Integration Joint Board
Strategic Planning Delivery and Commissioning Committee

22nd July 2025

This Report relates to
Item 7 on the Agenda

Clinical and Service Change Model

Paper presented by David Rowland

For Discussion / Noting

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List of Background Papers:	N/A
Appendices:	N/A

1. Introduction

1.1 This paper outlines the approved direction for NHS Dumfries and Galloway and details the development of the Clinical and Service Change Approach specifically focussed on Outpatients, Diagnostics and Theatres. However, noting this approach is being undertaken in terms of urgent and unscheduled care support by Health Improvement Scotland.

1.2 This approach is informed by the successful change and creation of models of care implemented during the development of the new hospital in 2017.

1.3 The rationale for this case for change is to initiate a period of service change in response to the current financial climate. This aims to ensure the most efficient and effective use of our available services and resources, while continuing to meet the needs of our population.

1.4 This approach has been approved by the NHS Board Management Team.

2. Recommendations

2.1 **The IJB Strategic Planning, Delivery and Commissioning (SPDC) Committee is asked to:**
- **Take assurance from the proposed Clinical and Service Change approach, with specific recognition of its adoption in Urgent and Unscheduled Care.**
- **Take assurance that this approach will be operational led by key stakeholders.**
- **Take assurance of the adoption of a Data-led approach, ensuring the availability of appropriate funding and adherence to the necessary procurement processes where funding is being made available from Scottish Government.**

3. Background and Main Report

3.1 Analysis of demographic trends has highlighted an increasing demand on both social and healthcare systems, coupled with a shrinking workforce that is unable to sustain traditional models of care. As a result, it is essential to explore and implement alternative models of care. This approach will help ensure that services are more efficient, accessible, and adaptable, ultimately addressing the evolving needs of the population.

3.2 NHS Dumfries and Galloway is confronting an unprecedented financial challenge. As of April 2025, the health board anticipates a £54 million deficit, potentially escalating due to inflation, rising patient demand, and increasing care costs. The Scottish Government has mandated a reduction of this deficit to £21.3 million by the end of March 2026.

3.3 The £12.5 million pressure on social care services presents a significant risk to the wider health system if not addressed holistically. Without adequate funding, reductions in care provision could lead to increased reliance on unscheduled healthcare, such as emergency admissions and A&E visits, as individuals' needs go unmet in the community. This not only places additional strain on NHS services but also results in poorer outcomes for individuals. A joined-up, preventative approach across health and social care is essential to manage demand, support timely

hospital discharges, and maintain people's independence while avoiding higher long-term costs.

Assessment / Approach to Change

3.4 Our clinical change approach is central to achieving long-term financial sustainability, particularly within Outpatients, Diagnostics, and Theatres. By redesigning care pathways in these key areas, we aim to reduce unnecessary demand, streamline processes, and minimise patient returns to Outpatient services. Through the integration of services and the adoption of more efficient scheduling and referral systems, we can ensure that patients are seen at the right time, in the right setting, and with the right level of care.

3.5 This approach focuses on improving patient flow, optimizing diagnostic testing, and ensuring theatre utilisation is maximised. Additionally, by implementing preventative care models and promoting self-management for patients, we can reduce the need for follow-up appointments in Outpatients and prevent unnecessary re-referrals. We will also enhance communication and coordination between primary care and specialist services to ensure that referrals are appropriate and that patients receive the most efficient care possible.

3.6 Ultimately, these changes will reduce pressure on Outpatient clinics, alleviate demand in Theatres, and enhance the overall efficiency of Diagnostic services, contributing to a more sustainable healthcare system and improved financial stability.

Our Clinical Change Programme

3.7 Our Clinical Change Programme will translate this approach into practical delivery – supporting service transformation through targeted, evidence-based initiatives that improve outcomes, reduce unwarranted variation, and optimise resource use. It is the operational vehicle for implementing change at pace and scale, aligning clinical priorities with financial recovery to build a more resilient, efficient, and patient-centred system. Alongside this, we will continue to support delivery through wraparound corporate support.

Data Modelling

3.8 There is a need to adopt a data-led approach to service redesign—one that leverages predictive analytics to generate meaningful insights and supports clinical teams in moving from understanding what is happening to why it is happening. Currently, we do not have such a model in place, which hinders effective decision-making. Our existing reporting infrastructure is fragmented, held in silos, and difficult to navigate. This makes it challenging to gain a clear, system-wide view of pressures across services.

3.9 As an initial step, we will focus on Urgent and Emergency Care. This area presents a critical opportunity to enable more robust and collaborative problem-solving, foster innovative service redesign at pace, and support more agile decision-making at all levels.

