

# Modernising Patient Pathways Annual Report 2023/2024



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# ► Foreword

Welcome to the Modernising Patient Pathways Programme Annual Report for 2023/2024.

Our Annual Report for 2023/2024 illustrates the breadth and scale of work that clinical and operational teams across NHS Scotland have adopted and delivered through their participation in MPPP work streams.

Partnership working across the health and care landscape is critical in ensuring that identified opportunities are translated to benefits at pace. We are delighted that participation and collaboration continues to grow in all work streams, underpinned by the sharing of success within services and understanding what is making a positive difference.

During the last year we have continued to embed the Specialty Delivery Group model, engaging meaningfully with operational and clinical teams to ensure our collaborative work is focused on the high impact opportunities that will benefit patients most.

We have coordinated 14 individual Speciality Delivery Groups (SDGs), which have brought together over 1,000 multidisciplinary stakeholders from across Scotland to identify best practices and spread and scale improvements.

Our SDGs remain committed to working beyond short-term fixes by developing optimal clinical pathways that aim for lasting benefit to patients, their families and NHS teams delivering services. We now have over 40 pathways and resources published to support NHS teams to redesign and deliver improvements.

Development and use of Heat Maps has been instrumental in promoting the measurement and adoption of nationally agreed high-impact pathways. These visual tools help identify key priorities and areas of opportunity at Board level, enabling targeted interventions.

Our Active Clinical Referral Triage (ACRT) and Discharge Patient Initiated Review (PIR) Toolkit, produced in collaboration with NHS Boards, supports the implementation of these essential high-impact approaches. By streamlining referrals and empowering patients, we enhance access to care and supported Boards to release more than 200,000 outpatient appointments. Our now established ways of working have flourished during 2023/2024 and we look forward to seeing that continue during 2024/2025.

As we look ahead to the next year, we recognise the challenges that lie ahead. With the continued support and dedication of NHS Scotland's clinical and operational teams, we are confident that the Modernising Patient Pathways Programme will continue to drive positive and sustainable transformation in planned care pathways.

We hope you enjoy reading our Annual Report and look forward to working with you in 2024/2025.

**Katie Cuthbertson**  
National Director

**Dr Rory Mackenzie**  
Interim Deputy National  
Clinical Director

**Laurence Keenan**  
National Associate Director -  
Modernising Patient Pathways



# ▶ About the Modernising Patient Pathways Programme

The Modernising Patient Pathways Programme (MPPP) is one of 8 work streams within the Centre for Sustainable Delivery (CfSD) – a national unit designed to sustainably improve and transform Scotland’s health care system through innovation, collaboration and clinical leadership.

We are responsible for supporting improvements in planned care across Scotland, in line with the priorities set out in Scotland’s NHS Recovery Plan 2021-2026.

We support frontline clinical teams to develop sustainable improvements in clinical delivery and provide expertise in redesigning models of care, sharing best practice, and working to balance capacity with demand for services. We are currently implementing a range of activities that support Boards to identify best practice, and deliver improvements. Through 2023/2024 we have supported 11 peer review journal articles to be published (see Appendix 1).

## Our vision, purpose and mission



**Vision**

Sustainably improve and transform healthcare through innovation, collaboration and clinical leadership for the benefit



**Purpose**

Pioneer new ways of delivering healthcare to achieve sustainability in NHS Scotland.



**Mission**

Optimise pathway redesign utilising patient and clinical engagement and ownership to transform services.



## ► 2023/2024 at a glance



**14** Specialty Delivery Groups with over **1,000** members/stakeholders.



**5** additional clinically focused improvement work streams.



**43** pathways and resources published and available to Boards to implement.



**138,167** referrals returned to Primary Care with advice and/or patients added to Opt-In pathways as a result of Active Clinical Referral Triage (ACRT).



**71,102** patients added to Discharge Patient Initiated Review (PIR) pathways.



**100+** individual Heat Map submissions from Health Boards.



**65%** of cataracts delivered on cataract-only lists.



**10,000+** hits on Dermatology Primary Care Right Decision Service resources.



**5,106** hip replacement patients and **5,022** knee replacement patients discharged by day 3 through Enhanced Recovery After Surgery (**81%** of procedures, compared to **73%** in 2022/2023).



**2,014** patients received colon capsule endoscopy and **1,371** received CytoSCOT procedures.



**11** Peer review journal articles published.



# ► Specialty Delivery Groups

The Scottish Government commissioned the Centre for Sustainable Delivery to establish Specialty Delivery Groups (SDGs) to:

- support, innovate and develop high quality services across Scotland,
- reduce unwarranted variation,
- promote 'best in class' services, and
- sustainably improve waiting times for non-urgent care.

These SDGs are multidisciplinary in nature and a voice for clinicians and operational managers. They focus on implementation of proven approaches such as Active Clinical Referral Triage (ACRT) and discharge Patient Initiated Review (PIR) as well as high impact changes such as Day Surgery and Enhanced Recovery After Surgery (ERAS).

## Progress in 2023/2024

During 2023/2024 most SDGs continued to refresh and realign membership. Boards were asked to nominate a Clinical Lead and an Operational Management Lead for each SDG. In addition, SDGs include relevant nominated representation from other professions such as a Nurse or Allied Health Professional Lead.

Nominated SDG members are responsible for representing the Board at the meeting, and are also expected to coordinate implementation of the work arising from the SDG locally.

Each SDG is chaired by a CfSD Clinical Lead, who is a respected Clinician in that specialty, with a CfSD Associate Clinical Director acting as co-Chair.

All Clinical Leads meet monthly to ensure consistency between groups, share best practice across SDGs and keep abreast of any developments nationally.

The SDGs formally report into the Modernising Patient Pathways Programme Board.

## The Future

Each SDG has its own plan of work for 2024/2025, relevant to that Specialty. Key overarching priorities for 2024/2025, however, focus on developing additional national pathways and ensuring that SDG members are supported in implementing pathways locally through active dissemination. The Unscheduled Care Team moving to CfSD also provides an opportunity for collaborative working across elective/unscheduled care.

The first example of this is the establishment of a Critical Care Specialty Delivery Group (developed from the previous Scottish Critical Care Delivery Group), which will be convened in the first quarter of 2024/2025.

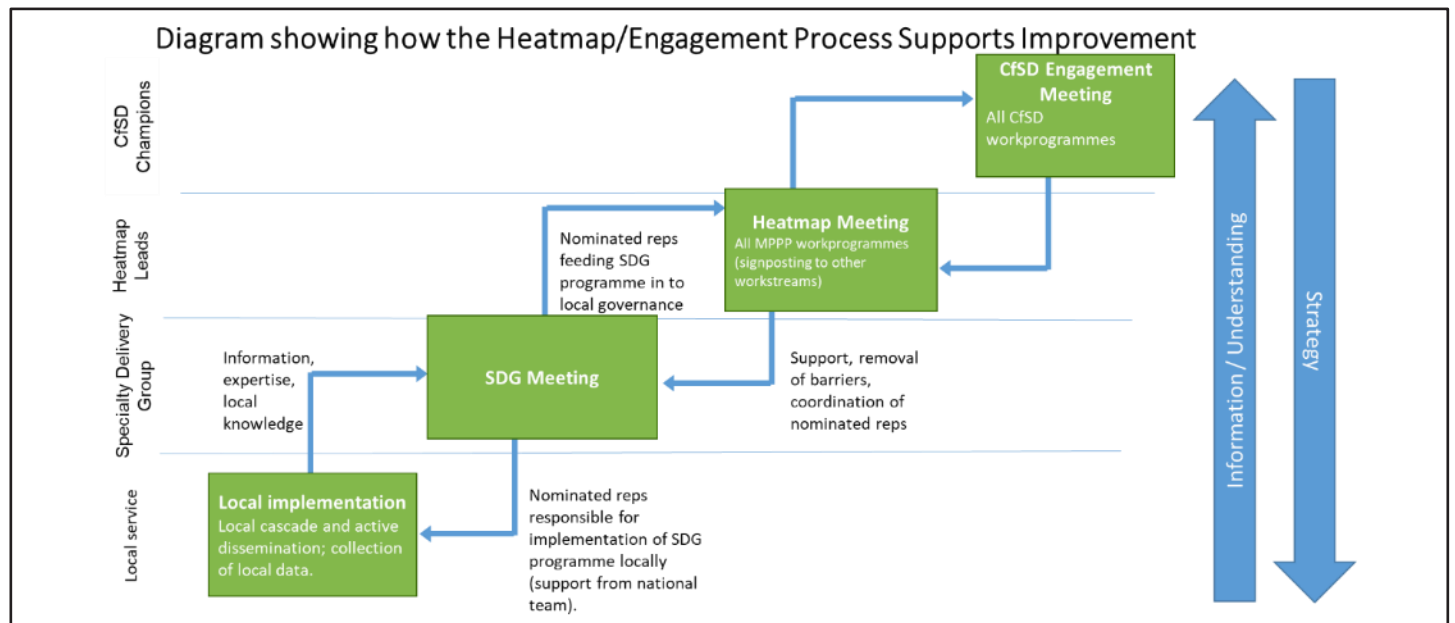




# ▶ Supporting Frontline Teams to Make Change: Heat Maps and Board Engagement

Heat Maps align priorities between MPPP and local teams as well as tracking progress in year, highlighting best practice and areas for improvement. A Heat Map and engagement meeting creates a 'golden-thread' between Board Leadership and the nominated SDG members implementing national pathways and high-impact approaches locally. The Heat Map is also currently the only national source to measure the impact of ACRT and discharge PIR.

