Our National Health

A plan for action, a plan for change

Action Summary

NHS SCOTLAND

SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

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December 2000

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1. a plan for action, a plan for change

Over the last few years a new direction of travel has been mapped out for health policy and for the NHS in Scotland. There will always be differences of emphasis and opinion, but there is a broad consensus for the policy framework now in place. The challenge is to translate policy into practice, identify good practice and make it universal and ensure that additional investment delivers results. This Plan signals a shift from the development of policy to the delivery of change. It sets out our priorities for investment and reform and provides a platform on which we can build for the future.

We have a clear commitment to improve the health of the people of Scotland and to tackle the inequalities in health between the rich and the poor. Good health cannot be achieved by the action of Government alone. We must work together to build a national effort to achieve our goal.

The NHS is our biggest and most important public service. Every day the NHS cares for thousands of Scots. Every day the NHS saves hundreds of lives. We can be proud of our NHS – the skills and dedication of its staff and, in many areas, world-class clinical practice. But, while we have a solid foundation upon which to build, there is work to be done to deliver a genuinely modern 21st century NHS where patients really do come first.

There are no magic solutions or quick fixes to many of the issues we face. Some changes will take years not months to achieve. But we now have an unparalleled opportunity. Record investment and a widespread appetite for change combine with the determination and commitment to work together to bring that change about.

The Plan is a milestone and a signpost on the way to a healthier Scotland. For key parts of the health and healthcare system, it:
- describes where we are now and where we are going
- sets out core aims, drawing on the views and concerns of a wide range of individuals and organisations
- describes what needs to change and sets out how we are going to take that action forward.

It is the responsibility of Government to lead. That is why this Plan makes explicit the Executive's key aims and priorities. In turn, however, we are providing an opportunity for a wide range of people and organisations to contribute to the development and implementation of this Plan and to influence the delivery of policy at a local level.

This Plan is the start of a process not an end in itself. It does not, nor should it, address every action and every area of work that is necessary to bring change about. It sets direction. It identifies priorities.

2. improving health

core aims

➔build a national effort to improve health
➔reduce inequalities in health

A healthy Scotland means:

- services and communities planning and working together
- individuals taking a shared responsibility for their own health
- working in partnership, across traditional boundaries and across a range of different organisations
- tackling inequalities between rich and poor, including those who are currently excluded, and bringing about social justice.

improving health

It is time to stop making Scotland a case study in ill health and instead make it a showcase for good health.

➔we are committed to making the NHS a national health service, not a national illness service.

The Executive announced earlier this year that all of Scotland's share of the resources from the tobacco tax would be invested in a new Health Improvement Fund – the largest ever investment in improving health in Scotland.

➔the Health Improvement Fund will invest more than £100 million between 2000-01 and 2003-04

➔NHS Health Boards and Local Authorities will work together to route money to local communities, with a particular emphasis on Social Inclusion Partnership areas.

We are investing £15 million in national demonstration projects on preventing heart disease, improving sexual health, and improving children's health in the early years:

➔during 2001, we will create a Scotland-wide learning network for the national health demonstration projects.

research and evidence

➔we have established a Public Health Institute for Scotland. This important new body will provide a focus for our research and evidence base to improve Scotland's health

➔we will build on the review to create a system that provides the essential infrastructure of support for science, as well as directing money towards key priorities and needs

➔ by 2002, we will create a Technology Transfer Office for the NHS in Scotland to ensure that innovative ideas from every part of the NHS benefit patients across the whole NHS in Scotland.

tackling the root causes of ill health

Poverty, poor housing, homelessness and the lack of educational and economic opportunity are the root causes of major inequalities in health in Scotland. We must fight the causes of illness as well as illness itself.

➔ Healthy Living Centres are now coming on stream in communities across Scotland, supported by £34.5 million from the New Opportunities Fund

➔ we will develop the health indicators within our Social Justice framework of targets and milestones to track progress in tackling health inequalities

➔ we will issue guidance to the NHS by March 2001 on the provision of health services to homeless people and appoint a Health and Homelessness Co-ordinator to work closely with other stakeholders on the provision of high quality accessible services.

individuals and communities

The drive for better health must extend into the school, the community centre, the workplace and the home. Empowering individuals and communities to have a shared responsibility for building better health is central to our approach.

➔ in February 2001 we will publish the report of the review of the contribution of nurses, midwives and health visitors to improving the public's health, and will provide the resources to take forward its implementation

➔ we will establish the Health Promoting Schools Unit in the first half of 2001 and work to encourage every school to become a Health Promoting School

➔ we will build on our work to date to make healthy food available to children through the provision of fresh fruit in nursery schools and salad bars and healthy eating tuck-shops in schools

➔ we will invest in success by increasing the funding for Scotland's Health at Work scheme (SHAW) to enable more employers to develop health promoting workplaces

➔ we will work with the Health and Safety Executive, CBI Scotland, the STUC and other interests to drive forward a programme of measures in occupational health

➔ we will build new alliances with both private and public sector organisations to work in partnership to promote health and to drive forward health improvement

➔ we will appoint a National Diet Action Co-ordinator early in 2001 to give a new drive to putting the Diet Action Plan into practice. The Action Co-ordinator will work with primary producers, manufacturers, retailers and caterers and others to drive forward action across Scotland

➔ we will invest in success by funding the Scottish Community Diet Project to allow it to help at least 50% more projects from 2001-02

➔ the Physical Activity Task Force will be launched early in 2001 to take forward work across Scotland to promote and encourage exercise on physical activity

➔ we published our Action Plan for Dental Services in August 2000 and will put its pledges into practice, starting with free toothbrushes and toothpaste and fissure sealants programmes for young children

➔ we will carry out a wide-ranging consultation on children's oral health which will seek views on a range of measures including ways in which the benefit of fluoride can be made available, for example through the fluoridation of public water supplies or by means of fluoridated drinks or tablets

➔ tobacco advertising will be banned as soon as possible and health education measures will be strengthened

➔ people who do smoke will be given encouragement and support to stop. We will consult on making all nicotine replacement therapy (NRT) products available on GP prescriptions

➔ we are reviewing the availability of support services and will work with HEBS and ASH Scotland to roll out best practice in the provision of smoking cessation services

➔ we will develop a plan for action on alcohol misuse, bringing together what needs to be done by all concerned, including the Executive. Prevention and services for people with alcohol problems will lie at the heart of the plan

➔ a new £100 million package of expenditure on drugs misuse for the three years from 2001-02 was announced in September 2000. This will fund a series of interlinked activities, representing the biggest programme of anti-drugs initiatives ever seen in Scotland to ensure that every school pupil, both primary and secondary, has effective drugs education and to reduce the proportion of people under 25 who use illegal drugs

➔ we will take measures to ensure the prudent use of antibiotics, thus maximising their effectiveness for patients who require them

➔ we will continue to develop our immunisation and screening programmes including an extension of the breast screening programme to women aged 65-70 and the introduction of a national system for cervical cancer screening call and recall

➔ we will take steps to strengthen and monitor infection control procedures in hospitals

➔ we will put more resources into tackling the modern epidemics of HIV, Hepatitis C and Chlamydia.

