us to ensure people have access to appropriate mental health care in a variety of settings, recognising the life-changing benefits of fast, effective treatment.

We have [recruited 277 additional GPs](#) (from 2017 to 2021) as part of our commitment to increase numbers by 800 by 2027. This will support GPs and members of the multi-disciplinary team to provide the right care in the right place, closer to home.

[NHS Dental Charges for under 26 year olds have been abolished](#), supporting us to widen access and take a preventative and proactive approach to improving our oral health.

NHS dentistry is averaging [225,000 examination appointments per month](#) since April to tackle the backlog of appointments – an increase of 80% in examination appointments per month on average compared with the period of January to March 2022

We have increased baseline intensive care (ICU) capacity to above 200, bolstering overall resilience and capacity in acute care.

Recovery Plan Progress in Year One

Staffing and Wellbeing

Our health and social care workforce is one of Scotland's biggest assets – highly skilled, diverse, dedicated and motivated. The nation owes the NHS and social care workforce a debt of thanks. We will continue to invest in our workforce whilst putting in place the long-term reforms which are needed to ensure we reduce backlogs, and provide person-centred care, ensuring the NHS in Scotland remains not only a first-class service, but a first-class profession to work in as well.

Steps we have taken

Since the launch of the Recovery Plan, and to aid with winter 21/22 pressures, NHS Scotland had recruited more than [1,000 additional healthcare support staff and almost 200 registered nurses](#) from overseas to help address the unprecedented challenges facing services. By 30 June 2022, overall [staffing levels](#) had increased by 2,585.7 WTE posts on the previous year and 28,120.9 WTE post since 2006.

Specifically, we are making progress against the following commitments:

- Thanks to recurring Scottish Government funding of £1 million, Health Boards have taken on international recruitment leads. By April 2022, following the provision of a £4.5 million funding package, [offers of employment had been signed with nurses](#) from countries including India and the Philippines. By the end of August 2022, around 230 nurses have taken up offers of employment within Scottish Health Boards. A significant number are now working in hospitals across the country.
- We have [exceeded our commitment](#) to recruit 800 additional mental health workers in key settings, including A&E, GP practices, police station custody suite and prisons. 958 WTE mental health roles having now been filled, including 356 posts being recruited within GP settings. In addition, at 31 March 2022, 259.9 WTE mental health workers had been recruited through the Primary Care Improvement Fund. Our significant expansion of the mental health workforce has helped us see **record numbers** of CAMHS patients for two consecutive quarters.

We have also invested in our staff, through fair pay, increased training and upskilling opportunities, and widening access to careers in health and care:

- We have introduced the [Paramedic Student Bursary](#) for all students starting eligible courses in September 2021. Scottish student paramedics, studying in Scotland, will be able to apply for a bursary of £10,000 a year, compared with the £5,000 bursary announced in 2020 by the UK Government for England.
- We have established a [Centre for Workforce Supply \(CWS\)](#) to develop resource strategies and solutions to support Boards to have the right skills, in the right place, at the right time.
- We have established the [NHS Scotland Academy](#), a partnership between NHS Golden Jubilee and NHS Education for Scotland to offer accelerated training for a wide range of health and social care roles and professions. As part of this, the Academy is currently leading the development and delivery of a broad range of bespoke training opportunities in areas including pharmacy, diagnostics, peri-operative practice and anaesthetics, as well as tailored support for staff who have been recruited internationally.
- Investment has been committed to support the NHS Academy's work to widening access to careers in Scotland's health and social care for both military service leavers and veterans, as well as through the establishment of the NHS Scotland Youth Academy.
- We are in the process of the delivering the commitment to [increase medical undergraduates by 500 places over the course of the Parliamentary term](#) and to double the number of widening access places. The first two tranches of 100 places have been delivered in academic years 21/22 and 22/23, subject to universities successfully filling the places. Widening access places have risen to 90 in 22/23 (from 60) making progress toward that part of the commitment.

We have also now completed a number of the actions set out in the Integrated Workforce Plan, including exceeding our commitment to deliver an additional [500 Advanced Nurse Practitioners](#), and the creation of training places in cardiac physiology and radiography. As promised, 30 [cardiac physiology training places](#) have been funded and filled, with 17 trainees graduating in 2024 and the remaining 13 in 2025. In radiography, all 30 places will be filled by January 2023 and those students are expected to be in the workforce from January 2024. A final report will be published by the Scottish Radiography Transformation Project (SRTP) later this year.

Steps we are taking

The wellbeing of our workforce continues to be a focus and a priority. Over the course of the last year we invested £12 million to support wellbeing and further investment is planned.

The National Wellbeing Hub includes the Workforce Specialist Service, and is providing a primary care-led, multidisciplinary, mental health treatment service that can treat professionals suffering from a range of mental health issues such as stress, anxiety, depression or addiction. There have been over 196,000 users and 620,000 page views on the National Wellbeing Hub website since launch, and we hope our workforce can find concrete advice, useful recommendations and a measure of peace of mind from its multiple offers.

The Workforce Specialist Service (WSS) is available to all regulated professionals working in Health and Care in Scotland, and so has proved to be popular with those who have used the service. Other services for staff include Coaching for Wellbeing, Reflective Practice and the Workforce Development Programme. In addition, we promised to publish a [National Workforce Strategy for Health and Social Care](#), and did so on 11 March 2022 in partnership with CoSLA.