## Progress in 2023/2024



In 2023/2024 all mainland territorial Health Boards met with MPPP on a regular basis to discuss their Heat Map submissions and provide a link between the improvement work underway in SDGs and Health Board management structures. MPPP has collated around 100 Heat Map submissions from the Boards in 2023/2024.

Further enhancements for 2023/2024 have been standardising the outputs from the SDGs to make it easier for NHS Board Heat Map Leads to access the information and the development of a bi-monthly summary report showing all SDGs, key agenda items discussed and contact details for further information.

As CfSD has grown to include additional teams, the Heat Map meeting structure is replicated at a Director level with the CfSD Board Engagement Meetings, which cover the full portfolio of CfSD programmes.

## The Future

In 2024/25 Heat Map submissions will split out Breast and Vascular Surgery from General Surgery numbers to provide more granular reporting for these areas. In addition there is a Pathway sheet added to the Heat Map to provide an overview of Board progress in implementing national pathways.



# ► Processes: Implementing High Impact Approaches

## Active Clinical Referral Triage (ACRT) and Opt-in

### ACRT

ACRT refers to the enhanced process of vetting referrals from primary and secondary care.

A senior clinical decision-maker (e.g. a Consultant or Advanced Practitioner) reviews each patient's electronic records, including imaging and lab results, and triages to the optimal, evidence-based, agreed pathway. The principles of ACRT are to:

- improve patient safety by ensuring the highest clinical priority patients are reviewed first,
- avoid interactions where there is no added value for the patient,
- provide reassurance, advice and choice to empower patients, and
- increase efficiency by triaging to the most appropriate initial pathway.

### Opt-In

One potential outcome of the triage process is Opt-in.

The aims of the Opt-in process are to improve an individual's knowledge and facilitate shared-decision making.

Clinical information regarding the complaint and possible options, including self-care, is provided immediately after ACRT using appropriate booklets or websites.

The patient is then empowered to decide if and when to contact the service regarding their problem. Patient experience with the Opt-in approach has recently been published in BMJ Open Quality:

[Early provision of clinical information with an 'opt in' approach improves patient experience in tonsillectomy referrals \(bmj.com\)](https://www.bmj.com/early-provision-of-clinical-information-with-an-opt-in-approach-improves-patient-experience-in-tonsillectomy-referrals)

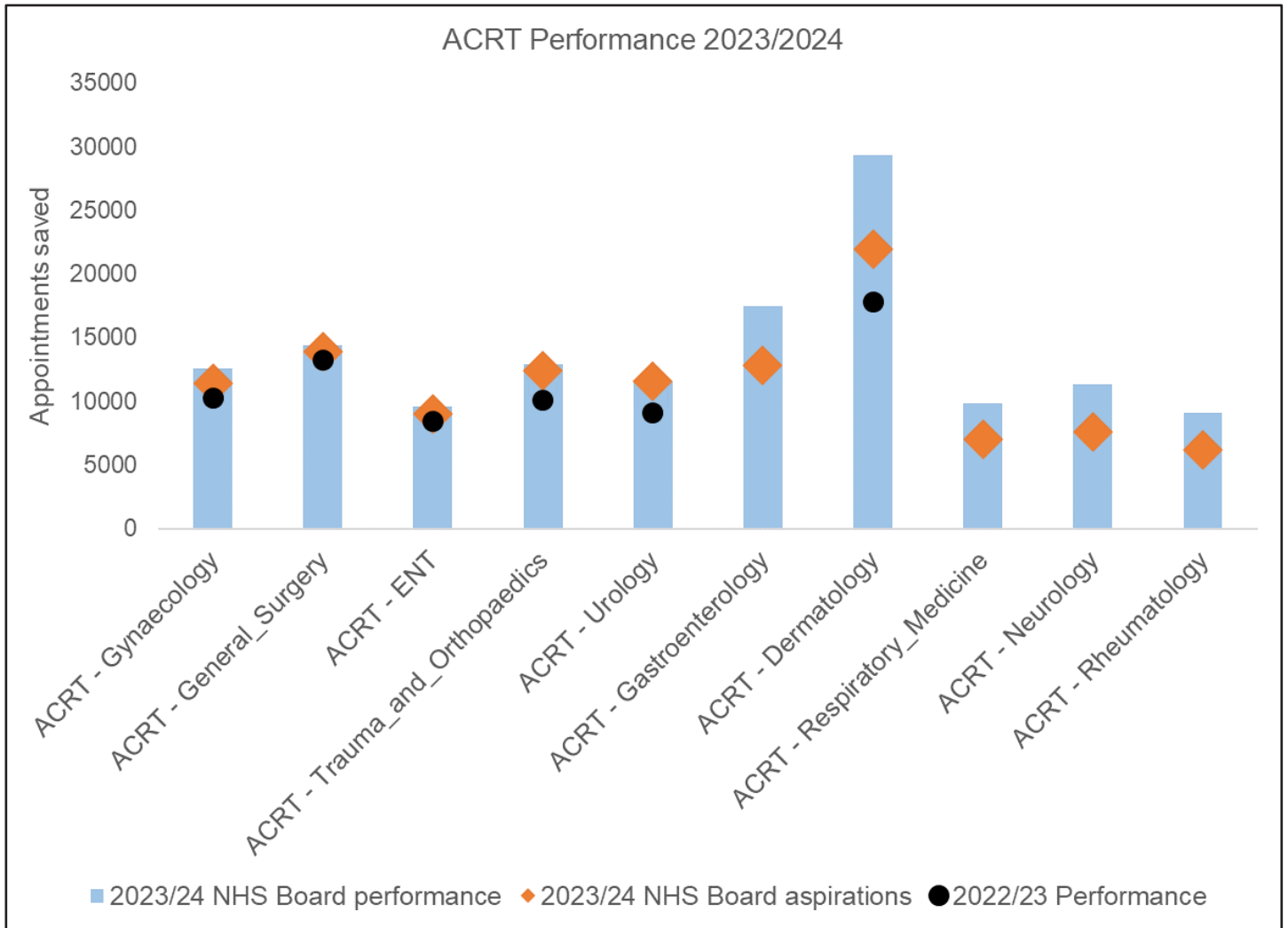
## Progress in 2023/2024

All Specialties (where baseline data was available) increased the numbers triaged to Primary Care with advice or added to Opt-in pathways, and all Specialties exceeded the expected numbers set by Health Boards.

A total of 138,167 outpatient appointments, against a target of 114,000, were returned to Primary Care with advice and/or added to Opt-in pathways.







## The Future

ACRT and Opt-in remains a priority for 2024/2025. Peer comparison charts showing Board and Specialty breakdowns of the proportion of referrals returned to Primary Care with advice and added to Opt-in pathways are being shared with Boards to identify potential additional opportunities.



# Discharge Patient Initiated Review (Discharge PIR)

Selected patients are discharged from Secondary Care with a reliable self-referral process for any problems related to their specific condition and written guidelines of how to re-engage directly with the appropriate hospital service without a further referral from their GP.