Community planning is bringing NHS Boards and Trusts together with Local Authorities and other key partners at local level to develop and deliver a shared strategy for improving the health of their communities.

➔ each NHS Board, with partners in the Community Planning Process, will develop Health Plans for each Council area it serves within the framework of Community Planning

➔ the NHS will be tasked to tackle health inequalities. We will require each NHS Board to identify the action it is taking to tackle homelessness and reduce inequalities. Local Healthcare Co-operatives will play a key role in delivering this agenda

➔ we want to see Local Authorities develop their role as public health organisations and will work with CoSLA and others to achieve that

➔ we will identify and remove barriers to closer working between NHS Boards and Local Authorities to improve public health.

We need also to ensure that health messages and health promotion activities are co-ordinated effectively to achieve maximum results.

➔ we will invest in and work with the NHS, HEBS and other interested groups to develop greater cohesion and co-ordination of health education and health promotion activities across Scotland.

building momentum

Bringing about a step change in Scotland's health requires sustained drive and momentum. We need to take health into people's homes and everyday lives and build a Scotland that is 'health aware'.

➔ we will work with HEBS, NHS Boards and with the wider press and media to generate greater public awareness and debate around health issues and will invest in the development and expansion of health education information for individuals and communities

➔ we will hold a major Healthy Scotland convention in 2001 to bring together all those with an interest in Scotland's health and to drive forward change.

3. rebuilding our National Health Service

core aims

➔set national standards to be delivered locally
➔increase accountability
➔streamline bureaucracy
➔improve and integrate planning and decision-making

The NHS is our biggest and our most important public service. The public value the NHS. Its staff are skilled and committed. The NHS was founded on the principle that access to care be based on need not on ability to pay. That principle remains as important today as when the NHS was created more than 50 years ago.

We need an NHS which:

- is focused on health improvement and the particular health needs of local communities and excluded groups
- works in partnership with other organisations to achieve joint objectives
- listens and responds to individuals and communities
- is patient-centred, with different parts of the service connecting up properly
- empowers front-line staff and encourages local innovation within national standards
- provides the right incentives to improve through investment and reform
- has decision-making arrangements which are efficient and effective, and allow the local NHS to respond quickly to local need
- has the resources to do its job properly.

setting national standards

➔we will make clear the national priorities and standards which the NHS is expected to meet and will put in place a clear and transparent process for holding the NHS to account for their delivery

➔we will work with the Health Technology Board for Scotland and with local area drug and therapeutic committees to take further steps to remove inequities in prescribing practice across Scotland

➔the Clinical Standards Board will require the NHS to ensure clinical standards guidelines are implemented routinely

➔to underpin improvements in the quality of patient care and to facilitate the work of CSBS in accrediting services, we will ensure that clinical information systems are developed consistently across Scotland, taking account of local needs and circumstances

➔ CRAG and the Chief Scientist's Office will continue to support research and audit projects which identify high-quality patient services throughout Scotland.

We will continue to work to develop 'centres of excellence' for specialist and acute care. We will also continue to provide services closer to people's homes where it is possible and safe to do so. The current configuration of hospital and related services in many parts of Scotland reflects past practices rather than current needs. Remote and Rural Scotland has particular needs which must be addressed.

➔ we will expect the new unified NHS Boards to develop coherent, robust plans for the future configuration of services which address the current and future needs of their local populations

➔ we will establish an expert group supporting and advising local NHS Boards in managing changes in the configuration of services and advising the Health Department of the appropriateness of local reconfiguration.

Although rapid progress has been made in developing the clinical standards agenda, the number of different groups involved may sometimes have dissipated energy and effort.

➔ the Chief Medical Officer will work with the relevant interest to achieve better integration and co-ordination of those national organisations and professional bodies with an interest in clinical quality.

service standards

➔ the relevant recommendations of Eating for Health – a Diet Plan for Scotland will be implemented by NHS Trusts by April 2001

➔ the recommendations of the National Nutritional Audit of Elderly in long term care, carried out by the Clinical Resource and Audit Group (CRAG), will be implemented by April 2001

➔ a National Best Practice Guide for Nutrition and Catering will be developed and will include a National Food and Nutrition Specification which will be assessed under the Performance Management Framework

➔ we will expect every NHS Trust to have acted on the recommendations of the Accounts Commission report A Clean Bill of Health by June 2001.

service standards

➔ every NHS Trust will be expected to have in place an infection control policy including elements specifically for domestic and catering staff

➔ every healthcare system will be expected to deliver the service standards established by the Clinical Standards Board on food, cleanliness, infection control and other matters

➔the Clinical Standards Board will continue to develop these patient-focused standards in collaboration with patients, carers and NHS staff

➔the Clinical Standards Board will roll out an annual review programme to assess local performance against these standards

➔we will introduce national performance specifications for catering and domestic services.

better local decision-making

There is a clear need to simplify, improve and rationalise the current local decision making arrangements. We plan to take a number of early steps which can be achieved within the existing statutory framework. We will make the following changes during 2001:

➔in each of the 15 NHS Health Board areas there will be a single unified NHS Board

➔in the 12 mainland NHS Health Board areas, these new unified NHS Boards will replace the separate board structures of the existing NHS Health Boards and NHS Trusts.

We will ensure that NHS Boards forge effective links with patients, staff, local communities and excluded groups so that their needs and views are put at the heart of the design and delivery of local health services.