We are committed to recruiting an additional 1,500 clinical and non-clinical staff by 2026 for the National Treatment Centres, and are supporting Health Boards to utilise a range of recruitment and retention options to meet this requirement.

Steps we will take

We will soon launch Leading to Change, Scotland's national leadership development programme that aims to provide support, development and coaching to enable people to apply practical skills to their own leadership. We believe that having effective leadership in place within the NHS workforce is important, and will lead to increased wellbeing for staff and better individual care and outcomes. It will assist systems change across health, social care and social work as well as the recovery from Covid-19. This programme encourages leaders to examine the needs of staff, ensuring their wellbeing is a priority, and to help them deal with rapidly changing situations.

Other key developments include continued delivery of the National Wellbeing Hub, Workforce Specialist Service, Coaching for Wellbeing, Workforce Development Programme and Reflective Practice. Building on this, our new Improving Wellbeing and Workforce Cultures Strategy will be launched shortly.

We will also recruit up to a further 750 nurses, midwives and Allied Health Professionals from overseas this winter to help with the pressures we are likely to face, and to support this, further funding of £7.98 million will be made available to Health Boards.

Primary and Community Care

We recognise that primary and community care is for many people, the front door to the health service, where their needs are first raised. We are supporting primary care, not just to reduce pressure on hospitals, but to provide essential care where it is needed most – in our local communities. To support this, we have increased funding for multidisciplinary teams (MDT's) to £170 million this year, which will be the minimum funding position for future years.

Steps we have taken

We have already ensured a [record number of GPs](#) are working in Scotland's NHS, with more per head than any other country in the UK. We're committed to further increasing the number of GPs in Scotland by 800 by 2027. At 30 September 2021, there were 5,195 GPs working in General Practice in Scotland (headcount). This is a rise of 74 compared to last year. A further update is expected to be published by Public Health Scotland (PHS) later in the year.

In March 2022, there were [3,519 dentists working in Scotland](#) (headcount). Of which 2,883 were General Dental Service (GDS). The longer-term trend shows an increase of 32% in dentists providing NHS dental services for the period 2007 to 2022 despite the incredibly challenging pandemic period, with disruptions to the education and training of dentists.

Our focus in community dentistry has been to return the sector to at least pre-Covid-19 levels of activity. The latest statistics from PHS on 13 September show we are on the road to recovery – [averaging 225,000 examination appointments](#) per month since April to tackle the backlog of appointments. This is an increase of 80% in examination appointments per month on average compared with the period January

Box 1: Multidisciplinary team (MDT) working in NHS Forth Valley

In Forth Valley, MDT working has allowed patients to directly access a range of additional services in their community and has reduced the need for patients to travel away from home, taking time away from work or education. Advance practice physiotherapists in GP practices now offer direct access appointments meaning less patients require follow up with a GP and less are referred to secondary care. In addition, the Primary Care Mental Health Nurse service is delivering more appointments each month, meaning far more direct contact with mental health services with less people being referred back to GP care. The service is also offering 15 and 30 minute appointments, which allow longer conversations to personalise care, and reduce the likelihood of secondary care referral.

One patient commented how helpful it is to be able to contact the Mental Health nurse for advice, support, and treatment rather than the GP. The ability to access the mental health service rather than using a GP appointment meant that they were able to quickly speak to the right person, and get the personalised support and treatment they needed.

Sources: [NHS Forth Valley Staff News](#) | [Service User Experience](#) | [Primary Care Mental Health Team](#) | [GP Practice Team](#)

to March 2022, reflecting the impact of reduced infection controls and the re-introduction of payments linked to seeing and treating patients.

We have also [recruited over 3,220 primary care Multi-Disciplinary \(MDT\) team members](#), as of 31 March 2022. The recruitment of these professionals, including pharmacists, advanced nurse practitioners, mental health workers, MSK Physios and Community Link Workers, is helping create additional capacity in practices. An update on this recruitment will be published in Spring 2023.

Feedback from local teams suggests that multidisciplinary teams ensure both patient and practitioner time is used effectively, reduces multiple appointments for the same issue, frees up time for longer appointments.

The role of community pharmacy continues to be crucial to providing care close to home.

To underscore that importance, we made the commitment that by April 2022, we would 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. Despite multiple waves of Covid in the last year, we have made significant progress, with over [95% of practices having access to some Health Board-delivered pharmacy support and with over 75% having some nursing support](#).

NHS Pharmacy First has helped patients to be seen quickly for minor ailments and common clinical conditions, and relieved pressures on GP practices, out of hour and Emergency Departments. The service has provided over [2.9 million consultations](#) across the national network of 1,258 community pharmacies in 2021/22.

Treatments are now available for common clinical conditions including Shingles, Urinary Tract Infections, and skin conditions and patients can receive treatment without the need to see their GP or have a prescription. This service will continue to build on the range of conditions to be treated over the next few years with the introduction of further Patient Group Directions for conditions such as bacterial vaginosis, hay fever and treatment of sore throats.

200 community pharmacies also offer NHS Pharmacy First Plus, where a pharmacist can use their prescribing qualification to treat conditions beyond the Patient Group Directions conditions. [Just over 100,000 consultations](#) provided advice on self-care or treatment for common clinical conditions which would ordinarily have required an appointment with the GP or a visit to an out of hours service.