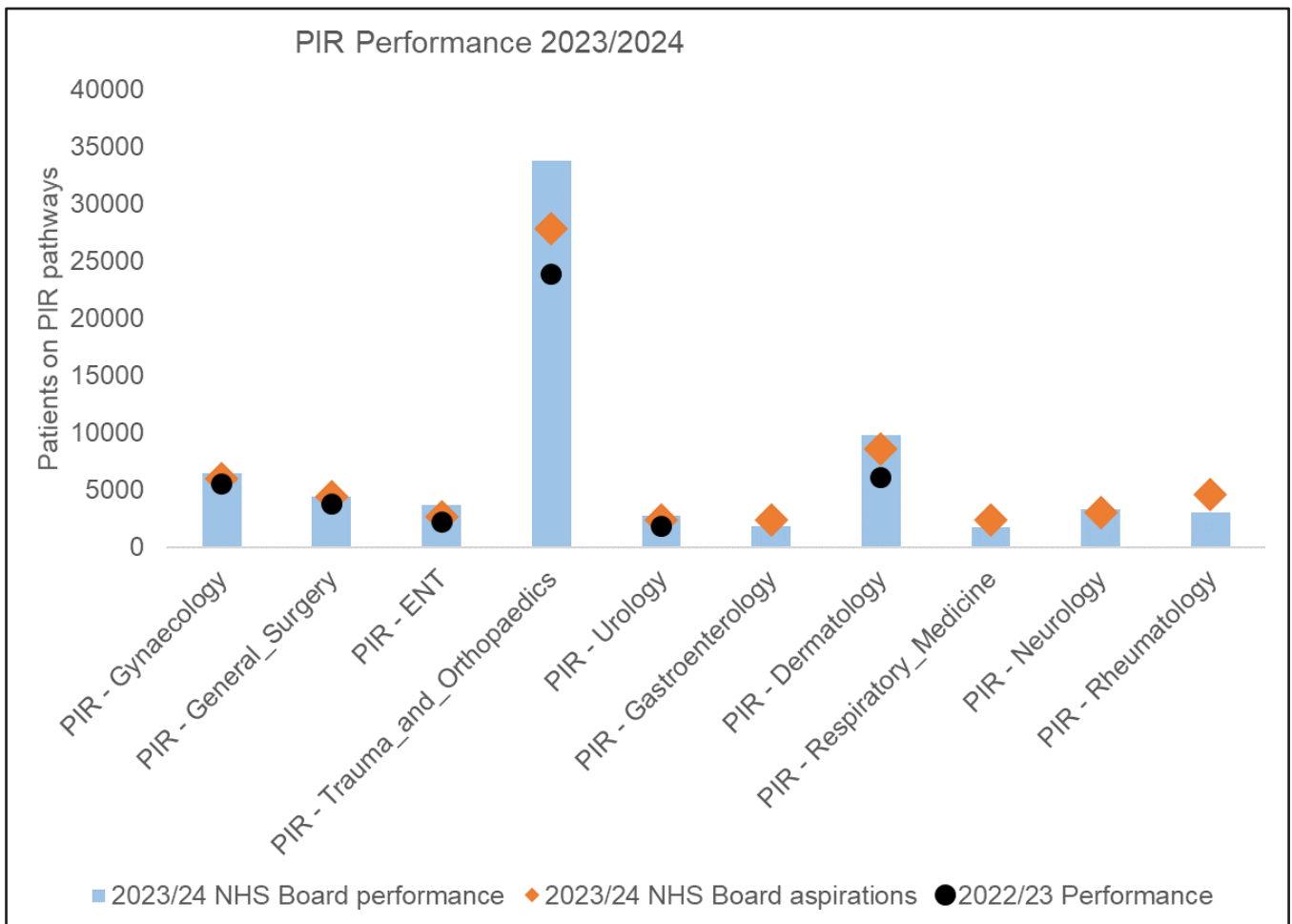
Discharge PIR processes have the potential to improve services by eliminating unnecessary routine attendances (face-to-face and virtual) - simply by sharing information, agreeing on a management plan for each individual and facilitating access to the service.

## Progress in 2023/2024

All Specialties (where baseline data was available) increased the numbers added to Discharge PIR pathways, and the expected numbers set by Health Boards were exceeded in 7 of the 10 Specialties. A total of 71,102 appropriate patients, against a target of 64,500, were added to Discharge PIR pathways during the year.

## The Future

Discharge PIR will be a key priority for 2024/2025, with Boards encouraged to focus on return activity. Peer comparison charts showing Board and Specialty breakdowns patients added to Discharge PIR pathways as a proportion of all return activity are being shared with Boards to identify potential additional opportunities, with Boards encouraged to realise these opportunities either to reduce return waits, or see additional new patients.



## Enhanced Recover After Surgery (ERAS)

Enhanced Recovery After Surgery (ERAS) aims to ensure that people are as prepared as possible before receiving treatment and receive standardised evidence based interventions before, during and after their operation.

The aim of these national pathways is to ensure all patients in each hospital site receive the highest level of care. Data gathered is used to continuously improve the pathway on an ongoing basis.

MPPP continues to support the Arthroplasty Rehabilitation in Scotland Endeavour (ARISE).

### Progress in 2023/2024

Boards set aspirations in the Heat Map to achieve 6,120 hip and knee replacements discharged on day 3 or earlier. In fact Boards achieved 5,106 hip patients discharged by day 3 and 5,022 knee patients, saving resources, freeing up beds for other patients and enabling patients to recover and return home sooner.

In addition to ARISE, MPPP also supports the Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA), the National Enhanced Recovery Colorectal Initiative (NERCI), and Pregnancy Anaemia Management in Scotland (PrAMS).

### The Future

ARISE is a key workstream for Orthopaedics moving into 2024/25 and will continue to drive forward standardised management of arthroplasty surgery in Scotland. Moving forward it will link into the Scottish Arthroplasty Project annual report and publish its own more detailed findings.

Both ELLSA and NERCI workstreams are key priorities for the General Surgery SDG and will focus on widespread adoption and standardisation to improve further patients outcomes following major abdominal surgery.



# Day Surgery

Maximising the appropriate use of day surgery benefits patients, maximises appropriate use of resource (including beds, theatres, and staffing) and improves patient flow.

## Progress in 2023/2024

Day Surgery is promoted via all surgical Specialty Delivery Groups.

A number of key resources have been published by MPPP to support increasing the numbers of procedures being undertaken as Day Surgery in NHS Scotland.

This includes [The Day Surgery Pathway: A Blueprint for Day Surgery in Scotland](#) and to accompany this, [The Arthroplasty Day Surgery Pathway](#).

The most recently publication is a [Clinical Competency Workbook](#) to support Registered Practitioners undertaking criteria-led discharge.

## The Future

Day surgery remains a key priority for surgical Specialty Delivery Groups. Furthermore the work of the Perioperative Delivery Group will progress cross-cutting themes supporting day surgery, such as maximising the appropriate use of local anaesthetic, promoting use of procedure rooms, and ensuring the pre-op and scheduling processing maximise the opportunity for day surgery to increase patient flow.



## Waiting Time Analysis

Traditional waiting times analysis highlight only 2 main aspects: the number of patients waiting and the number waiting over a particular threshold (e.g. 12 weeks).

In collaboration with Public Health Scotland (PHS), MPPP is developing additional analysis using existing datasets that show a wider range of views to support and demonstrate the impact of improvement work undertaken in the Specialty Delivery Groups.



## Progress in 2023/2024

A dynamic dashboard showing a series of charts that explore waiting list changes plotted over time is hosted on PHS's Waiting Times Information Hub. The charts cover 13 SDG specialties and can be filtered to show outpatient, inpatient and daycase waits.

The dashboards include:

- Median, 90th, 95th percentile charts: These show patients that are still awaiting an outpatient appointment or operation (the 90th percentile can be understood as 1 in 10 patients are waiting over X weeks for an appointment).
- Balance charts: These show additions and removals and the net change to a waiting list.
- Probability plots: Patients waiting and seen, illustrating whether patients are being booked in turn.

## The Future

We are continuing working collaboratively with PHS to maximise the use of the data tools already available (for example promoting NHS Discovery tools via our Specialty Delivery Groups), as well as developing new views of analysis to enable operational teams to identify opportunities and address the challenges facing services.



# ► Specialty Delivery Groups

## Breast

Work has been underway to refresh to membership of the Breast Specialty Delivery Group, to ensure membership is representative of the service and endorsed by CfSD Champion. Members of the group submit referral data on a regular basis for discussion in meetings.

### Progress in 2023/2024

#### Pathways

2 new pathways were signed off:

- [Breast Skin Problems](#)
- [Nipple Issues](#)

In addition to this, the programme continued ongoing promotion, including the development of short videos, for existing pathways:

- [Gynaecomastia](#)
- [Breast Pain](#)

### The Future

Implementation of the above pathways will form the basis of the 'Active Dissemination' pilot being taken forward by the Primary and Secondary Care Interface Group.

The SDG also intend to develop a pathway for Axillary Issues. In 2024/25 Breast service data, along with Vascular, will be separated from General Surgery in Heat Map returns, providing more granular evidence of improvement in this area.



### Case Study: Breast Pain Pathway Implementation

- 4 Health Boards provided data to the SDG following implementation of the Breast Pain Pathway.
- 990 patients were vetted to the pathway:
  - 688 received telephone appointments
  - 302 were discharged with patient information.
- Of those with telephone consultations, 168 went on to receive a face-to-face appointment.
- 2 Boards provided information showing significant reductions in patient waits.
- 1 Board undertook a survey showing extremely high levels of patient satisfaction with the new pathway.





# Cataract

The Cataract Sub-Specialty Delivery Group works to support ophthalmic theatre teams to increase efficiency and productivity in cataract only surgical sessions.

## Progress in 2023/2024

During 2023/2024 the Cataract Sub-Specialty Delivery Group (CSSDG) continued to promote the implementation of the [Cataract Blueprint](#), to increase the number of cataract procedures being delivered across NHS in Scotland. A [Toolkit](#) to support the blueprint was published in May 2023 along with a data measurement plan.

Latest Heat Map data shows that 65% of cataract procedures are now being delivered on cataract-only lists, which helps to improve theatre efficiency and throughput.