➔in their local areas Local Authorities should have a strong voice on the new NHS Boards

➔there should be staff membership on the new NHS Boards, nominated by the local Staff Partnership Forums

➔in each NHS Board area, the existing separate Health Improvement Programmes and Trust Implementation Plans should be replaced by a single comprehensive document – a Local Health Plan.

NHS organisations must better reflect the communities they represent. We will work with each new NHS Board to achieve this. Together we will introduce measures to bring a wider range of individuals and perspectives into the decision making of the NHS at local level.

➔we will launch a recruitment campaign early in 2001 to encourage people to participate in NHS decision making.

We believe that local operational autonomy is important. Local management needs to be able to take decisions efficiently and effectively and to have clear responsibility for the management of resources and services. Trusts also have important duties as employers.

➔ NHS Trusts will retain their existing operational and legal responsibilities within the local health system but with streamlined management arrangements and fewer non-executive directors

➔ Chairs and Chief Executives of NHS Trusts will sit on the new unified NHS Boards and be held jointly accountable for the performance of the local health system.

We believe there is great scope for better integration and rationalisation of functions and service delivery arrangements at a local level. We recognise also that 'no one size fits all'. We will actively encourage and support unified NHS Boards to improve arrangements within their local health system and will allow them flexibility to determine the future configuration of Trusts in their area.

We want to ensure that the links between the NHS and local authorities are strengthened – not just in planning but in service delivery, particularly in community care.

➔ we will introduce joint resourcing and joint management of community care services locally, as recommended by the Joint Future Group. We plan to start with services for older people. And we will legislate, if necessary, to remove any remaining barriers to joint working between the NHS and social work and housing departments.

It is important that services are designed and delivered as close to patients and communities as possible. We think that the Joint Investment Fund is no longer the right mechanism for change in the context of an integrated service. Local Healthcare Co-operatives (LHCCs) have a key role to play in achieving this.

➔ we will continue to develop the role of LHCCs, working with hospital services, as vehicles for the planning and delivery of health improvement and healthcare at local level and will take steps to enable them to carry out this role more effectively within agreed national and local standards.

We expect local health care systems to invest in primary and secondary care services which are flexible and accessible enough to cater for homeless people, ethnic minorities and other excluded groups and to work with Local Authorities and other organisations to ensure those needs are met.

Alongside our plans to introduce new unified NHS Boards,

➔ we will ensure that the work of the Special Health Boards (such as the Health Education Board for Scotland and the Health Technology Board for Scotland) and other national bodies (like the Common Services Agency) is properly co-ordinated and aligned to national policies and priorities.

We recognise that there will continue to be longer term issues about the structure of the NHS, the role and configuration of NHS Trusts and the numbers of different health bodies proportionate to the size of Scotland.

➔we will commission a high level review of the management and decision making structures of the NHS in Scotland.

NHS identity and communications

Alongside the changes in NHS boardrooms, we will re-establish a national identity for the NHS in Scotland.

➔we will develop a communications programme for the Scottish Executive Health Department and the NHS in Scotland. The new NHS Boards will be expected to put in place effective communications arrangements for the local health system.

better financial systems

Good financial management is essential if the NHS is to provide consistently high quality care. Resources must be managed effectively and additional investment must reach front-line patient care as quickly and effectively as possible.

➔we will enable NHS Boards to manage their finances over a three year cycle, and to simplify the way money moves round the system to ensure it reflects what patient care needs

➔we will simplify the funding of those specialist hospital services provided to more than one NHS Board area

➔in future, the new NHS Boards will be accountable for the financial performance of the whole local NHS system

➔we will review existing financial systems to ensure that resources flow and are managed in a way that is effective, efficient and accountable. The review will provide initial proposals for change by March 2001

➔we will create a central innovation fund to drive change by bringing together and supplementing existing special funds.

performance and accountability

➔we will introduce a new comprehensive performance management framework for the NHS in Scotland which will assess health improvement, clinical outcomes and standards of service alongside good financial management

➔we will replace the current, fragmented accountability arrangements with a new accountability review process.

The new accountability review process will:

- be open and transparent
- involve independent assessment
- include evidence-based clinical and service standards
- inform the publication of an annual report by each NHS Board.

The new accountability review process will ensure that national standards and patients' experience of services are rigorously assessed and that the NHS across Scotland is charged with delivering continuous improvement. The new framework will aim to balance clear national standards and performance indicators with local operational responsibility which is responsive to local needs. The framework will assess health improvement, clinical outcomes and standards of service alongside good financial management.

We will set out our detailed proposals for 'Rebuilding our National Health Service' early in 2001. We will discuss and implement these proposals in partnership with existing NHS bodies, Local Authorities, and staff and patient representative bodies.

4. improving the patient's journey

core aims

➔achieve better, fairer access to services
➔increase flexibility
➔reduce waiting and improve the patient's journey of care
➔improve communications and break down barriers
➔make best use of all skills and resources

Change can be achieved, as our 44 National Health Redesign Demonstration Pilot Projects are showing.

➔every unified NHS Board will be expected to set out a programme of service redesign.

information and communications technology

➔we will update our Strategic Programme for modernising information management and technology in the NHS by early 2001.

improving access

Illness is no respecter of the time of day or the day of the week. It strikes those who are remote from population centres just as it does those in our cities. So the challenge is to provide excellent services all round the clock and all across the country. Technology and teamwork are key to achieving this.

➔we are investing in NHS24 to provide 24-hour access to health advice and healthcare services by telephone from trained health professionals

➔we will extend the model schemes for pharmaceutical care to include chronic conditions and will support arrangements to allow pharmacists to prescribe a broader range of medicines, conduct medication reviews and monitor certain treatments

➔we will improve the provision of repeat medication and support this by developing electronic transmission of prescriptions and better information exchange.

We will support patients in caring for themselves, give people better information and advice, streamline information management and develop the whole team approach at LHCC and practice level. For example:

➔we will work with the NHS and with professional bodies to ensure that patients in every part of Scotland can get access to an appropriate member of the primary care team in no more than 48 hours

➔we will develop and invest in new contractual arrangements for GPs, building on pilots already under way, to allow NHS Trusts to employ GPs directly to work in socially deprived areas and some rural areas

➔ we will support the development of primary care professionals to expand roles and responsibilities and build integrated teams, freeing up GPs to spend more time with those who really need their clinical skills

➔ we will increase the number of nurses trained to prescribe and the range of what they can prescribe

➔ we will enhance training and leadership programmes for primary care nurses and pilot new ways of providing professional care, for example the Family Health Nurse

➔ we will work with the professions to identify the workforce planning, training and job content implications of changing roles in primary care and intermediate care.