Key Challenges Identified:

Fragmented Reporting Infrastructure:

3.10   The existing reporting system is siloed, making it difficult to get a comprehensive, system-wide view of pressures across services.

3.11   This fragmentation impedes the ability to make effective, informed decisions, especially in a complex and high-pressure environment.

Lack of Predictive Analytics:

3.12   The absence of a predictive analytics model prevents teams from understanding the root causes of issues. Without this, addressing problems and anticipating future challenges becomes reactive rather than proactive.

Proposed Solution:

Adopt a Data-led Approach:

3.13   The key proposal is to create a predictive analytics framework that will enable a deeper understanding of data, shifting the focus from descriptive insights to explanatory ones.

3.14   This shift would support a more collaborative and innovative service redesign process, allowing clinical teams to make informed decisions at all levels of operation.

Focus on Urgent and Emergency Care:

3.15   As a starting point, Urgent and Emergency Care will be the focal point for this approach due to its high pressure and critical nature. Addressing this area first will allow for quick wins and an opportunity to demonstrate the value of data-led decision-making.

3.16   The goal is to use the insights generated from this area to inform broader system-wide changes and innovations across other services.

Implement the Predictive Analytics Model:

3.17   Design and implement the predictive analytics framework that can aggregate data from across the fragmented reporting systems.

3.18   Ensure the model is user-friendly and provides actionable insights that clinical teams can rely on in real-time.

Address System Silos:

3.19   Integrate the various data sources to enable a more seamless and cohesive reporting structure.

3.20   This will make it easier to spot trends, understand issues, and identify root causes, especially in high-pressure environments like urgent and emergency care.

Empower Decision-Makers:

3.21   Provide clinical teams and leadership with the tools and data to make more agile decisions that are both timely and impactful.

3.22   Ensure the new system fosters collaboration and innovation, driving continuous improvement.

Expected Outcomes:

3.23   Improved visibility into system-wide pressures and performance - More proactive,

		rather than reactive, decision-making.
3.24		Faster, data-backed service redesigns that can be adapted to meet ongoing challenges.

4.	**Conclusions**	
4.1		NHS Dumfries and Galloway is facing significant demographic and financial pressures, including a projected £54 million deficit as of April 2025. With a Scottish Government mandate to reduce this to £21.3 million by March 2026, the organisation must adopt innovative and sustainable approaches to care delivery.
4.2		To address these challenges, a Clinical Change Programme has been launched, focusing on transforming services in Outpatients, Diagnostics, and Theatres. This programme aims to streamline care pathways, reduce unnecessary demand, and improve patient flow through better scheduling, referral management, and preventative care. Enhanced coordination between primary and specialist care will ensure patients receive timely and appropriate treatment.
4.3		A key enabler of this transformation is the adoption of a data-led approach. The current reporting infrastructure is fragmented and lacks predictive capabilities, limiting the ability to make informed, proactive decisions. To overcome this, NHS Dumfries and Galloway will implement a predictive analytics framework, beginning with Urgent and Emergency Care. This will provide real-time, actionable insights, support agile decision-making, and foster innovation across clinical teams.

4.4		By integrating data systems and empowering staff with better tools, the organisation expects to:
		    o Improve visibility into system-wide pressures,
		    o Enable faster, evidence-based service redesigns,
		    o Enhance financial sustainability,
		    o Deliver more efficient, patient-centred care.

4.5		This transformation marks a critical step toward building a more resilient and future-ready healthcare system for the region.

5.	**Resource Implications**	
5.1		NHS Dumfries and Galloway have received a level of funding from Scottish Government to take forward this initiative.
5.2		There will be a requirement to release staff to support this work which will be scoped out at an operational level.

6.	**Impact on Integration Joint Board Outcomes, Priorities and Policy**	
6.1		A statement regarding how the subject links with/contributes to the National Health and Wellbeing Outcomes for Health and Social Care and how it aligns with the IJBs 7 Strategic Commissioning Intentions as set out on page 6 within the IJB Strategic Commissioning Plan 2022-2025

7.	**Legal and Risk Implications**	
7.1		A risk management approach will be taken at scheme level with the development of

a risk register together with a suite of project management tools and supported by Corporate Wraparound Team.

| **8.** | **Consultation** |

8.1   Consultation has taken place at NHS Board Management Team where this approach was approved.

| **9.** | **Equality Impact Assessment** |

9.1   An EQIA will be completed as part of the governance as part of the project management architecture.

| **10.** | **Glossary** |

EQIA	**Equalities Impact Assessment**
IJB	**Integration Joint Board**
SPDC	**Strategic Planning, Delivery and Commissioning**