In the last year, a [Digital Prescribing and Dispensing Programme](#) has also been established and work is underway to develop requirements to produce an electronic prescribing prototype to enable more sustainable processes across primary and secondary care.

Finally, we introduced the pharmacy women's health and wellbeing service, and in [November 2021 we ensured community pharmacies could provide a short-term supply of the contraceptive pill](#) to bridge the gap between emergency contraception and longer-term contraception. The Bridging Contraception pharmacy service has supplied over 1,400 items up to June 2022, enabling women to access contraception without the need to see a GP or ask for a prescription.

Because of their crucial role in supporting healthcare provision in the community, there has been [expansion in the capacity of NHS 24](#). NHS 24's new site in Dundee, with a total headcount of 130 operational staff, and Lumina in Glasgow, with a total headcount of around 309 staff, gives NHS 24 the opportunity to expand in line with the redesign of urgent care, Covid-19, and the expansion of their mental health hub 24/7. We will continue to support the Service as they expand both their services and their workforce.

We have also continued to increase the Scottish Ambulance Service (SAS) workforce, and an [additional 540 frontline staff were recruited in 2021/22](#) – the highest number of staff ever to have joined the Service in a single year. This includes Advanced Practitioners who work in multi-disciplinary teams within the Ambulance Control Centre, enabling patients to be seen and treated in their own home, often without the need to be transported to A&E.

Steps we are taking

We are working with the British Medical Association (BMA) and Royal College of General Practitioners (RCGP) to increase accessibility to primary care, including increased use of face-to-face appointments. We reaffirm our ongoing commitment to maximise patient access, and we will ensure that every GP practice has the capacity to book appointments in advance.

We are well aware that some people will prefer, or need, to access services digitally, and we are continuing to scale up and expand Near Me, NHS Scotland's free video consulting service. Near Me improves access by enabling appointments from home. The service is now widely used across NHS Scotland for health and care appointments with around [20,000 consultations being held every week](#) in comparison to around 1,200 pre-pandemic: an increase of over 1500%.

Box 2: Benefits of Near Me

- Reduced travel to appointments: time, cost, convenience
- Reduced time away from work, school or home
- Easier to attend if you usually need someone to take you to appointments
- Enables you to have someone with you for support at your appointment (either with you or joining the consultation by video from another location, even from abroad)
- Better for the environment
- Reduces spread of infectious diseases

Source: [Video Appointments through Near Me](#)

We are also reforming the way national eye care services are delivered with increasing emphasis on shifting the balance of care to community optometrists. This includes a new national Community Glaucoma Service to safely discharge lower risk glaucoma, and treated ocular hypertension patients, into the management of accredited community optometrists. When fully implemented across Scotland, this investment has the potential to benefit a significant number of low-risk patients, reducing the pressure on NHS hospital eye care services.

NHS dentists will continue to receive financial support through winter and into next year to help tackle the threat that high dental inflation, increasing lab fees and rising energy costs pose to dental teams. Sustainability payments will also be provided to all GP practices to support them with winter pressures.

Steps we will take

The development of a new digital service, based around safe and secure use of an app and an online platform, will support people to take greater control over their health and social care data, and access a range of services. Initial engagement is already underway with key stakeholders as well as through a citizen panel that will inform developments. It is hoped that this new service will allow people to access information and services directly, self-manage, and access and contribute to their own health and care information online.

We will continue to invest in the recovery of the dentistry sector whilst taking forward a reform programme that will explore opportunities to improve the oral health of the population of Scotland. Our ambition remains the introduction of free NHS dental care to all adult NHS-registered patients.

Equally, we remain committed to developing community hearing services that are on a par with primary care services by the end of this Parliament. As such, we are developing new models of care to shift the balance of care towards early intervention and provide treatment and services closer to the communities it serves. We are also providing grant funding to the RNID 'Near You' pilot scheme to support local services in early intervention, hearing aid repairs and information to service users.

Box 3 - Improving Oral Health in Communities

Through a new project we are improving the oral health of the community. The project will commence this year and is designed to drive oral health improvements for those living in areas of relative deprivation and affected by socio-economic and racialised inequalities.

The project, 'Eat Well for Oral Health' will be delivered in partnership between NHS Lothian and two Third Sector organisations Edinburgh Community Food and LINK net. These organisations have experience of working with families in areas of deprivation and ensuring that families from minority ethnic backgrounds living in such areas are not doubly disadvantaged.

Source: [Eat Well for Oral Health](#)

We are clear that where clinically necessary face-to-face consultations will always be available to those who need them. We will maintain the buddying-resilience measures created for the pandemic where Health Boards can ask practices to temporarily support their neighbours.

In support of ensuring people can speak to, and be treated by, the right person at the right time, we will continue to support NHS 24 with delivering on their recruitment targets as part of the [£20 million investment funding](#) to ensure they have adequate resources within all sites to meet demand.

Building on the success of NHS Near Me, we will soon launch a learning programme to support wider adoption, including for example how Near Me can support the [Women's Health Plan](#) to support diagnosis and treatment of Endometriosis and Menopause.

Planned Care

Covid-19 has had a significant impact on the health service, notably in the area of planned care. As we continue to reduce backlogs, we are putting in place the steps to make sure we can deliver the care that is needed.