In many parts of the country, the NHS is offering services outside traditional times and settings and is going to where people are – in the workplace, in schools and in community centres. We will encourage this approach.

➔ this year, we have made available £1 million to the NHS specifically to provide and enhance occupational health services in workplaces, concentrating on small and medium sized enterprises.

We recognise that services can and must be organised differently in rural Scotland as distinct from urban Scotland.

➔ by April 2002, we will require NHS Boards in rural areas to draw up plans for rolling out good practice from RARARI projects across all rural areas, making use of up-to-date technology and telemedicine techniques wherever appropriate

➔ the Scottish Executive is investing £5 million to promote telemedicine schemes across Scotland and has established a Scottish Telemedicine Action Forum to co-ordinate this work. Evaluation of these projects will provide evidence about which telemedicine applications are sufficiently effective, efficient and robust to deserve wider implementation.

a joined-up approach

It is not just the NHS which provides health care services. Local Authorities, voluntary organisations, independent providers and community health groups all have key roles to play.

In particular, we will expect the NHS to give renewed support to local voluntary organisations where these are best placed to meet local need:

➔ we will expect the NHS to follow the principles, set out in The Scottish Compact, on how Government and the voluntary sector should work together.

access to hospital care

➔we are investing £11 million in the redesign of Accident and Emergency Departments to make the patient's journey from admission to treatment better and faster. Lessons learned from these projects will be shared across Scotland.

transport

➔we will work with the NHS and with the Scottish Ambulance Service to take forward its forthcoming review and will expect the NHS locally to ensure that ambulance services are fully involved in the development and delivery of health services

➔we will expect the Scottish Ambulance Service to work with other local service providers to achieve effective, integrated local patient transport services.

tackling waiting

Minimising delays and reducing the time patients have to wait for treatment and care must be a major priority for the NHS in Scotland.

Many of the changes taking place in the NHS in Scotland are already delivering results:

- there are now 200 one-stop clinics across Scotland offering fast diagnosis and treatment for specific conditions
- 43% of patients in Scotland are seen immediately and so do not go on to a waiting list
- 83% of patients in Scotland receive inpatient treatment within 3 months of referral, the best performance in the UK
- the NHS in Scotland is treating more patients, more quickly – 50,000 more operations were performed in the NHS this year than last.

There must be a clear, comprehensive and transparent picture of performance in the NHS across Scotland. This will assist the NHS locally to benchmark its performance against others and will enable the public to see how their local NHS is performing.

➔we will expect the NHS across Scotland to work to ensure that, by 2003, no patient will be required to wait more than 9 months for inpatient care (instead of the current maximum of 12 months)

➔during 2001, waiting targets in key specialities and at different stages of care will be reviewed with the NHS and set out explicitly

➔we will place fresh emphasis on the patient's whole journey through the system to ensure that this is made as responsive and smooth as possible. This means improving communication as well as services

➔ we will review and improve information on waiting provided by the NHS in Scotland to provide a clearer, more transparent picture of performance across the NHS in Scotland and will make this information available on the Internet.

We want to ensure that older people are discharged from hospital as soon as proper arrangements are in place for their care at home or in their local communities. Currently about 10% of hospital beds are occupied by patients who are clinically ready to be discharged.

➔ we will ensure that the NHS and Local Authorities identify improved processes and share good practice across Scotland to reduce unacceptable delays in discharging patients from hospital to more appropriate care.

5. involving people

core aims

➔give patients a stronger voice
➔involve people and communities in the design and delivery of health services

We value the NHS as a public service which belongs to the people. Patients, staff and communities have a right to be involved in decisions which affect them. Involvement can and should take place at a number of different levels:

- involvement of an individual patient (or carer) in their own care
- involvement of patients in monitoring and improving the quality of care in an existing service
- involvement of patients and the public at an organisational level
- involvement of patients and the public in planning changes in service provision.

Many health professionals and healthcare teams are involving patients in the design and delivery of services. Many parts of the NHS are harnessing patient feedback and translating that into improvements in the delivery of care. Many staff are responding to patients' and carers' wish to be more fully involved.

We want to build on that good practice and to make it universal across Scotland:

➔we will invest £14 million over the next three years to build the capacity of the NHS to communicate with, listen to and work in partnership with individuals and communities

➔we will provide training and development for NHS staff and managers to enable them to acquire the skills and expertise they will need in order to provide the leadership and support to deliver a patient-centred approach.

patient information

It is vital that the NHS provides equal access to information while taking account of the diversity of people's social, cultural and ethnic backgrounds. This is about more than issuing leaflets; it is about ensuring that staff at all levels in the NHS become more skilled in communicating with the people they serve.

➔early in 2001, we will take the next steps to develop the Patients' Project – a systematic assessment of patient information across Scotland which will capture and disseminate best practice and will provide a national source of patient information and advice

➔as part of that work, we will ensure that relevant high quality information (including information on how to stay well) is available where and when needed in a suitable format

➔ we will establish a network of information access points to help people find the information they need about their care and treatment options and about the services which are available to them

➔ we will increase the use of patient-held records and, by April 2003, we will pilot and evaluate patient-held smart cards in areas where they will be most likely to promote patient involvement and better co-ordination of care

➔ all clinical guidelines will have a version specifically written for people who use services.

NHS24 will be a distinctive Scottish service which will provide, in one telephone call, information on health and other healthcare services, advice, an assessment of symptoms by a trained nurse and, where appropriate, direct access to care.

