NSD

**Application for National Development Support Guidance**

Applications provide the basis for exploring the possibility of national supported developments not currently provided in Scotland. The information you provide will be used by National Services Division (NSD) Strategic Management Group Clinical (SMGC) to assess the best way forward for addressing the service gap or issues highlighted.

This process is not to be used for existing nationally commissioned services or networks who wish to undertake service developments or address service needs. Please discuss this with the appropriate commissioning team within NSD who can advise on next steps.

This document provides guidance on how to complete the online application webform. Please ensure you have all the relevant information required for each question as follows - BEFORE you begin the online submission.

**There is no ‘save’ option so you will need to complete the online form in one session.**

* You will need your unique reference number to access your online application form
* For HEALTH BOARDS ONLY: Evidence of support from your board must be submitted to enable you to complete the online application.
* Please ensure you complete and submit your application by 31 March (annually).
* Once submitted, you will receive confirmation of receipt by email.
* Should you require assistance please contact [nss.nsd-administration@nhs.scot](mailto:nss.nsd-administration@nhs.scot)

| **Lead/Proposer** | | | | |
| --- | --- | --- | --- | --- |
| **Name** (Please enter forename and surname) |  | | | |
| **Role** |  | | | |
| **Email** |  | | | |
| **Organisation** (enter X in checkbox) | NHS Host Board |  | Scottish Government |  |
| **Telephone** |  | | | |
| **Department** |  | | | |
| **Address** |  | | | |

| **For Scottish Government requests only** |
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| **Is this development aligned to a strategy/policy?**  *If yes, please give details. For example: Programme for Government or specific policy initiative linked to care programmes.* |
|  |

| **For Health Board requests only** | | | | |
| --- | --- | --- | --- | --- |
| **Does this proposal have the backing of your Executive Management Team(s) (EMT)?**  *You cannot proceed if ‘no’. Please enter the names of your sponsor(s) and put N/A where applicable* | | | | |
| YES |  | NO | |  |
| **Please enter the name of your EMT sponsor below or if not applicable, N/A** | | | | |
| *Finance Director* |  | *Director of Planning* |  | |
| *CEO/COO* |  | *General Manager* |  | |
| *Medical Director* |  | *Regional Director Of Planning* |  | |

| **In order to proceed with your proposal, please attach a minute of agreement / evidence of support of application and details of approvers**  *For example: extract from NHS Board meeting* |
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***Once you have clicked on the “Yes” to confirm button the rest of the questions appear.***

***If no document is attached, you cannot proceed.***

| **Alignment with Portfolios of Care**  *Please choose which Portfolio of care you feel best fits your proposal* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Mental Health* |  | *Neurological* |  | *Trauma* |  | *Diagnostics* |  |
| *Cancer* |  | *Rare Diseases* |  | *Paediatrics* |  | *Transplant* |  |
| *Perinatal / Maternity* |  | *Transgender* |  | *Cardiovascular* |  | *Population Health* |  |
| *Other* |  | *Unknown* |  |

| **Is your proposal aligned to the ambitions of Realistic Medicine?** | | | |
| --- | --- | --- | --- |
| YES |  | NO |  |
| *For example:*   * *Listening to understand the patient’s problems and preferences;* * *Sharing decision making between healthcare professionals and their patients;* * *Ensuring that patients have all the information they need to make an informed choice;* * *Supporting healthcare professionals to be innovative, to pursue continuous quality improvement and to manage risk better;* * *Reducing the harm and waste caused by both over-provision and under-provision of care;* * *Identify and reduce unwarranted variation in clinical practices.* * *Reducing risk* | | | |

| **Brief description of proposed service / programme or network**  *For example: The proposal seeks to establish a national service for XXXXXX. All steps in the patient pathway will continue to be provided locally where possible with the exception of planning and delivery of XXXXX. The National service will provide – (summarise benefits.)* |
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| **What is the proposed Service model?** *Drop down menu, please choose:* | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Specialist Service* |  | *Screening* |  | *Strategic Network* |  | *National Network* |  | *Unknown* |  |

| **What is the delivery model?** *Please choose one of the following from the drop down menu* | | | | | |
| --- | --- | --- | --- | --- | --- |
| *National Centre* |  | *Regional Centres* |  | *Unknown* |  |

| **What is the proposed lifecycle (years) for the service / screening programme/ network**  *Please choose one of the following from the drop-down menu: 1,2,3,4,5,6,7,8,9,10, unknown* |
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|  |

| **How many service users / patients will benefit per annum** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please choose: Users or Patients and then complete the number that will benefit per annum* | | | | | | | | | |
| *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |

| **What does this proposal require?** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please complete requirements for the following over a 5-year period.* | | | | | | | | | | |
| ***Capital investment*** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| ***New Facilities*** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| ***Equipment*** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |

| **From existing staff:**  *Please complete existing staff numbers required over a 5-year period.* | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINICAL** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **MEDICAL** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **NURSING** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **MANAGEMENT** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **ADMIN** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |

| **New staff:**  *Please complete new staffing numbers required over a 5-year period.* | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINICAL** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **MEDICAL** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **NURSING** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **MANAGEMENT** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |
| **ADMIN** | *Year 1* |  | *Year 2* |  | *Year 3* |  | *Year 4* |  | *Year 5* |  |

| **Does this service (development) require accreditation by an external regulator?**  *Eg: Medical Laboratory accreditation ISO15189* | | | | |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *If yes, please describe accreditation anticipated.* |

| **Is this service (development) cost neutral?** | | | | |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *If no, what is the cost?* |

| **Will this development include collaboration with external stakeholders (not NHS)?**  *(Choose all that apply – enter “X” in the checkbox)* | | | |
| --- | --- | --- | --- |
| Fire |  | IJBS |  |
| Large National Bodies |  | Police |  |
| Social Care |  | Third Sector |  |
| Academia |  |

| **What will the Outcomes be for Users / Patients?**  *For example: Chance to develop a XXX specialist centre in Scotland delivering state of the art therapy within an appropriately resourced, age appropriate environment and service* | |
| --- | --- |
| Outcome 1 |  |
| Outcome 2 |  |
| Outcome 3 |  |
| Outcome 4 |  |
| Outcome 5 |  |

| **What is the Exit Plan criteria from NSD?**  *For example: The service would continue for around two years after launch to ensure that community and inpatient services are working well together. At this point ongoing need could be reviewed.* | |
| --- | --- |
| Criteria 1 |  |
| Criteria 2 |  |
| Criteria 3 |  |
| Criteria 4 |  |
| Criteria 5 |  |