

Methodology

In this audit we analysed available information on health and social care activity and costs from a range of sources. Specifically the published information used is as follows:

Published source:	Used for:
Scottish Health Service Costs (R100T), ISD Scotland, 2010	NHS board operating costs
	hospital sector operating costs
	community operating costs
	family health services operating costs
	resource transfer
community and hospital operating costs	
Delayed Discharge Census, ISD Scotland, October 2010	number of patients declared clinically ready for discharge from hospital and experiencing a delay
Analysis of Patients Aged 65+ on Emergency Admissions (Numbers, Bed Days & Rates) and Multiple Emergency Admissions (Patients, Bed Days & Rates), ISD Scotland, December 2010	trends in emergency admissions over time
	trends in multiple emergency admissions over time
Scottish Local Government Financial Statistics, Scottish Government, February 2011	council expenditure on social work 2005/06–2009/10
Public Expenditure Statistical Analyses, HM Treasury, July 2010	comparisons of health and social care spend across UK countries
ScotPHO Profiles	comparisons of health indicators across CHPs since 2004
Age-standardised death rates from CHD per 100,000 population by country and Standard Region, 1978 to 1996, and by country and Government Office Region, 1997 to 2008, United Kingdom, British Heart Foundation, 2010	comparisons of CHD mortality rates across UK countries
Coronary Heart Disease Statistics 2010, British Heart Foundation, October 2010	comparisons of CHD morbidity rates across UK countries
Cancer and mortality in the United Kingdom 2005-07, Office of National Statistics, August 2010	comparisons of cancer incidence and mortality across UK countries
Regional Trends, Office of National Statistics, September 2010	comparisons of CHD morbidity rates across UK countries
Long-term monitoring of health inequalities, Scottish Government, 2010	trends in health inequalities over time
Scottish Neighbourhood Statistics, 2010	hospital admissions for CHD
	hospital admissions for cerebrovascular disease
	hospital admissions for cancer
	population estimates by CHP

In addition to this published information, we commissioned ISD Scotland to provide information on:

- number and cost of outpatient attendances for each CHP by hospital specialty
- coronary heart disease mortality among the under 75s in the 15 per cent most deprived areas by CHP
- the cost and volume of prescribing by CHP
- number and average length of stay of routine and non-routine admissions by CHP
- number of emergency and multiple emergency admissions for ambulatory care sensitive conditions by CHP.

Where published information was unavailable, we directly collected information from 40 CHPs across Scotland on:

- structures and governance arrangements
- service planning
- financial planning
- budgets and actual expenditure
- staffing
- use of other resources
- performance management
- service delivery
- access and patient satisfaction.

The five former CHCPs in Glasgow City were dissolved during our fieldwork stage. As a result, NHS Greater Glasgow and Clyde and Glasgow City Council provided basic information in response to our data request. Therefore some of our findings are based on the 35 remaining CHPs which provided this information.

We also conducted a desk-based review of relevant NHS board, CHP and council documents relating to governance, finance and performance.

In addition, we looked in more detail at different aspects of joint working between health and social care in six CHPs. We reviewed the:

- circumstances leading to the dissolution of the five Glasgow City CHCPs and the transition to a single, health-only CHP covering the Glasgow city area
- CHP model in Fife
- CHCP model in East Renfrewshire
- governance and operational arrangements within Western Isles CHaSCP
- management and benefits of Clackmannanshire's pooled budget arrangements for its integrated mental health service
- unique devolved responsibilities at Argyll and Bute CHP, which manages all health services and associated budgets.

We also interviewed staff at the Scottish Government and the British Medical Association.

Following the national review of progress of CHPs, which Blake Stevenson undertook on behalf of the Scottish Government, we commissioned Blake Stevenson to produce profiles for each CHP. These profiles provided basic background information on the structure, governance and performance management of each CHP, along with details of their relationship with the NHS board, council and CPP in their area.