Steps we have taken

Progress in the recovery and reform of planned care in the last year has been directly impacted by the need to pause activity to allow Boards to respond to the various waves of Covid-19. Despite the effects of the pandemic continuing to be felt during 2021/22, increased capacity is expected through 2022/23 onwards.

We have made significant progress, [increasing scheduled operations by 7.8%](#) to 61,381 in the second quarter of 2022 (April-June), compared to the third quarter of 2021 during which the Recovery Plan was published.

We have continued to maximise capacity wherever possible, and over the last eighteen months, we have:

- opened the NHS Golden Jubilee Eye Centre;
- procured the Carrick Glen clinic in Ayrshire & Arran for £1.8 million to become the Ayr NTC, specialising in orthopaedics;
- opened a mobile operating theatre, supported by more than £2.3 million, to enable almost 350 elective surgeries to go ahead for patients in Orkney and Shetland; and
- opened an urology hub at Forth Valley Royal Hospital, providing a one-stop diagnostic and treatment service for patients.

We also saw improvements in some aspects of [care for those suffering a stroke](#) in the course of 2021: with an increase in the proportion of patients who receive brain imaging within 12 hours of arrival to hospital (89% in 2021 v. 86% in 2020) and in the initiation of aspirin therapy within one day (92% in 2021 v. 89% in 2020).

Box 4 – Innovation through the CfSD

A key example of how innovation can benefit patients and the NHS, is Colon Capsule Endoscopy (CCE) which surpassed 2,000 patients in February of this year. Scotland's world leading Scotland's world-leading diagnostic bowel service is a small camera device the size of a pill, swallowed by the patient, and serves as a less invasive alternative for individuals in need of Colonoscopy. The service has supported nearly 3,000 patients since becoming operational. As the capsule passes through the digestive system, it takes pictures of the bowel helping to identify early signs of cancer. The images are transmitted to a recording device worn on a belt around the patient's waist, which is then returned to the hospital where images are downloaded and reviewed. The single-use capsule passes through the patient's bowel before being flushed away. It is anticipated that the volume of CCE's being carried out will continue to grow, and we will continue to take forward other worthwhile innovations as we progress towards the end of the lifetime of the Plan.

Source:

The National Eye Centre at NHS Golden Jubilee, which opened in November 2020, is providing significant additional capacity for cataracts procedures to patients across Scotland. This has been achieved through accelerated recruitment and the opening of theatres ahead of the previous phasing plan in the final business case. The six-theatre facility has capacity to perform more than 18,000 cataract procedures every year.

Steps we are taking

In July 2022, we announced targets for planned care as set out below:

- Eradicate two year waits for outpatients in most specialities by the end of August 2022
- Eradicate eighteen months for outpatients in most specialities by the end of December 2022
- Eradicate one year for outpatients in most specialities by the end of March 2023
- Eradicate two year waits for inpatient/day cases in most specialties by the end of September 2022
- Eradicate eighteen month waits for inpatient/day cases in most specialities by the end of September 2023
- Eradicate one year waits for inpatient/day cases in most specialities by the end of September 2024

[Data published by Public Health Scotland](#) shows by the end of August, two-year waits are clear in more than half of outpatient specialities:

- 22 out of 41 outpatient specialities had no patients waiting more than two years
- 31 of 41 (76%) of outpatient specialities had no or fewer than ten patients waiting more than two years
- 10 of 14 (71%) territorial Health Boards had five outpatients or fewer waiting more than two years

Long waits decreased in Ophthalmology by 94%, in Plastic Surgery by 74%, in Urology by 56%, and in General Surgery by 48%.

Activity in Health Boards is now closer to the levels seen before the pandemic, but it continues to be impacted by an increase in unscheduled care, and high levels of staff absence. We have made progress however, and as recent PHS data shows, during the quarter ending 30 June 2022, [301,943 new outpatients were seen](#), compared to 282,901 in the same quarter in 2021 – an increase of 7%.

We are now working with Boards on a series of measures to increase diagnostic capacity, including deploying six mobile MRI and five mobile CT scanners to reduce waiting times, and opening five additional endoscopy rooms in 2021/22 across NHS Scotland, creating capacity for 12,000 additional procedures.

At a strategic level, the Centre for Sustainable Delivery (CfSD) also continues to work with our NHS Boards to introduce new ways of delivering care that will create additional capacity for inpatient, day case and outpatients. Its [Modernising Patient Pathways](#) and [Scottish Access Collaborative](#) programmes have developed strong clinically-led Specialty Delivery Groups (SDG), which promote multidisciplinary team working, and support local adoption of service improvement programmes. These groups are now well established and have supported several new and innovative pathway developments, many of which are now being successfully scaled up across Scotland.

CfSD are also promoting the accelerated adoption of high impact technological innovations across Scotland – turning high-impact innovations into wide-scale solutions capable of delivering significant patient benefit.

Steps we will take

We will continue to work closely with the Boards where the majority of long waits in some specialities remain, to ensure these are cleared as quickly as possible.