## SubGroups

In addition, a number of Task and Finish Groups were established to address to rate-limiting steps identified in the Blueprint:

- Infection and Prevention Control: Led by Antimicrobial Resistance Healthcare Associated Infection (ARHAI) (part of National Services Scotland), the group undertook a [Rapid Review of the literature for post-cataract surgical endophthalmitis](#) and developed a set of [infection control principles for cataract surgery including high flow cataract surgery](#) (published in July 2023 and August 2023 respectively). This work has since been published in [The Journal of Hospital Infection \(February 2024\)](#) and also included in the compendium to National Infection and Prevention Control Manual (NIPCM).
- Surgical Training: Developed a set of principles for surgical training in high volume cataract surgery, which has subsequently been approved by NHS Education for Scotland and Royal College of Ophthalmologists. This included a national survey of surgical trainees on cataract surgery training in Scotland.
- Perioperative Development Group: Led by the NHS Scotland Academy, this group focused on developing a set of recommendations for enhancing the skills of the perioperative team in relation to high volume cataract surgery. Outputs from this group have included a report on [Human Factors Ergonomics](#) and a suggested curriculum for high volume cataract surgery. The report has been published: [Cataract Whole Perioperative Team Development Group](#)
- Optometry: Led by the CfSD Planned Care Team, the group developed a set of recommendations for Optometry in Scotland, including the implementation of a nationally agreed and recognised set of referral criteria for cataract surgery. The report has been published: [Optometry Task and Finish Group Report and Recommendations](#)

In December 2023, Healthcare Improvement Scotland (HIS) published Cataract Surgery Standards for all healthcare settings.

## The Future

In 2024/25 the SDG will continue to drive increases in the numbers of cataracts carried out on cataract-only lists to improve efficiency and throughput.

The Blueprint and supporting resources developed by the task and finish groups will ensure Health Boards are adopting these approaches and that the benefits can be seen in the data.

A refreshed version of the Cataract Blueprint Toolkit will be published, incorporating further successful change-ideas developed by Health Boards since the initial publication.

A further stream of work will support an increase in the number of Immediate Sequential Bilateral Cataract (ISBCS) operations, saving theatre time, increasing flow, and reducing carbon emissions.



# Dermatology

The Dermatology Specialty Delivery Group was established in 2022 and has Board nominated representation from Dermatologists / Clinical Leads, Service management and Dermatology Nursing, as well as representatives from the Accelerated National Innovation Adoption (ANIA) programme, Scottish Dermatology Society and Scottish Dermatology AI Consortium.

## Progress in 2023/2024

### ACRT and PIR

Dermatology is a visual specialty and capturing images in Primary Care to support vetting is a key factor in implementation of Active Clinical Referral Triage (ACRT).

The Accelerating National Innovation Adoption (ANIA) Digital Dermatology Programme will deliver a step change in the number of images captured.

The impact of ACRT can be seen before implementation of digital dermatology:

- 29,337 referrals back to referrer or added to Opt-in pathways (65% increase).

Discharge PIR has also been a priority for the SDG, with Boards sharing best practice and highlighting opportunities:

- 9,822 patients added to Discharge PIR pathways (60% increase).

### Primary Care resources

In 2023, a resource was published for Primary Care for 18 skin conditions:

- Actinic keratosis
- Acne
- Alopecia
- Atopic Eczema
- Atopic Eczema (paediatric)
- Basal Cell Carcinoma
- Bowen's Disease
- Fungal Nail Infections
- Hyperhidrosis
- Melanoma
- Nummular Discoid Eczema
- Pruritis
- Psoriasis
- Rosacea
- Squamous Cell Carcinoma
- Urticaria
- Viral Warts
- Vitiligo

These resources are published on the Right Decisions Service (RDS) app [rightdecisions.scot.nhs.uk](https://rightdecisions.scot.nhs.uk) and website. In addition, Boards that have existing referral information sites are updating these to include the resources.



Content for 12 of these resources has been adapted with permission from the British Association Dermatologists (BAD). The BAD material is supplemented with content developed on a previous platform by the Scottish Access Collaborative and Scottish Dermatology Society (SDS).

The resource was accessed over 10,000 times in the first 6 months since launch.

The SDG has continued to focus on Clinical Nurse Specialist resource and published a Service Needs Assessment in 2023 highlighting the need for further work in this area.

## The Future

The SDG will continue to promote the Primary Care resource within Boards and gradually add to the material. Despite the increase in the Discharge PIR uptake in 2023/2024, this remains a low proportion of return activity (circa 3%) and therefore will be a key focus in 2024/25.

The SDG also intends to promote successful approaches to team service planning and managing capacity and demand within the specialty.



### Case Study: Discharge PIR in Dermatology

**NHS Forth Valley described their approach to discharge PIR to the Dermatology SDG in March 2024. In 2023/24 2426 patients were added to Discharge PIR pathways (this was patients from both New and Return appointments). Of those added to PIR pathways, 25% contacted the service for further support, advice or an appointment.**



## Ear, Nose, and Throat (ENT)

The Ear, Nose and Throat SDG is well established, with representation from Audiology, as well as Clinical, Operational Management and Nursing.

### Progress 2023/2024

#### ACRT and Discharge PIR

- ACRT: 9,625 referrals back to referrer or added to Opt-in pathways (14% increase).
- Discharge PIR: 3,727 patients added to Discharge PIR pathways (66% increase)

During 2023/2024 MPPP collaborated with Healthcare Improvement Scotland (HIS) on their Access QI Programme which uses Quality Improvement approaches to reduce waiting times.

#### Pathways

The ENT SDG shares examples of Opt-In pathways as well as patient information leaflets in the following areas:

- Anosmia
- Globus
- Hole in Eardrum
- Nosebleeds
- Otitis Externa
- Unexplained Ear Pain

### The Future

As well as continuing to promote Opt-In pathways, ACRT and Discharge PIR the SDG intends to explore the use of Enhanced Recovery After Surgery (ERAS) approaches in Tonsillectomy.

The SDG is collaborating with NHS Scotland Academy and National Education for Scotland to develop a microsuction training programme in Scotland to upskill staff in Primary and Secondary Care and reduce waiting times.





## Case Study: Working with Referrers – NHS Fife Access QI Project

As part of their engagement with Access QI, the NHS Fife ENT Service undertook a project with the aim of reducing the number of inappropriate referrals into their service by 5%. This was achieved by engaging with Primary Care colleagues to maximise opportunities to identify improvements.

The team developed Fife Referral Organisation Guidance (FROG) ENT pages with useful clinical knowledge and service referral criteria. A link to these guidelines has been made available within SCI gateway to improve information available to referrers.



## Case Study: Opt-in in Action – NHS GG&C Tonsillectomy

NHS Greater Glasgow & Clyde received 218 Tonsillectomy referrals of patients aged 16-40 between January and August 2022. Every patient was sent a 16-page booklet by post and given the choice to opt in for a consultation.

- 165 (76%) patients opted in, and 53 (24%) did not.
- Feedback was obtained from 143 patients (66%) from both groups.
  - 99% found the information booklet easy to understand.
  - 97% would recommend it to a friend with recurrent tonsillitis.
  - 93% felt their questions had been answered.
  - 92% believed it helped them to decide whether to proceed with tonsillectomy.
- Socioeconomic deprivation did not influence the outcome.

This work now published in the BMJ Open Quality journal:

[Early provision of clinical information with an 'opt in' approach improves patient experience in tonsillectomy referrals \(bmj.com\)](#)



## Case Study: Paediatric ENT – NHS GG&C Access QI Project

The ENT Paediatric team focussed on theatre waiting times for their project, specifically looking at children who were identified as 'difficult to test', for whom waiting times were over 2 years.

They replicated work carried out by Radiology colleagues using melatonin in paediatrics for hearing examinations in children with special needs.

The results have been positive and the team have successfully managed to provide hearing tests for 43% of the children on the list. The project is continuing into 2024/2025.



# Gastroenterology

The Gastroenterology SDG was established for 2023/2024 and had its first meeting in May 2023.

## Progress in 2023/2024

### ACRT and Discharge PIR

ACRT and Discharge PIR (2023/2024 is the first year of data collection via Heat Maps for Gastroenterology):

- ACRT: 17,455 referrals back to referrer or added to Opt-in pathways.
- Discharge PIR: 1,846 patients added to Discharge PIR pathways.

### Pathways

As a new SDG, the members agreed the priority was to agree national pathways for Gastroenterology in areas that would have the biggest impact on waiting times for patients. Subgroups have now been established to develop pathways for the following conditions:

- Reflux: The aim of this pathway is to promote self-management of the condition with patient information.
- Dysphagia: This pathway will reduce non value adding investigations for diagnosis of the condition. It will ensure patients are provided with information to self-manage their condition and opt-out of unnecessary testing.
- Irritable Bowel Syndrome (IBS): This pathway will standardise how IBS is treated across all Boards and promote self-management for patients.
- Inflammatory Bowel Disease (IBD): This pathway will standardise how patients with suspected IBD are diagnosed to ensure that they are seen more quickly by an IBD specialist and start their treatment more quickly.
- Haemochromatosis: This pathway will provide a structured framework delivering a cost-effective best practice service across the different regions.
- Early Detection of Liver Disease: This pathway will promote the use of Intelligent Liver Function Testing (iLFT) in Primary Care to identify those who have early signs of liver disease. It has been proven that changes in lifestyle can reduce and in some cases reverse this disease.