➔ we will explore extending NHS24 to create NHS24 online, a single gateway to information on health and health services on the internet and digital TV services.

partners in change

➔ by April 2002, we will require every NHS Board in Scotland to have set up least one Partners in Change programme which will put the experience of patients and users of services at the heart of service change.

support for those who lack a voice

➔ by December 2001, we will require all NHS Boards to work in partnership with Local Authorities to ensure that integrated independent advocacy services are available to those who most need them

➔ we will require NHS Boards to ensure that NHS staff are professionally and culturally equipped to meet the distinctive needs of people and family groups from ethnic minority communities.

listening and acting on complaints

➔ by 2002, we will set out proposals in response to the independent evaluation of the NHS Complaints Procedure, to ensure that we create a system that is credible, easy to use, demonstrably independent and effective

➔ we will raise the profile of the NHS complaints system with the message that 'it's OK to complain – because we want to put it right'

➔ we will set up a telephone and internet-based positive feedback system.

involving communities

At a local level the NHS will be expected to involve people and communities routinely and effectively in the planning and delivery of health services. Elsewhere in this Plan, we have set out how new Local Health Plans will be an integral part of Community Planning. In addition:

➔ we will expect all parts of the NHS to make explicit commitments to systematic assessment of the needs and to capturing the experiences and views of the people and communities they serve

➔ from April 2001, we will require NHS bodies to give an annual account of how they are involving the public, and how that is impacting on services

➔ we will review statutory guidance on formal consultation to ensure that it meets the needs of modern healthcare systems, and takes into account the changes to NHS planning announced elsewhere in this Plan

➔ we will provide guidance, training and support to local NHS leaders to enable them to involve the public effectively in the management of changes to local services.

Health Councils have made clear they wish to work with us to devise modern public involvement structures which will support patients and communities and have direct influence on local NHS decision-making; influence which will lead to real changes on the ground.

➔ we will work with Health Councils, the Scottish Consumer Council and other key stakeholders to develop proposals for improved local public involvement structures which will play a key role in our revised accountability mechanisms for the NHS.

6. a lifetime of care

core aims

➔ a new priority for the health of children and older people
➔ give children the best possible start in life by improving child health and children's services
➔ provide all children and their families with equal and easy access to comprehensive, combined and integrated services
➔ enable older people to maximise independence, dignity and good health
➔ provide older people with access to responsive, integrated services.

children and young people

preparing for healthy pregnancies

➔ we will offer information and support to all women of child-bearing age, and their partners, so that they can make the best choices about diet, alcohol, lifestyle, smoking and drugs to help them prepare for healthy pregnancy

➔ in January 2001, we will publish a national Maternity Services Framework. It will ensure choices for women and their families while recognising the need for clinical safety and assist decision – taking on the design of maternity services across Scotland.

supporting parents

➔ we will support parenting, by ensuring each NHS Board has in place effective, local antenatal and postnatal parent education and support programmes to make sure that women and their partners are well prepared for the emotional and physical changes that occur in pregnancy, childbirth and parenthood

➔ we will develop better parental support through initiatives such as Starting Well and Sure Start Scotland

➔ we will increase the health input into family centres, with links between LHCCs and Family Centres.

Good nutrition is vital for a healthy start to life. Our target is that by 2005 50% of mothers should be breastfeeding at 6 weeks. To promote breastfeeding we will:

➔ support local NHS Board breastfeeding strategies

➔ implement the joint WHO/UNICEF initiative on breastfeeding

➔ raise awareness of its benefits, and promote support by professionals and peers

➔enhance the opportunities for women to continue breastfeeding on their return to work

➔each local NHS Board will have systems to promote early detection, referral and treatment of postnatal depression, involving midwives, health visitors, GPs and other agencies

➔we will develop guidelines to help health professionals recognise when women – whether mothers or not – are experiencing domestic violence and to ensure that they, are given sensitive support and advice.

health in early life

➔the NHS in Scotland will refresh and update its screening programmes, focusing on the health of women and children

➔we will seek to improve lifestyle education, raising awareness of the lifestyle issues that will affect children's future health. Health promotion and health education in schools, including HEBS campaigns, will help pupils to make healthy choices for themselves on alcohol, smoking and drugs

➔we will revolutionise the school nursing service, building on the experience of nursing roles in New Community Schools to develop a service that focuses on identifying and addressing the health needs of the whole school community

➔we will develop a new model of public health nursing, bringing health visitors and school nurses into a single discipline focused on addressing the health needs of communities.

joint working

➔the Scottish Executive will allocate over £70 million over 2002-04 to provide integrated children's services. We will expect the NHS at a local level to work closely with Local Authorities, the voluntary sector and other partners to make best use of this resource.

child health services

➔in early 2001, the Child Health Support Group (CHSG) will produce a Child Health Service Template that will provide a framework for all agencies involved in providing a combined, integrated and co-ordinated child health service

➔we will require NHS Boards to ensure that they have appropriate training and systems in place to ensure that treatment given to children in the general hospital environment recognises and addresses their needs and those of families.

children with special needs

The recent reviews of services for children and adults with learning disabilities recognises the need for better and more flexible health and social care services: services that are organised and delivered around the needs of the child. The emphasis must be on joined-up thinking and joined-up action, both nationally and locally, to deliver innovative services that promote inclusion.

➔ the Executive is acting on the recommendation of the Riddell Committee and reviewing how we provide speech and language and other therapies for children with learning disabilities

➔ the Executive will issue guidance on the education of children who are too ill to attend school

➔ by summer 2002, children, young people and adults with learning disabilities will have access to local area co-ordinators who will co-ordinate services to provide information, family support and funding.

young people

➔ we will encourage the NHS to work with and listen to young people to make sure that local services are shaped in ways that effectively meet their needs

➔ we are investing £1 million from the Health Improvement Fund in the Walk the Talk initiative to underpin this work, developing a network of services to meet young people's health needs.

children who suffer from enduring illness

As they grow older, children who suffer from enduring illness are particularly vulnerable as they go through the often difficult transition from specialist children's services to those provided for adults.

➔ we expect the NHS to work with partner agencies to ensure that this transition is managed sensitively and with attention to young people's needs.

sexual health

➔ we are providing £3 million over 3 years for the Healthy Respect national health demonstration project that seeks to develop and share best practice in the promotion of sexual health, prevention of unwanted teenage pregnancies and reduction of sexually transmitted diseases

➔ we will expect each local NHS Board to work in partnership with Local Authorities and voluntary sector organisations to ensure that young people have access to a range of sexual health support and services.

older people

We all have a responsibility to help older people lead full and independent lives: to add life to years as well as years to life. The Executive has demonstrated its determination to do this by placing older people at the heart of its social justice agenda.

We need to demonstrate by our actions that people will get the care and treatment they need, when they need it and where they want it irrespective of their age. There is no place for ageism – real or perceived – in any part of the NHS in Scotland.

We must make sure that people have ready access to information and advice that helps them take informed decisions about their wellbeing.