We have four NTC's due to open over the next year – NHS Fife, NHS Forth Valley, NHS Highland and the second phase of the NHS Golden Jubilee. These four centres will open on the following dates, providing a total capacity of eight additional orthopaedic theatres; an additional inpatient/daycase ward; five endoscopy rooms and two general theatres, initially providing over 12,250 additional procedures, dependent on workforce:

- NTC Fife is planned to open early next year in 2023 bringing additional capacity of one orthopaedic theatre, and around 500 procedures in 2023/24.
- NTC Forth Valley is planned to open in Spring in 2023 bringing additional inpatient/daycase ward capacity, supporting around 1,000 procedures in 2023/24.
- NTC Highland is also planned to open in Spring 2023 bringing additional capacity of two orthopaedic theatres, and around 1,350 procedures in 2023/24.
- NTC Golden Jubilee Phase 2 is planned to open late summer 2023 bringing additional capacity of five orthopaedic theatres, five endoscopy rooms and two general theatres, and around 9,400 procedures in 2023/24.

Timescales for the other NTCs (Tayside, Grampian, Lanarkshire, Lothian, and Ayrshire and Arran) will be defined as part of the ongoing business case development.

Urgent and Unscheduled Care

Whilst we are taking steps to realise the ambition of delivering more healthcare in the community, we know that some people still require care in an acute setting.

Steps we have taken

Over the last year, we have increased the [Emergency Medicine Consultant workforce by 15.9 WTE or 6.1% \(from 259.1 as at June 2021 to 275.0 WTE as at June 2022\)](#) and the number of Paramedics is up 102 WTE or by 6.4% (from 1,592.4 as at June 2021 to 1,694.4 WTE at June 2022).

We established Flow Navigation Centre's (FNC's) to offer rapid access to virtual clinical assessment or arrange a scheduled appointment in person. This service is accessed by patients calling the NHS 24 111 service, who refer patients to the FNC who have access to Minor Injury Units, Assessment Areas, and clinics where appropriate. [NHS24 figures](#) show that 10.1% of patients in July were referred to FNC in their Boards, reducing attendances at A&E and supporting people to access the right care, in the right place, at the right time.

Most significantly, we have delivered additional virtual capacity through four priority pathways: Hospital at Home; Respiratory Rapid Response Pathway; Out-patient Parenteral Antibiotic Therapy (OPAT); and Covid Remote Health Monitoring. These pathways supporting our commitment to release 150 beds per day for NHS Scotland, the equivalent of a large district general hospital.

Hospital at Home is now available in 20 out of the 31 Integration Authorities (11 out of 14 territorial Health Boards), which is an increase from 7 in 2020/21.

The OPAT pathway has [already saved 45,000 hospital bed days](#) this year and is being further rolled out across Scotland over the coming months. This pathway allows patients to receive intravenous antimicrobial therapy or other complex antibiotic treatment in an out-patient clinic at a time convenient to them, and in some areas even at home rather than as an inpatient.

Box 5: Flow Navigation Centres

As part of the national Redesign of Urgent Care programme, all boards have now set up Flow Navigation Centre's (FNC's). The FNC is staffed by a Senior Clinical Decision Maker (SCDM) 24/7 and is there to provide professional to professional decision making support to a number of health and social care and third sector staff. Patients could be given a range of options rather than simply attending A&E. Feedback has been positive with patients indicating they felt reassured and supported and being able to receive an appointment to attend the ED at a quieter and more convenient time for them was also a key theme of feedback received.

The established FNC model is one that ensures there is a system wide approach to improving the delivery of urgent care with specialist clinical expertise available when required.

Source: [NHS Scotland redesign of urgent care](#)

We have also [allocated £62 million to assist health and social care partnerships](#) in expanding care at home capacity. The current pressures on social care support are caused in part by increased need and acuity. This funding aims to prevent this trend growing by appropriate supporting prevention and early intervention. For example the use of community equipment and Technology-Enabled Care (TEC) can supporting people to maintain or even reduce their care needs. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Steps we are taking

We recognise our A&E departments are working under significant pressure and like health services across the rest of the UK and globally the pandemic continues to seriously affect services.

We also recognise that the level of performance is currently unacceptable, and to that end we have received improvement plans from Health Boards with the lowest levels of performance and will be monitoring their progress, and providing assistance where necessary.

Through the new [£50m Urgent and Unscheduled Care Collaborative](#), we are taking forward specific areas of work on an NHS Scotland basis to stabilise and improve performance; and, the Redesign Of Urgent Care programme has worked across organisations and multi-disciplinary teams to develop alternatives to unnecessary attendances at A&E.

A set of 8 high impact changes across the whole-system will support the work of the Collaborative to systematically reduce unwarranted variation, waits and delays ensuring improvement. The high impact changes are:

- Care Closer to Home
- Redesign of Urgent Care
- Virtual Capacity
- Urgent & Emergency Assessment
- Rapid Assessment and Discharge
- New models of Acute Care as a Specialty
- Discharge without Delay
- Community Focused Integrated Care

Steps we will take

Notwithstanding the ongoing pressures, we are determined to improve performance and are working closely with Boards on a number of measures to reduce pressure on hospitals.

In preparation for winter, we are working in partnership across health and social care partners we will build on lessons identified from last winter and the pandemic to ensure we maintain organisational resilience with a whole-system approach. This includes sharing and implementing best practice to deliver business improvement and building capability across NHS Boards including the development of national level contingency options for winter 2022-23. This will enable us to actively monitor and evaluate strategic risks and system pressures to allow timely national-level decision making that is closely coordinated with Health Boards and Social Care partners across Scotland.