## The Future

The SDG has an ambitious plan of pathway development and dissemination for the pathways described above.





# General Surgery

The General Surgery SDG reviewed its membership in 2023/2024 and had its first newly established meeting in February 2024.

## Progress in 2023/2024

### ACRT and Discharge PIR

- ACRT: 14,385 referrals back to referrer or added to Opt-in pathways (8% increase).
- Discharge PIR: 4,448 patients added to Discharge PIR pathways (18% increase).

### SubGroups

The SDG oversees 4 subgroups:

- Biliary Disease: At their first meeting in February 2024, the group discussed the requirement for national emergency and non-emergency pathways for patients with biliary disease. In addition, the group is engaging closely with the NHS Forth Valley team who are enrolled on the Chole-QulC programme supported by the Royal College of Surgeons.
- Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA): This group is establishing a clinical and collaborative network across Scotland to improve the standard of care for patients undergoing emergency abdominal surgery (Emergency Laparotomy).
- Inguinal Hernia: This group is focused on developing a national pathway to ensure that those who require an urgent referral are seen first, reducing the number of referrals which are of limited clinical value, and therefore reducing the waiting time for those who require referral to another service.
- National Enhanced Recovery in Colorectal Initiative (NERCI): This subgroup will continue to improve outcomes for patients who have received Colonic Resection.

## The Future

As well as embedding the SDG, 2024/2025 will focus on establishing consensus and implementation of the pathways outlined above.

The SDG also intends to undertake scoping work for a bariatric pathway.



# Gynaecology

The Gynaecology Specialty Delivery Group includes Clinical Leads, Management and Nursing representation. The SDG also supports a Gynaecology Specialist Nurse Network.

## Progress in 2023/2024

### ACRT and Discharge PIR

- ACRT: 12,571 referrals back to referrer or added to Opt-in pathways (22% increase).
- Discharge PIR: 6,489 patients added to Discharge PIR pathways (17% increase).

### Pathways

SDG continues to promote the use of the GIRFT Total Laparoscopic Hysterectomy Pathway and the SDG reviewed and endorsed the continued existing pathways for:

- Heavy Menstrual Bleeding
- [Endometriosis](#)

Work commenced on 2 new pathways:

- Postmenopausal Bleeding
- Urinary Incontinence and Prolapse.

### Peer Review Meetings

In 2023/2024 the Gynaecology SDG undertook a round of peer review meetings for the first time in this specialty to:

- Stimulate enthusiasm for change by sharing examples of best practice that make a difference to patient experience, outcome and efficient use of resources.
- Promote specialty cohesion, pride, motivation for change and in-depth review of services in an open and reflective way, using data and an evidence-base to reduce variation and demonstrate progress.
- Develop local, regional and national solutions to challenges.

Teams from Boards across Scotland, including Gynaecology Consultants, Specialist Nurses, and Managers contributed excellent presentations and discussion and have gone back to base with enthusiasm to enhance their local programme of work.

The outputs from these meetings have been distributed to all members of the SDG and actions continue to be worked on.

## The Future

The Gynaecology SDG will continue to progress the actions agreed as part of the peer review process with the Health Boards. The group will also develop and launch the Postmenopausal Bleeding, Urinary Incontinence and Prolapse pathways and focus on Discharge PIR.



# Neurology

The Neurology Specialty Delivery Group includes Clinical Leads, Management, Nursing and Allied Health Professional representation. It maintains close links with the Scottish Government Policy Team for Neurology and includes representation from the Neurology Alliance of Scotland.

## Progress in 2023/2024

### ACRT and Discharge PIR

ACRT and Discharge PIR (2023/2024 is the first year of data collection via Heat Maps for Neurology):

- ACRT: 11,324 referrals back to referrer or added to Opt-in pathways
- Discharge PIR: 3,361 patients added to Discharge PIR pathways

### Pathways

During 2023/2024 the national [Headache Pathway Toolkit](#) was published. This includes an overarching pathway, with supplementary management and referral guidance for a range of different headache types. Further modules are in development for Cluster Headache and Indometacin-Sensitive Headache.

The Headache pathway is the first to feature in the recently developed Neurology app within the Right Decision Service platform.

A pathway development group was established and a new Functional Neurological Disorder (FND) pathway has been developed. The pathway has been agreed by the SDG and will be published during 2024. It is understood to be the first National FND Pathway in the world.

Similarly, work has commenced to identify experts to form a pathway development group for a national Facial Pain pathway which will be published in 2024/25.

## The Future

A work plan has been agreed for 2024/2025, which includes:

- Active dissemination of our published pathways.
- Publication of the Functional Neurological Disorders and Facial Pain pathways.
- Development of new pathways for Epilepsy and Parkinson's Disease.
- A guidance document to support colleagues in Primary Care with decision-making on referral for the most common benign neurological symptoms.





## Case Study: Guidance documents supporting ACRT in Neurology:

A range of guidance documents for the most frequently seen Neurology conditions have been published to support discussions and assessment of patients in Primary and Community Care, and assist in referral decision-making.

They also provide a resource to support ACRT in Secondary Care with accompanying bespoke letters.

The range currently covers 7 conditions:

- Benign Sensory Symptoms
- Essential Tremor
- Multiple Sclerosis
- Phantosmia
- Probable Mild Axonal Peripheral Neuropathy
- Restless Legs Syndrome (RLS)
- Vertigo and Dizziness



## Orthopaedics

The Orthopaedic programme is delivered in collaboration with CfSD's Planned Care Team through a monthly National Orthopaedic Delivery Group (NODG) meeting and a quarterly Scottish Orthopaedic Specialty Delivery Group (SOSDG) meeting.

The collective programme has the following aims:

- Provide strong clinical and operational leadership and support to orthopaedic teams across Health Boards.
- Monitor the volume and trajectories of the new outpatient and surgical waiting lists across Scotland.
- Monitor and advise on the implementation of the National Treatment Centre programme.
- Provide clinically relevant advice on the optimal provision of pathways.
- Support the implementation of relevant CfSD programmes.
- Support and coordinate the work of the national Scottish Arthroplasty Project and Scottish Hip Fracture Audit.

Reporting is both via CfSD and to Scottish Government via the National Trauma and Orthopaedic Performance Manager.

## Progress in 2023/2024

### ACRT and Discharge PIR

- ACRT: 12,926 referrals back to referrer or added to Opt-in pathways (28% increase).
- Discharge PIR: 33,728 patients added to Discharge PIR pathways (42% increase).

### Consensus Statements

Existing work includes promoting both the Arthroplasty Discharge PIR Consensus Statement (2019, revised 2021 and next revision due 2024) and Discharge PIR more generally across Orthopaedics. A Discharge PIR infographic has been developed (applicable in all specialties) and shared with teams.

A CfSD Consensus Statement and poster have been developed in relation to an Innovative Suspected Scaphoid Fracture Pathway (based on published studies by NHS Forth Valley (2018) and NHS Fife (2019)). This pathway is increasingly being adopted across Scotland and the UK as a whole and is now included in the British Society for Surgery of the Hand Scaphoid Fracture Standards.

### Peer Review

The ongoing peer review process was well received in 2023/2024, with open discussion around the data presented and current challenges facing each Health Board, as well as an opportunity to share successful redesign.

## The Future

Priorities for 2024/2025 are:

- Complete peer reviews in all Boards, with follow up visits 6 months after initial review.
- Support and advise Boards facing challenges with implementation of ACRT, Opt-in, and Discharge PIR.
- Support for Public Health Scotland to establish a standardised national minimum dataset.
- Collaboration with Musculoskeletal Primary and Secondary Care services.



## Perioperative

The Perioperative Delivery Group was established in November 2023 to:

- Maximise flow through perioperative services.
- Maximise productive time in theatres.
- Reduce the time patients wait for perioperative services.

### Progress in 2023/2024

Task and Finish Groups are being established based on:

- Scheduling
- Protecting Planned Care
- Pre-operative Assessment
- Perioperative Team Development

The outputs from the Task and Finish Groups will contribute to the development of a national set of principles for perioperative services in Scotland.

In addition, a further work stream has been established, concentrating on High Volume – Right Procedure, Right Place, Right Person. This work will be progressed through collaboration between the Perioperative Delivery Group and the relevant surgical SDGs with an initial focus on Ear, Nose and Throat, General Surgery, Gynaecology, Orthopaedics and Urology.

### The Future

The work plan for the year will focus on delivery of the outputs of the task and finish groups as well as supporting local teams to increase flow through perioperative pathways to show measurable improvements in this area.





# Respiratory

The Respiratory SDG is an established group, connecting respiratory teams across Health Boards with membership from Clinical Leads, Operational Managers, Nursing and Allied Health Professionals. The SDG's workplan aligns with the commitments in the Respiratory Care Action Plan for Scotland (2021-26).

## Progress in 2023/2024

### ACRT and Discharge PIR

2023/2024 is the first year of data collection via Heat Maps for Respiratory:

- ACRT: 9821 referrals back to referrer or added to Opt-in pathways.
- Discharge PIR: 1737 patients added to Discharge PIR pathways.

