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In October 2015 the Scottish Government announced an investment of at least £200 million to create a network of new elective diagnostic and treatment centres. The Elective Centre Programme was established with the strategic aim of co-ordinating at a national level the development of the infrastructure and new service models which will provide the required additional elective capacity necessary to meet the needs of a growing and increasingly elderly population up to 2035.

By separating elective and emergency care, the centres will significantly reduce the chances of cancellation, improve outcomes, and the investment will also leverage benefits for the wider community with greater operational efficiency and with the promotion of smooth flow through the entire healthcare system.

Aligned with the National Clinical Strategy, these new facilities will deliver the highest standards of clinical quality and deliver value through service design using optimal workforce models, reducing variation and waste and increasing throughput by adopting the latest technology and enhanced recovery techniques. Additionally, the centres will develop and forge strong links with educational and training organisations to make these facilities centres of excellence and provide opportunities for the wider population.

I am aware of the current status of each of the individual projects and I am disappointed at the level of progress made to date and the significant slippage in the timescales of the expected deliverable dates that were agreed three years ago. As such, I will be focussing on increasing the pace of the work required to deliver these centres within the original agreed timescale.

I also expect these centres to be planned and designed to deliver the best practice model that is currently in place at the Golden Jubilee and which can be adapted to meet local circumstances where the evidence supports this.





Since the original announcement, there has been an increase in the number of patients waiting longer than recommended for diagnostic tests and elective procedures and Boards need to continue using all available resources to reduce the number of patients waiting.

Therefore, I wish to be clear that these new Elective Centres should be planned and will be approved on the basis that they will deliver new capacity for the increasing additional demand and that all Health Boards will as a minimum continue to make full use of the Golden Jubilee as a national resource to the current level of patient activity and specialities as at present. The focus of the new centres should be on providing the additional capacity required to meet the projected needs of a growing population, as well as reducing reliance on the independent sector and I expect the plans and business cases for the centres to reflect this.

JEANE FREEMAN