➔the Health Education Board for Scotland (HEBS) is currently developing a campaign tailor-made to the health education needs of older people.

Better care at home will help older people stay there: living independently wherever possible, cared and supported at home. And their special needs in acute hospital care, rehabilitation and support after hospital discharge must be met by health and social work working better together.

➔the Chief Medical Officer will lead an Expert Group to improve the care of older people in NHS acute and primary care services. This will include action to reduce delays in discharging patients from hospital

➔the Chief Medical Officer will be asked to produce proposals for more effective screening of older people's health needs.

This screening should be carried out in the home to ensure that it addresses the physical and social needs experienced by older people in their everyday lives. It must be carried out in a way which respects older people's needs and views on how care should be provided.

➔we will ensure that a single shared needs assessment is carried out by a health or social care professional to avoid duplication and additional burdens on older people.

We are providing Local Authorities with over £200 million additional funding over the next 3 years to deliver:

➔a local service in every part of the country for shopping, laundry and minor household repairs, helping 10,000-15,000 people to preserve their independence at home

➔ fast, flexible rapid response teams in every part of Scotland to support up to 18,000 older people at home. For example, when a short period of help for an older person who falls ill might prevent hospital admission

➔ action to tackle delayed discharge from hospitals

➔ free home care support for people who need it for up to four weeks following discharge from hospital.

In addition,

➔ older people in Scotland will be the first to benefit from joint resourcing and joint service management locally, from 2002

➔ by October 2001, we will introduce, in advance of other care groups, a single shared assessment for older people and people with dementia.

Wherever care is provided, it should be of the highest possible standard.

➔ by April 2002, we will set up a Commission for the Regulation of Care to regulate care homes and support services such as home care and day care in both the public and independent sector, to standards devised from the perspective of users of services themselves.

New hospitals and targeted capital investment are providing modern facilities that address psychosocial as well as clinical needs.

➔ we are investing £4.8 million to make sure that mixed-sex wards will be eradicated by April 2002.

7. meeting specific needs

core aims

➔develop high quality services, in particular the three clinical priorities: coronary heart disease, cancer and mental health
➔ensure the needs of specific groups are met.

The NHS has three agreed clinical priorities – coronary heart disease, cancer and mental health. They must be translated into practical effect both in national policy and investment and in local action and change.

➔we will introduce National Services Frameworks in the three clinical priority areas.

In addition to the three clinical priorities, there are specific conditions and groups whose needs we can and must address better. This section is not a comprehensive list, but seeks to highlight some of the main areas in which changes and improvements can be made.

coronary heart disease

➔by 2001, the CHD Task Force will produce a National Plan. Encouraging a healthy lifestyle, and tackling smoking, high blood pressure and high cholesterol will be key parts of the plan

➔by 2002, the maximum wait for angiography will be 12 weeks from the time of seeing a specialist

➔by 2002, the maximum wait for surgery or angioplasty will be 24 weeks from the time of angiography

➔lessons from the Have a Heart Paisley national health demonstration project will be rolled out across Scotland, following evaluation

➔we will create a national database on CHD

➔rapid access chest pain clinics will be further developed

➔the Task Force, in conjunction with the Clinical Standards Board, has set standards for secondary prevention after a heart attack

➔more investment will be made in cardiac rehabilitation services throughout Scotland

➔Managed Clinical Networks will be developed at local level for investigation and diagnosis, linked to a national network for intervention.

cancer

➔ by March 2001, we will publish a comprehensive Scottish Cancer Plan which will include new national targets for maximum waiting times

➔ by October 2001, women who have breast cancer and are referred for urgent treatment will begin that treatment within one month of diagnosis, where clinically appropriate.

During 2001, our investment in new equipment and additional staff is expected to improve waiting times for diagnosis for patients with symptoms suggestive of bowel cancer and lung cancer.

➔ by April 2002, this investment will be further supported by a major service redesign initiative aimed at improving the patient journey from referral to treatment

➔ by October 2001, the maximum wait from urgent referral to treatment for children's cancers and acute leukaemia will be one month

➔ by 2005, the maximum wait from urgent referral to treatment for all cancers will be two months

➔ early detection is vital and we will continue to expand and improve screening programmes throughout Scotland

➔ by 2002, fully functional Managed Clinical Networks will be established for all cancer services

➔ where it is practical, we will continue to develop one-stop clinics and rapid investigation and diagnosis systems.

Better information and better communication can significantly reduce worry and anxiety, but patients and their families are often unable either to access information or receive the support they need to gain most benefit from it.

➔ we will set up an Information Task Group to develop better access to the information that cancer patients and their families need.

mental health

We will accelerate the implementation of the Framework for Mental Health.

➔ we will expect NHS Boards to work jointly with other organisations to improve and develop mental health services and will monitor progress through new performance management arrangements

➔we have provided an extra £2 million in 2001-02 for projects directly linked to the Framework agenda for improved care and access to care

➔we have increased the Mental Illness Specific Grant

We acknowledge that severe and enduring mental illness is only the tip of the iceberg. Anxiety and depression contribute to a much wider community health problem.

➔we will support further development of extended mental health services in primary care settings and encourage the development of crisis services and community mental health initiatives

➔we acknowledge the evidence to support the significant role of liaison psychiatry and will support further development in this area

➔the Mental Health and Well Being Support Group has been established to help agencies deliver improved co-ordinated mental health services by the 2004 timetable set out in the Framework for Mental Health

➔we are investing £4 million over three years in a campaign to promote positive mental health and wellbeing

➔we are investing £5 million to improve facilities in mental health hospitals.

Some people with a mental illness come into contact with police and the courts. Many of these people do not present a risk to the public or to themselves, but in every case that risk is assessed before care responses are agreed.

➔we will publish an audit document that will help all agencies identify their role in the care and custody of this group and identify any gaps in current provision

➔we will ensure that the Care Programme Approach (CPA) is widely used to ensure that all the services people need are well co-ordinated and agreed between health and other agencies.

people with a learning disability

In May this year, we launched the learning disability review report *The same as you?* It offers a framework for the next 10 years. It recognises the important contribution of housing, employment, leisure and recreation to helping people with learning disabilities lead full lives.

➔we are investing £36 million over the next 3 years to change for the better the lives of people with a learning disability and those who care for them.

people with a physical disability

All care journeys should reflect individual circumstances, but this is particularly important for people with physical disabilities, their families and those who care for them.