Respiratory and Sleep services across NHS Scotland Boards completed surveys to capture current practice, benefits and challenges in implementing ACRT and Discharge PIR. The level of clinical engagement with regards to these processes has been very encouraging. The focus remains to reduce unwarranted variation and understand opportunities for data collection and impact realisation across all Boards.

### Pathways

The Respiratory SDG is currently developing the following pathways:

- Chronic Cough
- Chronic Obstructive Airways Disease
- Interstitial Lung Disease
- Severe Asthma
- Obstructive Sleep Apnoea

The Advanced Practice Physiotherapy Subgroup is producing a development framework for Advanced Practice Physiotherapists in Respiratory and is linked in with colleagues in NHS Education for Scotland, Nursing Midwifery and Allied Health Professionals (NMAHP), and Scottish Government.

Within the Sleep Apnoea Improvement Group, 4 sites have completed data collection for the service evaluation of the Sunrise Device. Results of this evaluation will be available soon with the Scottish Health Technologies Group (SHTG) providing health economic analysis.

## The Future

Priorities for 2024/25 include the development of the pathways outlined above as well as work on Primary Care access to Computed Tomography (CT) scans.



# Rheumatology

The Rheumatology Specialty Delivery Group was established in 2021. A Rheumatology Advanced Practice Network was established in April 2023, to promote best advanced practice (both Nursing and Allied Health Professional) in the specialty.

## Progress 2023/2024

### ACRT and Discharge PIR

During 2023/2024 each Health Board was asked to complete an ACRT/PIR self-assessment checklist with the aim of reflecting on their current position in relation to implementing both of these high impact work streams, as well as identify areas for further improvement. Support for this is ongoing through the SDG. 2023/2024 was the first year data for ACRT and Discharge PIR was captured via the Heat Map.

- ACRT: 9,096 referrals back to referrer or added to Opt-in pathways.
- Discharge PIR: 3,084 patients added to Discharge PIR pathways.

Evidence shows that musculoskeletal (MSK) conditions make up approximately 20%-30% of Primary Care consultations, with the majority of these presentations being non-inflammatory and only around 25% of patients referred to Rheumatology clinics being diagnosed with inflammatory arthritis. A Non-Inflammatory Disease Pathway subgroup has been established to develop a suite of pathways under the umbrella of MSK Conditions with the first pathway focusing on Hand Osteoarthritis (OA) with further pathways to include conditions such as Fibromyalgia, Hypermobility and Lower Back Pain. This is a collaborative piece of work with representation from across Primary and Secondary Care, Community Care, and the Third Sector.

The Rheumatology Advanced Practice Network first met in April 2023. A Rheumatology workforce scoping exercise to understand the current position in relation to non-medical practitioner roles across Scotland took place between November 2023 and March 2024. 12 Boards submitted responses and preliminary results have been shared with the Network and SDG with a final report of findings due to be published in 2024/2025 is pending.

Discussions have taken place with the NHS Scotland Academy to identifying opportunities for training and education for ultrasound and injections.

## The Future

As well as the Hand OA pathway development, the Rheumatology SDG is scoping pathways in Fibromyalgia and for use of disease-modifying anti-rheumatic drugs. The SDG is also exploring approaches to establishing a national dataset for Rheumatology in Scotland.



# Urology

The Urology SDG was established in 2023/2024 with the first meeting held at the end of March 2023.

## Progress in 2023/2024

### ACRT and Discharge PIR

- ACRT: 11,627 referrals back to referrer or added to Opt-in pathways (28% increase).
- Discharge PIR: 2,806 patients added to Discharge PIR pathways (55% increase).

### Peer Reviews

In addition to the SDG meetings, a series of peer review meetings held on a regional basis to:

- Stimulate enthusiasm for change by sharing examples of best practice that make a difference to patient experience, outcome and efficient use of resources.
- Promote specialty cohesion, pride, motivation for change and in-depth review of services in an open and reflective way, using data and an evidence-base to reduce variation and demonstrate progress.
- Develop local, regional and national solutions to challenges.

### Pathways

Members of the Urology SDG agreed that 2 new National Pathways should be developed:

- Benign Prostate Hyperplasia
- Ureteric Stone

## The Future

Work on the pathways above will continue into 2024/2025.

The SDG is also progressing legacy pathway work, including gaining final consensus and approach to implementation for the Urinary Tract Infection pathway developed by the previous Urology Clinical Forum.

The SDG is also committed to supporting implementations arising from the peer review visits, including optimising use of digital and telephone consultations, non-medical role development and understanding variation between direct access to imaging for Primary Care.



# Vascular Surgery

The Vascular Surgery Specialty Delivery Group includes Clinical Leads, Management, Nursing and Allied Health Professional (including a spread of Therapist and Podiatrist) representation.

## Progress in 2023/2024

### Pathways

During 2023/2024 both the Venous Leg Ulcer and Chronic Limb Threatening Ischaemia (CLTI) national pathways were re-launched to raise awareness with local services and support Boards in implementation:

- The [Venous Leg Ulcer Pathway](#) supports timely and standardised treatment for patients with ulcers, with access to community venous leg ulcer clinics and early, streamlined referral into a vascular one-stop clinic where patients can be assessed and venous intervention planned and delivered in an appropriate timeframe.
- The [Chronic Limb Threatening Ischaemia \(CLTI\) Pathway](#) is closely based on the relevant section of the Vascular Society document 'A Best Practice Clinical Care Pathway for Peripheral Arterial Disease'. The principle of timely access to expert Vascular opinion with appropriate diagnostics and intervention is key to offering a safe and effective pathway for the management of patients with limb threatening ischaemia.

A new national pathway has been developed and published for the management of [Abdominal Aortic Aneurysm \(AAA\)](#). This will ensure equity of timely access and treatment regardless of incidental or screen detected AAA with a diameter of  $\geq 55\text{mm}$ .

A pathway development group has been established and work commenced on a new Intermittent Claudication pathway. Development will continue with a view to achieving consensus early in 2024/25 and implementation during the latter part of the year.

## The Future

The work plan for 2024/2025 includes the rollout and implementation of our published pathways, as well as the development of a new pathway for Carotid Endarterectomy (CEA). As with Breast Surgery, data for Vascular Surgery ACRT and Discharge PIR will be reported separately via the Heat Map in 2024/2025.



## ▶ Other Work Streams

### Cancer Prehabilitation

Ambition 3 of the Scottish Government Cancer Strategy 2023-2033 states that every person diagnosed with cancer in Scotland is provided with timely, effective and individualised care to best prepare them for treatment and that this begins with prehabilitation.

The Cancer Prehabilitation programme will:

- Scope the role of digital in delivering prehabilitation in Scotland, including key players and developments, and present an options appraisal cognisant of the Scottish digital landscape.
- Lead the development of a core dataset to enable individual services to evidence their impact and identify areas for improvement.
- Look at how data can be used to inform future service provision through modelling capacity and demand at each level of intervention (universal, targeted, specialist).
- Work with the Scottish Cancer Network, Regional Cancer Networks, Cancer Policy, Scottish Cancer Coalition members, other teams within CfSD and individual service providers, to embed prehabilitation in pathways of care.

### Progress in 2023/2024

A Macmillan-funded National Improvement Advisor for Cancer Prehabilitation, hosted within the CfSD, commenced a 2-year fixed term post in November 2023.

Since November 2023, work has concentrated on understanding the current prehabilitation landscape across the 3 Scottish Cancer Networks. Common challenges have been identified within the networks, including temporary funding and lack of full pathways.

### The Future

The focus for 2024/2025 will be to adopt a pathway approach aligning with the Scottish Government Key Principles for Implementing Cancer Prehabilitation across Scotland (2022). This will begin with a national project to assess the feasibility of screening. Screening identifies patient needs and will provide data on demand for prehabilitation services at different levels across NHS Scotland and third sector. It will also identify gaps in current prehabilitation services and form the basis of a national minimum dataset.



## CytoSCOT Programme

The Scottish Cytology Oesophageal Test (CytoSCOT) Programme was introduced during the COVID pandemic to aid with the increasing number of patients on the upper endoscopy waiting list.

The Oesophageal Cell Collection Device (OCCD) is a small capsule with a string attached is swallowed by a patient. Once the capsule reaches the stomach, it dissolves and a small sponge is released. This is then retrieved by the nurse via the string and captures cells from the oesophagus which can be analysed in the lab. The device has been shown to be much more tolerated by patients compared to upper endoscopy and can be performed in an outpatient setting.

Due to the ongoing pressures on endoscopy services and the less invasive nature of OCCD versus Upper Gastrointestinal (GI) endoscopy, CfSD supported the national roll out and audit of OCCD from September 2020. It was used primarily for return surveillance patients with Barrett's Oesophagus who have a higher risk of cancer and need regular endoscopy checks, and to help triage new outpatients with reflux who may go on to develop Barrett's.