We will also continue to work with Health Boards to ensure patients access the right care, in the right place, at the right time, by enhancing work through the Urgent and Unscheduled Care Collaborative.

Cancer Care

Cancer remains a priority for NHS Scotland, and we are committed to ensuring those with a suspicion of cancer are seen and treated as quickly as possible to reduce patient anxiety, improve experience and meet cancer waiting times (CWT) standards.

Steps we have taken

Our National Cancer Plan has delivered:

- Funding for 12 pilot sites to offer patients a single point of contact.
- Over [£17m of new funding](#), including resources to improve cancer diagnosis and treatment.
- Support patients with information and guidance through the Covid-19 pandemic, including a patient leaflet and guidance on outpatient visiting.
- A new [National Radiotherapy Plan](#), ensuring continued access to patients to modern radiotherapy treatments.
- Establish a Scottish Cancer Network in order to deliver a 'Once for Scotland' approach to cancer services.
- New guidance on the safe delivery of chemotherapy is currently under review and due to be finalised imminently.

We have launched the first three Rapid Cancer Diagnostic Services (RCDS), formerly known as Early Cancer Diagnostic Centres. These will provide equitable access to rapid cancer diagnosis, offering a fast-track diagnosis service through primary care, ensuring patients with non-specific symptoms get onto the right pathway earlier. This benefits not only those diagnosed with cancer, but other conditions which require treatment.

University of Strathclyde will evaluate the RCDS over a two year period; however, initial indications show around 16% of patients seen have been diagnosed with cancer and 20% with significant but non-cancer conditions. Importantly, patient satisfaction is high with over 97% of patients rating their experience as very good or excellent.

In addition, we published the [Framework for Effective Cancer Management](#) in December 2021 to provide Health Boards with the tools to effectively manage cancer patients and recover waiting times by promoting best practice, alongside hands-on expert support.

Steps we are taking

Over this term of Parliament, we have committed to investing an additional £40 million in targeted improvements designed to maintain the 31 day standard and achieve the 62 day standard on a sustainable basis. To date, this investment has supported Boards to deliver additional diagnostic clinics and theatre provision for those most challenged cancer pathways including urology, breast and colorectal while investing in pathway redesign and upskilling of our nursing workforce.

We continue to invest in our Detect Cancer Early (DCE) Programme, which adopts a whole-systems approach to diagnosing and treating cancer as early as possible, with a focus on those from areas of deprivation. This Programme supports the delivery of optimal cancer diagnostic pathways and awareness campaigns to empower those with possible symptoms to act early.

NHS staff are working incredibly hard for cancer patients and over the past year (1 July 2021 to 30 June 2022), a [total of 25,096 patients](#) were treated on the 31 day pathway with a median wait of 5 days from decision to treat to treatment (Q2 2022). We are also seeing increasing numbers of patients coming through our most urgent 62 day cancer pathways with over 4% more patients treated on a 62 day pathway in the most recent quarter compared to the same period prior to the pandemic.

We also continue to roll out the Macmillan partnership. By the end of 2021, agreements were in place across 26 of the 31 Health and Social Care Partnership (HSCP) areas. Of these, 12 services are operational, scoping has commenced in 6 other areas, and the process for recruiting the project leads to cover 8 areas has been initiated. Discussions are being taken forward to establish Improving the Cancer Journey (ICJ) developments in the remaining 5 areas.

Steps we will take

Patients, particularly those with less survivable cancers are benefiting from a number of our [£114.5m National Cancer Plan flagship](#) actions.

While progress is being made against the actions, we will reflect upon ongoing service pressures and complete the actions by March 2023.

To ensure NHS Scotland continues to deliver quality cancer care, we will continue to invest in our people and infrastructure including oncology, using national approaches to maximise capacity and patients' access to treatment. [For example, Consultant Oncologists have increased by 3.5% and Consultant Radiologists have increased by 3.3%.](#)

The Scottish Cancer Network will also deliver new national clinical management pathways, setting out the standards of care and treatment patients should expect across Scotland. We will continue to support Boards to direct funding to where it is needed most to ensure that cancer patients in Scotland receive timely care.

Mental Health, Learning Disabilities, Neurodiversity, and Dementia

As we emerge from a pandemic and confront a Cost Crisis, we are keenly aware of the challenges facing mental health services. We will work to ensure that anyone who needs it can access mental health support when they need it.

Steps we have taken

We have allocated nearly £40m to NHS Boards to improve Child and Adolescent Mental Health Services (CAMHS) in 2021/22, with £4.25m of that allocation directly focussed on offering treatment to those already on their CAMHS waiting lists. We also provided an additional £9m to NHS Boards in 2021/22 to address waiting lists for Psychological Therapies (PT).

Since we made that investment, we have seen improvements in the activity and performance of NHS Board CAMHS services, and improvements in capacity which can be measured by growth in workforce.

For example, [community CAMHS staff have grown by 173.4 WTE](#) which is a 19.3% growth in workforce since March 2021. We are creating new posts to continue our expansion of the workforce, posts being advertised in CAMHS have grown from 17.1 in March 2021, to 147.4 – an increase of 762% as we continue to create posts in this area.

The latest statistics also show that for CAMHS the waiting list has dropped from 10,346 at the end of March to 9,729 at the end of June, a 6.0% decrease overall and the number of people waiting over eighteen weeks dropped from 4,536 to 4,147 an 8.6% decrease.