➔ people with disabilities and organisations such as the Disability Rights Commission will be fully involved in work to take forward this Plan

➔ as part of the new performance management framework we will monitor the training and awareness of NHS staff about existing good practice on disability issues

➔ we will improve physical access to health services, meetings and offices, including carrying out an accessibility audit of all NHS premises

➔ we will ensure that the NHS complies with the provisions of the Disability Discrimination Act.

excluded groups

➔ we will expect each NHS Board to demonstrate that it is working with partner organisations to meet the healthcare needs of excluded groups and, where appropriate, providing specific services to meet those needs. In particular, we will expect the NHS to address the needs of people who sleep rough and drug users.

palliative care

Palliative care deals with the total care needs of people including relief from pain and other distressing symptoms, and with social and spiritual issues. Family and carers are also involved. People need this care when illness cannot be cured. Specialist palliative care is provided through voluntary hospices and through specialist units in NHS hospitals, supporting the palliative care offered by primary care teams.

➔ we will ensure that effective palliative care services are supported

➔ the Managed Clinical Network approach to palliative care will be developed, building on current pilot studies including the management of pain

➔ the CHD Task Force will highlight in its report the palliative care needs of those with end-stage heart failure

➔ we will expect NHS Boards to work closely with hospices to ensure that people's care needs are met

➔the Clinical Standards Board for Scotland and the National Care Standards Committee will develop standards for both palliative care and specialist palliative care.

chronic medical conditions

People with chronic conditions such as diabetes, asthma and neurological conditions may access health and social services, especially in the acute or later stages of illness. Acute hospital services provide vital diagnosis and treatment, but the management of chronic conditions is largely the responsibility of patients, their families and supporters.

➔we will ensure that the Scottish Executive Health Department and the NHS take steps to work closely with patient support groups to ensure that the needs of those with chronic conditions are met effectively.

Specialists do not always adopt a whole person approach when identifying problems and providing solutions.

➔we want to change the system so that it serves people across the span of their needs.

Much of this can be achieved by adopting a Managed Clinical Network approach which crosses traditional boundaries between primary, secondary and tertiary care.

➔we will take forward the development of Managed Clinical Networks for other chronic conditions.

diabetes

Diabetes is a major underlying cause of heart disease in Scotland. It is a chronic disorder which can lead to a number of serious complications, not only affecting the heart and circulation but also the nervous system, kidneys and eyes.

➔in 2001, we will launch a Scottish Diabetes Framework to draw together existing guidance and best practice in order to raise the standard of diabetes care. The Framework will include plans to establish a national screening strategy for diabetic retinopathy.

8. working in partnership with staff

core aims

➔work in partnership with staff
➔encourage innovation and creativity
➔achieve continuous improvement
➔invest in the NHS by investing in its staff.

partnership working

The Scottish Partnership Forum has led the way in the development of partnership working at national level and it will play a key role in the implementation of the proposals in this Plan.

The NHS has made a good start with partnership working at local level but we need to go further. In future, we will ensure that:

➔each new unified NHS Board will have a partnership forum which must be fully involved in the development of the Local Health Plan

➔local staff partnership forums will be directly involved in assessing the performance of NHS Boards as employers, as part of the new accountability arrangements.

We intend also to raise the status of good people management in the NHS in Scotland, to emphasise its importance alongside corporate and clinical governance.

➔we propose to establish a new Staff Governance Standard for the NHS in Scotland.

Under the Staff Governance Standard, staff will be entitled to be:

- well informed
- appropriately trained
- involved in decisions which affect them
- treated fairly and consistently
- provided with an improved and safe working environment.

Performance against the Staff Governance Standard will be assessed by the Scottish Partnership Forum and local partnership forums and form an integral part of the new performance and accountability framework described elsewhere in this Plan.

Protecting the health and well being of NHS staff must be a priority. Every NHS employee has a right to be protected from the risk of violence or infection in the workplace. As part of our commitment to providing a safe working environment for NHS staff:

➔ we will spend £3 million over the next 3 years to implement the occupational health and safety strategy Towards a safer, healthier workplace and will extend occupational health services to staff working in general medical and dental practices

➔ the first 6 Partnership Information Network guidelines will be published in January 2001. We will expect NHS Boards to ensure that these are implemented.

The forthcoming guidelines on family-friendly policies will cover important issues such as flexible working arrangements, better workplace childcare facilities, breast feeding at work and career breaks.

➔ we will ensure that, as part of the new Staff Governance Standard, all NHS employers are required to meet or exceed best practice guidance on family friendly policies

➔ we will value and invest in the skills of all NHS staff to help them perform their roles and develop their full potential

➔ we will invest in the personal and professional development of present and future NHS leaders to ensure that they have the skills needed to lead their teams and organisations

➔ individual leadership capability will be enhanced through a new Leadership Development Programme closely linked to the implementation of this Plan, beginning in 2001.

➔ we are providing £6 million to help implement the Education, Training and Lifelong Learning Strategy, Learning together. This will include emphasis on the need to equip NHS staff to work in multi-disciplinary teams and with staff from other sectors

➔ the commitment of NHS bodies to implementation of Learning together will become a core element of the new Staff Governance Standard

➔ as part of the Executive's commitment to lifelong learning, the Health Department will form a strategic partnership with the Scottish University for Industry to bring the advantages of electronic learning to all NHS staff in Scotland. This collaboration will greatly increase access to flexible learning opportunities and so support the key aims of the Learning together strategy.

In keeping with our desire to recreate a National Health Service:

➔ we will develop induction materials to ensure that all new NHS staff understand the aims and values of the service.

To support nurses and midwives and the professions allied to medicine throughout their careers:

➔ we will publish a new Nursing and Midwifery Strategy in February 2001

➔ we will develop a Strategy for the Professions Allied to Medicine in 2001.

Overall, Scotland does not have staff shortages on the scale experienced in other parts of the UK. But there are parts of the country and specific areas where capacity issues need to be addressed. We take workforce planning seriously and we have demonstrated our willingness to make targeted investment in additional staff where necessary.

