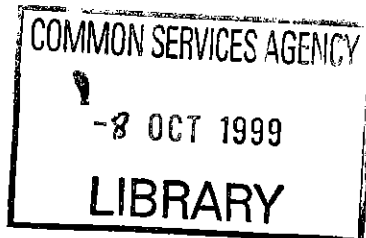




Health Department
Directorate of Strategy and Performance
Management

NHS Management Executive
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Dear Colleague

MODERNISATION FUND – ACCIDENT & EMERGENCY SERVICES

Summary

1. An additional £37m has been provided via the Capital Modernisation Fund for the National Health Service in Scotland, a major element of which is capital funding of £11m over 3 years for the modernisation of Scotland's Accident and Emergency services. This letter invites NHS Trusts to express an interest in taking forward innovative modernisation developments.

Detail

2. Proposals are being sought from NHS Trusts for the re-design of their Accident and Emergency services to improve the quality of service and to address issues of accessibility. As mentioned above, the funding available over a 3 year period from 1999-2000 will be £11m. Allocation of the available funds will be decided on the basis of the process described below. The money will not be allocated on a weighted capitation basis and there is no undertaking that all Boards will receive some of the money. Only those projects which successfully meet the criteria outlined below will receive funding.

3. It is envisaged that successful proposals will address the following points:

Central funding will only be available for the capital costs of projects. NHS Trusts and Health Boards must agree to meet the consequent revenue effects.

Bids should be consistent with the recommendations for the development of emergency services outlined in the Acute Services Review, and with local strategies for the management of emergencies.

An inter-relationship between NHS Direct pilots, telemedicine and accident and emergency investments would be welcomed, although developments should be flexible enough to cope with the different development time frames.

Proposals should address the re-design agenda set out in the White Paper "Designed to Care" and define new ways of working and caring for patients. Improvement in the quality of accident and emergency services provided to patients by redefining how those services are delivered should be seen as a priority.

7 October 1999

Addressees

For action:

General Managers of Health Boards
Chief Executives of NHS Trusts
General Manager, CSA
Chief Executive, Scottish Ambulance
Service Board

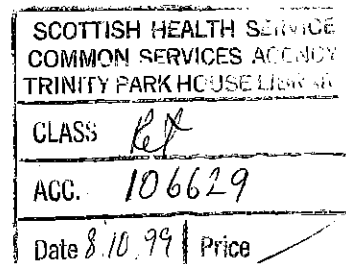
For information

General Manager, State Hospital
Chief Executive, Health Education
Board for Scotland
Executive Director, SCVMDG

Enquiries to:

Jan McIntosh
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EDINBURGH EH1 3DG

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It is hoped that the successful proposals will outline the opportunities for joint working between primary care, accident and emergency and other secondary care services.

Proposals that impact on the Scottish Ambulance Service, out of hours co-operatives or other groups must be cleared with the organisations concerned.

Action

3. NHS Trusts are invited to submit proposals for modernising their Accident and Emergency services by **Friday 29 October**, having first agreed these with their Health Boards. Proposals should be sent to Ms Jan McIntosh, NHS Management Executive, Health Care Policy Division, Room 245, St Andrew's House, Edinburgh EH1 3DG. Assessment of proposals thereafter will be undertaken by an expert group involving both the Chief Medical Officer and the Chief Nursing Officer.

Timetable

The process for consideration of proposals is as follows:

Stage 1 – by 29 October 1999

Submission of outline proposals, containing the following information

- projected outcome in terms of improvements to the accident and emergency service delivered
- links with other investments and developments
- statement of Health Board support

Stage 2 – by 19 November 1999

Completion of review of outline proposals by group involving CMO and CNO and notification of short list for detailed bids to be submitted.

Stage 3 – by 24 December 1999

Submission of detailed proposals

Stage 4 – by February 2000

Announcement of successful projects

I would be grateful if Health Boards would alert Area Medical Committees to the contents of this letter and if Primary Care Trusts would do the same for LHCCs and GP out-of-hours co-operatives.

Yours sincerely



DR KEVIN WOODS
Director of Strategy and Performance Management