For PT, total waits have dropped from 23,394 at the end of March to 22,472 (a 3.9% decrease) at the end of June, and waits over eighteen weeks from 9,879 to 8,932 (a 9.6% decrease).

So far in 2022, we have seen record levels of activity in CAMHS and Psychological Therapies, with more patients being seen than ever before.

As waiting list backlogs are tackled, we expect this activity to be reflected in improved performance, with all Health Boards working towards meeting the 90% waiting times standard, resulting in shorter waiting times, and a better experience for individuals and families supported by our NHS.

Action fifteen of the Mental Health Strategy 2017-27 outlines our commitment to funding 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons – ensuring local provision and support is at the heart of our plans. We have exceeded this commitment and an additional 958.9 whole time equivalent (WTE) mental health roles have been filled. Since 2018/19 we have allocated almost £84m to enable recruitment to these posts and will continue to provide the necessary funding to ensure that these posts are protected in 2022/23 and beyond.

Steps we are taking

We continue to invest in digital service capacity, with access to cognitive Computerised Behavioural Therapy (CBT) programmes and Near Me, the video-conferencing platform, being made available nationally. We have also launched the Digital Mental Health Innovation Cluster, and the Mind to Mind website, a resource with short videos of people with experience of facing mental health challenges. There have been around 63,000 digital therapies referrals in the last year, and user satisfaction with computerised CBT is 91%.

We are developing quality standards in mental health to ensure that individuals, their families and carers know what they can expect from services, and we have ensured a person-centred approach is at the heart of the work.

We have provided funding to the National Autism Implementation Team (NAIT) to support Health Boards to develop action plans to introduce adult neurodevelopmental pathways.

We are now piloting Adult Neurodevelopmental Pathways in four Health Boards, to support the implementation of a single diagnostic pathways for ADHD and Autism. The pilot started in January of this year and will conclude in 12 months. The results of this work, including a final report, will be available next year.

Box 6: Integrating Mental Health Services and Unscheduled Care

We continue to work with partners through the Redesign of Urgent Care Programme and Unscheduled Care Collaborative, to ensure that people with urgent mental health care needs get the right help, in the right place, at the right time. This will be facilitated by ensuring that each Health Board provides access to a mental health clinician 24 hours a day, seven days a week for those who require urgent specialist mental health assessment or urgent referral to local mental health services. This is creating national and local routes to ensure people in emotional crisis or distress and those in need of urgent care are assessed and supported, regardless of how they access services. National Guidance has been developed to support Health Boards to implement this approach and significant progress has been made. For example, referral routes from NHS 24 to local services for urgent care during the out of hours period and increased availability of mental health clinicians providing professional support to Police Scotland and the Scottish Ambulance Service. We will continue this work to improve the unscheduled care mental health response.

Steps we will take

We have committed additional investment in dementia post-diagnostic support services to ensure more people are able to access support that works for them following a diagnosis. This includes additional investment going to local areas via Integrated Joint Boards (IJBs) and new funding for community led offers of support that is being administered via Age Scotland's About Dementia team.

As the Plan progresses, we will continue to expand our Digital Mental Health Programme by improving the quality of service and levels of accessibility, while expanding capacity, improving equality of access and support services to meet increasing demand across all territorial Health Boards.

We will also be developing a new dementia strategy for Scotland which embeds the voice of lived experience, reflects the lessons of the pandemic and seeks to maximise the opportunities across the wider policy landscape to improve the experience of people living with dementia and their carers; and will publish a new Mental Health and Wellbeing Strategy in the year ahead, in addition to a new long-term Suicide Prevention Strategy and delivery plan with CoSLA.

National Mission to tackle drug-related deaths

Scotland continues to have one of the highest reported drug death rates in Europe. In 2021, Scotland recorded 1,330 drug misuse deaths, the second highest on record. We recognise that the level of drug deaths remains unacceptably high, and are leading a National Mission to reduce deaths and save lives, supported by an additional £250m of investment by the end of the parliament.

Steps we have taken

We have published a [National Drugs Mission Plan](#) which sets out our approach to achieve our outcomes, which were developed in collaboration with stakeholders, including people with lived and living experience: preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs multiple and complex needs of people with drug problems and supporting families and communities affected by problem drug use.

In August last year, we launched the 'How to Save a Life' campaign and encouraged the public to go to the [Stop The Deaths](#) website to learn how to recognise the signs of a drug overdose, receive training in the use of the life-saving medication naloxone and get a free naloxone kit. A [total of 28,852](#) Take-Home Naloxone (THN) kits were supplied in financial year 2021/22, the highest annual total since the beginning of the National Naloxone Programme.

Box 7: Residential Recovery by Aberlour

Children's charity Aberlour will receive a grant of more than £5.5 million over this parliamentary term to develop two Mother and Child Residential Recovery Houses. The houses are designed to enable children of women with problematic substance use to stay with their mothers during their recovery. Aberlour's approach to rehabilitation aims to deliver positive outcomes for women and their children. Problematic substance use affects not only the individual but those around them, including family members and friends. Keeping mothers and their children together can enhance the effectiveness of treatment and lessen any harmful impact on children.

The first house developed in partnership with Hillcrest Homes will open in Dundee in Autumn 2022. The second house located in Central Scotland will open in 2023. Each house will support four women and their children at any one time.