➔ we have funded 210 extra specialist nurses to be available this year to help the NHS manage winter pressures

➔ over the next 5 years, 10,000 nurses and midwives will qualify in Scotland – 1,500 more than previously planned

➔ we have already announced funding for an additional 110 doctors targeted to address key areas of need

➔ we expect the total number of consultants in Scotland to rise by more than 600 over the next 5 years, and to see further increases in the numbers of junior doctors and the professions allied to medicine.

We need to improve the way we plan our workforce to match changes in the design and demand for services. Local Health Plans will include workforce plans and we will improve our support and co-ordination of those aspects of workforce planning which need to be done centrally.

Workforce planning for the supply of trained doctors is particularly complex. We think the time is right for:

➔ a fundamental review of medical workforce planning, including our intake of medical students and the possibility of fast-track graduate-entry medical degree courses in Scotland

➔ we have already published for consultation a fundamental review of dental workforce planning, including the needs for development of the whole dental team

➔ we will work with the pharmaceutical professions in Scotland to address manpower issues and develop a strategy for pharmacy.

We share the view widely held in the NHS that pay modernisation is essential if staff are to be successful in creating more flexible roles reaching across traditional barriers.

➔we reaffirm our commitment to taking forward NHS pay modernisation on a UK basis with our partners in the other UK Health Departments. We will discuss in partnership with the NHS, staff and their representatives how best to implement any changes in Scotland

➔we will continue to address low pay issues in the NHS, both in the short term and in the context of our agenda for pay modernisation.

We recognise the views of staff representatives that rewards are about more than pay:

➔we will develop other ways of showing that we value the commitment shown by staff

➔in particular, we plan to introduce schemes to recognise and value staff commitment through long service awards and good service awards for individual or team examples of outstanding patient care.

Traditional working patterns for hospital doctors have been called into question for a range of compelling reasons. Developments in the NHS and new contractual arrangements will require new ways of working:

➔we will continue working in partnership with the Scottish Junior Doctors Committee and NHS Trusts (through the New Deal Implementation Support Group) to improve working practices and reduce junior doctors' hours

➔we will also continue working with the Scottish Committee for Hospital Medical Services (SCHMS) of the BMA, NHS employers, medical Royal Colleges and others to develop more flexible career and working patterns for consultants in Scotland.

The introduction of annual appraisal for consultants, effective job planning and continuing professional development will provide the opportunity to match service demands with consultants' aspirations.

➔we will continue to work closely with other UK Health Departments and the medical profession to deliver a major overhaul of the consultant's contract

➔we will reform the current distinction awards scheme and discretionary points system to ensure that the bulk of any new awards go to those consultants who make the biggest contribution to delivering and improving health and healthcare locally.

We believe it is important that commitment to the NHS in Scotland should be properly valued and rewarded. While the amount of private practice in Scotland may be less than in other parts of the UK, the public are concerned that consultants' time and commitment to the NHS could be compromised by their work in private practice. We believe it is in the best interests of the NHS, patients and consultants themselves to ensure that such conflicts do not arise.

This is an important aspect of the work now being taken forward at a UK level, which we support.

We will ensure that any changes to the consultant's contract are implemented in ways which are appropriate and proportionate to the needs of the NHS in Scotland.

We intend to explore other options for the employment of GPs including the development of salaried service direct to the NHS. This will enable us to address some of the gaps in provision which currently exist in some parts of the country and will provide different contractual options for those entering into general practice.

Subject to satisfactory evaluation of the existing Personal Medical Services (PMS) pilots, it will not be necessary in future to undertake a pilot phase for new PMS practitioners. Our aim is to offer flexibility and choice – both to GPs and to patients.

➔ we will make the existing PMS pilots permanent by spring 2001, subject to satisfactory evaluation

➔ we will support more local PMS initiatives to meet local needs

➔ in parallel, we will seek to ensure a greater focus on quality by simplifying and streamlining the current GP contract.

9. to make this work, we must work together

This Plan marks the start of a major change process for the NHS in Scotland. The proposals set out here have been formulated following many months of involvement and consultation with key stakeholders both within and outwith the NHS. We will build on this inclusive process to take forward the proposals set out in the Plan. Our commitment will be turned into practical action in every part of the NHS in Scotland. Over the coming months, the Executive will work with key stakeholders to agree detailed actions to ensure the effective implementation of this Plan.

roles

Many people and organisations will be involved in the work which lies ahead. Among them are:

➔ individuals
➔ Ministers
➔ the Health Department
➔ the new local NHS Boards and their NHS Trusts
➔ Local Authorities
➔ healthcare professionals at all levels
➔ independent providers
➔ voluntary bodies
➔ carers
➔ individual volunteers.

next steps

➔ early in 2001, we will publish detailed change programmes taking forward the proposals in this Plan.

These will cover the following areas:

'Rebuilding our National Health Service':

this will be taken forward over the next 12 months with the NHS and other stakeholders, to address:

- streamlining local decision making and the composition of local NHS Boards and NHS Trusts
- integrated national, regional and local planning
- revising financial arrangements
- a new performance and accountability framework for the NHS
- the complementary roles of the Scottish Executive Health Department and local NHS Boards.

increasing public and patient involvement in the NHS:

this will be taken forward with the NHS and other stakeholders to agree a firm programme of improvement by 31 March 2002 to address:

- community and public involvement in NHS planning and service modernisation
- modern consultation procedures for major service change
- improved communication with the public and patients
- improvements in the NHS complaints procedure
- the development of Diversity Frameworks to ensure the NHS meets the distinctive needs of people from minority ethnic communities.

developing, mechanisms within the NHS to support major service change and modernisation:

we will consult widely with key groups as this detailed programme for change is developed.

supporting strategic change: delivering the Health Plan

Our success in delivering the change described in this Plan depends on individuals, teams and organisations in the NHS and elsewhere. They must be supported through formal development activities to enable them to deliver real improvements in health and health services.

A range of development activities is currently driven by a number of departments and agencies:
- leadership development
- management development
- organisation development
- best practice.

To accelerate the pace of individual and organisational learning:

➔ we will establish the NHS Centre for Change and Innovation which will provide a framework for these development programmes.

We are committed to identifying and developing individuals who have the personal qualities required to lead, motivate and enable others to achieve:

➔ we will launch the National Leadership Development Programme in March 2001.

Together, we will make it happen.

If you want to comment on any of the issues in Our National Health or make suggestions about how these changes can be taken forward, you can contact a member of the Health Plan team at:

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