

Key Actions - Unscheduled Care Financial Framework		Recurring (R)/Non Recurring (N/R)	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1								
Communications								
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services	R	£0	£10,000	£0	£0	£0	£10,000
Prevention & Early Intervention								
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions		£0	£0	£0	£0	£0	£0
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department		£0	£0	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions		£0	£0	£0	£0	£0	£0
5	We will increase support to carers as part of implementation of the Carer's Act		£0	£0	£0	£0	£0	£0
6	We will increase the number of community links workers working with Primary Care to 50 by the end of 20/21	R	£0	£0	£0	£0	£0	£0
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible		£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission		£0	£0	£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes		£0	£0	£0	£0	£0	£0

Key Actions - Unscheduled Care Financial Framework		Recurring (R)/Non Recurring (N/R)	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Primary Care & Secondary Care Interface								
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time		£0	£0	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service		£0	£0	£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites		£0	£0	£0	£0	£0	£0
17	We will improve urgent access to mental health services	R	£0	£80,495	£0	£0	£0	£80,495
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty.		£0	£0	£0	£0	£0	£0
Improving Discharge								
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0	£0	£0
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance		£0	£0	£0	£0	£0	£0
Total Phase 1			£0	£90,495	£0	£0	£0	£90,495
			2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1 Recurring			£0	£90,495	£0	£0	£0	£90,495
Phase 1 Non Recurring			£0	£0	£0	£0	£0	£0
Total Phase 1			£0	£90,495	£0	£0	£0	£90,495
Funding: Recurring Expenditure								
Mental Health Assessment Unit - LMP/Additional Scottish Government Funding (to be confirmed)			£0	£80,495	£0	£0	£0	£80,495
IJB Budget - Care Home Nursing			£0	£0	£0	£0	£0	£0
IJB Budget - Care Home			£0	£0	£0	£0	£0	£0
IJB Budget			£0	£10,000	£0	£0	£0	£10,000
PCIP Funding			£0	£0	£0	£0	£0	£0
Redirection of Existing Budget (tbc)			£0	£0	£0	£0	£0	£0
Total Funding for Phase 1			£0	£90,495	£0	£0	£0	£90,495
Funding Gap			£0	£0	£0	£0	£0	£0