Source: [Mother and Child Recovery Houses – Aberlour](#)

We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards, to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland, and rolling out the provision of long-lasting buprenorphine to provide a greater choice of opioid substitution treatment as part of those standards.

Because people need to be able to choose the right form of treatment for them, we have also committed to investing in the expansion of residential rehabilitation by building capacity and expand pathways into, through and out of treatment – and ensuring this is available for everyone who wants it. We are committed to increasing the number of statutory funded placements by 300% in Residential Rehabilitation by 2026 so that at least 1,000 people are publically funded for their placement.

Our [framework for holistic family approaches and family inclusive practice](#) sets out principles of how we can improve support for families affected by drug and alcohol use by taking a whole family approach, and we are supporting this with investment totalling £6.5 million per year over the life of the parliament.

Steps we are taking

We know that Safer Drug Consumption Facilities have been shown to prevent fatal overdoses and encourage people to access longer-term help. An initial proposal, within the existing legal framework, has been shared with the Crown Office and Procurator Fiscal Service for consideration. In the event of a positive outcome to work currently being carried out by partners, we will quickly move to establish a Safer Drug Consumption Facility in Glasgow.

Heroin Assisted Treatment is an Enhanced Drug Treatment Service (EDTS) which involves the provision of a heroin substitute to people with longstanding problem substance use under supervised conditions and has been shown to reduce the use of street drugs and increase the likelihood of individuals remaining in treatment. Glasgow opened the first EDTS service in Scotland in November 2019 which is the subject of a large scale evaluation supported by the Scottish Government Chief Scientist Office (CSO) and Glasgow Caledonian University. We committed to supporting further HAT services across the country and continue to work with local areas to explore this.

We are supporting the development of models of care at a national level to deliver drug treatment within primary care. The models of care will support the implementation of MAT Standard 7 (All people have the option of MAT shared with Primary Care). This will be supported by work to increase the number of GP practices that deliver integrated drug treatment services.

In March 2022 we announced a target that by 2024 there will be at least 32,000 people in community-based Opioid Substitution Therapy in Scotland, an increase of 9%. We are also exploring the utility and safety of benzodiazepine prescribing among people receiving OST in Scotland, and a full report is expected in Autumn 2022.

We know that people with substance use problems often face barriers to receiving help for their co-occurring mental health conditions. We are therefore piloting improved arrangements for people with co-occurring substance use and mental health problems. In summer 2021 we commissioned Healthcare Improvement Scotland (HIS) to take forward an ambitious programme to test new approaches to integrating substance use and mental health services in local areas. This work aimed to improve the quality of care, increase access to treatment and ultimately improve overall health outcomes for people with substance use and mental health problems. A separate rapid review into substance use and mental health services which will report in autumn 2022.

Steps we will take

The National Collaborative for Lived and Living experience, chaired by Prof Alan Miller, will lead a process to empower people affected by problem substance use, to enable their voices – and, critically, their rights – to shape policy and decision-making concerning the design, delivery and regulation of drug and alcohol services at a national level; and to set out how the rights can be included in the forthcoming Human Rights Bill to improve the lives of people affected by problem substance use.

Stigma kills people, and we will publish an Anti-Stigma Plan that sets out the role we can all play in ending the exclusion that people who use drugs in Scotland experience on a daily basis. Because addressing this public health emergency goes well beyond improving treatment options, we will also publish a cross-government action plan on tackling the broader inequalities experienced by people who use drugs.

Finally, our recently published [National Drugs Mission Plan](#) sets out our approach to achieve our aim and vision through the articulation of outcomes which focus on preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the multiple and complex needs of people with drug problems and supporting families and communities affected by problem drug use.

These outcomes, alongside six cross-cutting priorities, have been developed in collaboration with stakeholders, including representatives with lived experience. They reflect both the complexity of the challenge we face and the opportunities that a whole-system, whole-Scotland ‘National Mission’ approach will afford.

We recognise that the level of drug-misuse deaths remains unacceptable. Whilst there is so much more work to do, every life saved means one less family grieving and we remain determined to use this halt in the upward trend of recent years as a platform for real change.

Next Steps

This Recovery Plan update shows the progress we are making towards our long term plan to ensure the NHS and social care systems of Scotland recover from the unprecedented impact of the Covid-19 pandemic. We are committed to doing this through a planned programme of investment and reform.

We know that more work needs to be done, more investment needs to be made, and more reforms enacted.

But this NHS Recovery Plan is a solid foundation for our improved health service. Our health and social care system has already, despite the pressures it faces, responded to its ambition with passion, agility, skill and dedication.

At the heart of this response has been the incredible efforts of our workforce, who continue to provide the public with exceptional and compassionate care. They continue to provide this care in a variety of settings whilst also developing and implementing innovations which will pave the way for a more sustainable system, to better face both current and future pressures.

We have challenges before us. They include protecting the most vulnerable this coming winter, to continue to act in the face of the continuing threat of Covid-19, to maximise capacity in the system, to continue to care for the health and wellbeing of our staff, and to ensure that people get access to the right care, in the right place, at the right time. We will do whatever is needed to ensure this happens.

We will continue to work tirelessly to deliver the ambitions set out in this Plan, and will provide a further update of our progress in a year's time.



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Any enquiries regarding this publication should be sent to us at
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