### Progress in 2023/2024

- 1,371 patients had an OCCD procedure.
- CytoSCOT has reduced the waiting times for Barrett's Surveillance patients ([Chien et al , 2024](#)) where a known delay of greater than 24 months increases your cancer risk significantly.
- The CytoSCOT programme has also reduced the need for all Barrett's patients to have an upper endoscopy with no missed cancers at 12 months ([Chien et al 2, 2024](#)).
- OCCD has been used to triage patients referred to Secondary Care with reflux with other relevant risk factors to upper endoscopy if required.
- 76% of patients on the pathway did not need an upper endoscopy test - freeing up capacity for those patients who require investigation and significantly reducing waiting times.

### The Future

The CytoSCOT programme has been supported by the Innovation Design Authority and Board Chief Executives to transfer to business as usual from April 2024 following completion of the cost effectiveness review by Scottish Health Technologies Group.





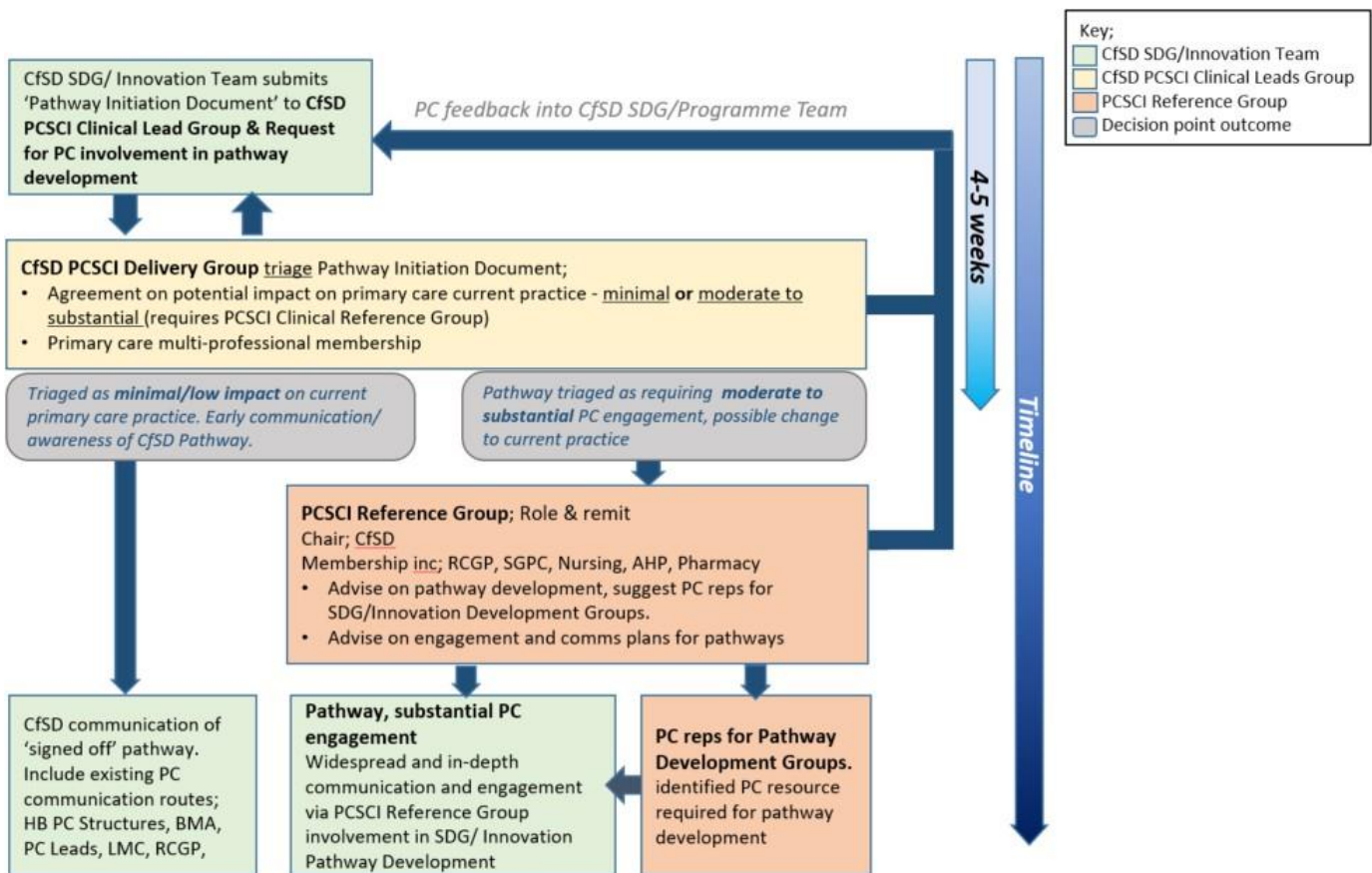
# Primary Care Secondary Care Interface Programme (PCSCI)

The Primary Care Secondary Care Interface Programme (PCSCI) has established Delivery and Reference Groups to enable Primary Care engagement and involvement in CfSD pathways from their initiation to implementation.

## Progress in 2023/2024

### Engagement Model

The PCSCI Engagement Model has been further developed and implemented.



### Active Dissemination

Active Dissemination seeks to support pathway adoption through multiple tools (e.g. video, educational events, local meeting attendance) as well as cascade of pathway documentation.

By understanding local approaches to pathway dissemination we can better use the SDG structure with nominated Health Board representation (supported by National Leads) to engage with local processes and support implementation.

An Active Dissemination Short Life Working Group was set up at the end of 2023/2024, with the aim to test and further develop a framework for active dissemination of CfSD pathways, pilot this approach for Breast pathways in NHS Borders and map current pathway dissemination approaches in NHS Scotland Boards. Outcomes of this work include facilitating shared learning of active dissemination best practice and its impact on pathway implementation within Specialty Delivery Groups.





## Chronic Pain

In the last year, the Clinical Lead for Chronic Pain has delivered GP cluster or Board level training across 5 Health Boards. This training has been extremely well received, with more Boards coming forward to request access. Training delivered is developed on identified needs and based on the [Primary Care Chronic Pain Management MDT resource](#). Through meetings with Primary Care senior management in various Boards, the team were able to:

- Explore the impact that the Primary Care Chronic Pain training has made.
- Identify the appetite for further training.

Gauge interest in establishing a Chronic Pain Interface Network (CPIN) to share experience of implementing a Primary Care Chronic Pain MDT management approach. Options to resource the network are currently being explored.

## The Future

The work of the Active Dissemination Short Life Working Group will progress in 2023/2024. This will include the pilot with NHS Borders as well as development of a wider framework to support active dissemination across all Boards.



## ► 2024/2025 Priorities

SDG/Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
<b>Breast</b>	<ul style="list-style-type: none"> <li>Breast Skin Issues</li> <li>Breast Pain</li> <li>Gynaecomastia</li> <li>Nipple Issues</li> </ul>	<ul style="list-style-type: none"> <li>Axillary Issues</li> </ul>	<ul style="list-style-type: none"> <li>ACRT</li> <li>PIR</li> </ul>	<ul style="list-style-type: none"> <li>Widespread use of Nurse Practitioners in new patient and follow-up clinics</li> </ul>	<ul style="list-style-type: none"> <li>GP training - NHS Grampian</li> <li>Open Access - NHS Forth Valley</li> </ul>
<b>Cataract</b>	<ul style="list-style-type: none"> <li>Cataract Blueprint</li> </ul>	<ul style="list-style-type: none"> <li>Immediate Sequential Bilateral Cataract Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Blueprint Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Ophthalmology Workforce Review</li> </ul>	<ul style="list-style-type: none"> <li>Data Measurement</li> </ul>
<b>Critical Care</b>	<ul style="list-style-type: none"> <li>Plan to be developed in-year.</li> </ul>				
<b>Dermatology</b>	<ul style="list-style-type: none"> <li>Ongoing development of Primary Care resource</li> <li>Venous Leg Ulcer pathway (Dermatology support to Vascular Surgery)</li> </ul>	<ul style="list-style-type: none"> <li>Work with NHS Inform to develop patient information</li> </ul>	<ul style="list-style-type: none"> <li>ACRT</li> <li>PIR</li> <li>Engaging with Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>Nurse development</li> <li>Team service planning</li> <li>Pharmacy roles</li> </ul>	<ul style="list-style-type: none"> <li>ANIA Digital Dermatology rollout</li> <li>AI Clinical Engagement</li> </ul>
<b>Gastroenterology</b>	<ul style="list-style-type: none"> <li>Irritable Bowel Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>Dysphagia</li> <li>Early Detection of Liver Disease</li> <li>Haemochromatosis</li> <li>Iron Deficiency Anaemia</li> <li>Irritable Bowel Disease (IBD)</li> <li>Lower GI</li> <li>Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)</li> <li>Reflux</li> </ul>	<ul style="list-style-type: none"> <li>ACRT</li> <li>PIR</li> </ul>		
<b>General Surgery</b>		<ul style="list-style-type: none"> <li>Bariatric</li> <li>Biliary disease</li> <li>ELLSA</li> <li>Inguinal Hernia</li> <li>NERCI</li> </ul>	<ul style="list-style-type: none"> <li>ACRT</li> <li>PIR</li> </ul>		



SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
<b>Gynaecology</b>	<ul style="list-style-type: none"> <li>• Direct access to imaging from Primary Care</li> <li>• Standardised quality patient information</li> </ul>	<ul style="list-style-type: none"> <li>• Post-Menopausal Bleeding</li> <li>• Urinary Incontinence / Prolapse</li> </ul>	<ul style="list-style-type: none"> <li>• PIR</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist Nurse Network</li> </ul>	
<b>Orthopaedics</b>	<ul style="list-style-type: none"> <li>• This plan is available on request</li> </ul>				
<b>Neurology</b>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Functional Neurological Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Facial Pain</li> <li>• Parkinson's Disease and associated movement disorders</li> </ul>	<ul style="list-style-type: none"> <li>• ACRT</li> <li>• PIR</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Nurse Specialist roles</li> </ul>	
<b>Perioperative</b>		<ul style="list-style-type: none"> <li>• High Volume, High Flow (Right Procedure, Right Place, Right Person)</li> <li>• Pre-operative Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Developing Perioperative Principles for Scotland</li> <li>• Scheduling Task and Finish Group</li> </ul>	<ul style="list-style-type: none"> <li>• Wider Perioperative Team Development</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability</li> </ul>
<b>Respiratory</b>		<ul style="list-style-type: none"> <li>• Chronic Cough</li> <li>• Chronic Obstructive Pulmonary Disease (COPD)</li> <li>• CT Access in Primary Care</li> <li>• Interstitial Lung Disease (ILD)</li> <li>• Obstructive Sleep Apnoea</li> <li>• Severe Asthma</li> </ul>	<ul style="list-style-type: none"> <li>• ACRT</li> <li>• PIR</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced Physiotherapy Practitioner role</li> <li>• Identify workforce gaps and opportunities</li> <li>• Pathway gap analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Sunrise Device (Sleep Apnoea Improvement Group)</li> </ul>
<b>Rheumatology</b>		<ul style="list-style-type: none"> <li>• Disease Modifying Anti-Rheumatic Drugs</li> <li>• Musculoskeletal Conditions - Hand Osteoarthritis</li> <li>• Musculoskeletal Conditions – Fibromyalgia</li> </ul>	<ul style="list-style-type: none"> <li>• ACRT</li> <li>• PIR</li> <li>• Establishment of a national dataset for Rheumatology in Scotland</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced Practice</li> </ul>	<ul style="list-style-type: none"> <li>• Digital Technology Solutions</li> </ul>



SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
<b>Urology</b>	<ul style="list-style-type: none"> <li>Standardised quality patient information</li> <li>Day surgery</li> </ul>	<ul style="list-style-type: none"> <li>Benign Prostatic Hyperplasia (BPH)</li> <li>Ureteric Stone Pathway</li> <li>Urinary Tract Infections</li> </ul>	<ul style="list-style-type: none"> <li>Optimise the use of Near Me and telephone consultations</li> </ul>	<ul style="list-style-type: none"> <li>Development of Advanced Practitioner Roles in urology</li> <li>Surgical Care Practitioners</li> <li>Specialist Nurse Training</li> </ul>	<ul style="list-style-type: none"> <li>Direct Access to Imaging from Primary Care</li> <li>Remote Monitoring Patient Information Systems</li> <li>Virtual Consent</li> </ul>
<b>Vascular Surgery</b>	<ul style="list-style-type: none"> <li>Abdominal Aortic Aneurysm</li> <li>Chronic Limb-Threatening Ischaemia</li> <li>Intermittent Claudication</li> <li>Venous Leg Ulcer</li> </ul>	<ul style="list-style-type: none"> <li>Carotid Endarterectomy</li> </ul>	<ul style="list-style-type: none"> <li>ACRT</li> <li>PIR</li> </ul>	<ul style="list-style-type: none"> <li>Advanced Practice</li> </ul>	
<b>Cancer Prehabilitation</b>	<ul style="list-style-type: none"> <li>Prehabilitation (including development of core dataset)</li> </ul>		<ul style="list-style-type: none"> <li>Prehabilitation screening</li> <li>Maggie's universal prehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Maggie's education toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Role of digital in prehabilitation pathway</li> </ul>
<b>Primary Care / Secondary Care Interface</b>			<ul style="list-style-type: none"> <li>Development of Active Dissemination Framework</li> </ul>	<ul style="list-style-type: none"> <li>Chronic Pain: GP Cluster Training</li> <li>Chronic Pain: Case studies of MDT working in Primary Care.</li> </ul>	



## ▶ Links for Further Information

SDG / Workstream	Links to relevant webpage	National Improvement Advisor	Clinical Lead
Breast	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/symptomatic-breast/">www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/symptomatic-breast/</a>	Katie Aitken	Matthew Barber
Cataract	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/cataract/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/cataract/</a>	Rosanne Macqueen	
Dermatology	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/dermatology/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/dermatology/</a>	Jamie Cochrane	Fiona MacDonald
Ear, Nose and Throat (ENT)	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/ear-nose-and-throat/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/ear-nose-and-throat/</a>	Claire Rush	
Gastroenterology	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gastroenterology/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gastroenterology/</a>	Claire Rush	Rob Boulton-Jones
General Surgery	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/general-surgery/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/general-surgery/</a>	Claire Rush Stephanie McNairney	Aileen McKinley
Gynaecology	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gynaecology/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gynaecology/</a>	Katie Aitken	Lucky Saraswat
Neurology	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/neurology/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/neurology/</a>	Stephanie McNairney	Richard Davenport
Orthopaedics	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/orthopaedics/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/orthopaedics/</a>	Margaret Wood Lech Rymaszewski	Paul Jenkins
Perioperative	N/A	Rosanne Macqueen	Brenda Wilson
Respiratory	N/A	Linda Sparks	Tom Fardon
Rheumatology	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/rheumatology/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/rheumatology/</a>	Rosanne Macqueen	Lindsay Robertson
Urology	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/urology/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/urology/</a>	Katie Aitken	Karina Laing
Vascular Surgery	<a href="http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/vascular-surgery/">http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/vascular-surgery/</a>	Stephanie McNairney	Douglas Orr
Cancer Prehab	N/A	Katie Lyon	
Chronic Pain	N/A	Linda Sparks	Kieran Dinwoodie
Primary Care Secondary Care Interface	N/A	Linda Sparks	Stuart Sutton



## ► Appendix 1: Peer Review Publications

SDG / Workstream	Journal	Title	Link to Publication
<b>Active Clinical Referral Triage (ACRT)</b>	International Forum for Quality of Healthcare Conference London, April 2024	Right Service, Right Place, Right Time - Improving the pathway for Argyll & Bute orthopaedic patients through a locally managed ACRT process	Available through local library services
<b>Cataract</b>	Journal of Hospital Infection	Development of an infection prevention and control pathway to facilitate high-throughput cataract surgery in Scotland	<a href="#">Development of an infection prevention and control pathway to facilitate high-throughput cataract surgery</a>
<b>Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA)</b>	Emergency Laparotomy & Laparoscopic Scotland Audit, December 2023	ELLSA Annual Report 2023	<a href="#">ELLSA Annual Report 2023</a>
<b>ENT</b>	BMJ Journals, Volume 13, Issue 2, 12 June 2024	Early provision of clinical information with an 'opt in' approach improves patient experience in tonsillectomy referrals	<a href="#">Early provision of clinical information with an 'opt in' approach improves patient experience</a>
<b>Gastroenterology</b>	Colorectal Disease, Volume 25, Issue 9, September 2023	Poor outcomes in patients with sepsis undergoing emergency laparotomy and laparoscopy are attenuated by faster time to care measures	Available through local library services
<b>Gastroenterology</b>	Disease of the Esophagus, Volume 37, Issue 5, May 2024	National adoption of an esophageal cell collection device for Barrett's esophagus surveillance: impact on delay to investigation and pathological findings	Available through local library services
<b>Gastroenterology</b>	BJS, Volume 111, Issue 5, May 2024	Oesophageal cell collection device and biomarker testing to identify high-risk Barrett's patients requiring endoscopic investigation	<a href="#">Oesophageal cell collection device and biomarker testing</a>
<b>Orthopaedics</b>	Bone and Joint Open, Volume 5, No.2, 2024	Patient-directed follow-up for the clinical scaphoid fracture	<a href="#">Patient-directed follow-up for the clinical scaphoid fracture</a>
<b>Orthopaedics</b>	Bone and Joint Open, Volume 5, No.4, April 2024	The incidence of surgical intervention following a suspected scaphoid fracture	<a href="#">The incidence of surgical intervention following a suspected scaphoid fracture</a>
<b>Orthopaedics</b>	Computational and Structural Biotechnology Reports, Volume 1, December 2024	Artificial intelligence in orthopaedic surgery: A comprehensive review of current innovations and future directions	Available through local library services
<b>Orthopaedics</b>	National Institute for Health and Care Research, Award ID: NIHR133880, June 2022	Occupational support for Patients undergoing Arthroplasty of the lower limb trial (OPAL)	<a href="#">Occupational support for Patients undergoing Arthroplasty of the lower limb tria (OPAL)</a>





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