

Our National Health
Delivering Change



SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

"Everyone has a role to play in improving health and health services in Scotland...by working together in partnership we can make a real difference."

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Introduction



Malcolm Chisholm MSP,
Minister for Health and
Community Care

The Scottish Executive has made clear its determination to build the best public services for Scotland. I want the people of Scotland, wherever they live, to have the best possible access to healthcare facilities and treatment. I also want them to have every opportunity and encouragement to improve their own health. The public has a right to expect nothing less from its Government and from its National Health Service.

My vision for NHS Scotland is one where patients, clinicians, support staff and managers are equal partners. A partnership in which the Scottish Executive and all the key stakeholders work together, as a team, with shared values about what makes a good health service and a common purpose in delivering the best possible services for patients.

Last December, we published *Our National Health: A plan for action, a plan for change*. The plan set out a radical and ambitious, but achievable, programme for our NHS. It commanded widespread support throughout the country and a massive programme of work is already under way to implement it. I am delighted that a wide range of individuals and organisations are working with us and the NHS, to ensure that the plan delivers real results for patients across Scotland.

There is much to be proud of in our National Health Service, but a great deal more needs to be done to change the way in which healthcare services are delivered and make a real difference for patients. Waiting times are still too long. Concentrated action is needed to address our three national clinical priorities: cancer, coronary heart disease and mental health. There are also challenges, in some areas, around the recruitment and retention of key staff. We cannot and should not duck these difficult issues. The Executive will continue to work closely with NHSScotland staff, the public and other key stakeholders to ensure that these issues are tackled head on and progress is made.

Through the new NHS Boards, we are starting to see a much-needed change in the way the NHS in Scotland does business. There is now more meaningful teamwork, improved local dialogue and better performance. That must be the way forward for the NHS in Scotland.

One year on from the publication of *Our National Health*, it seems only right that we should take stock of what progress we have made in achieving the demanding programme of action we set ourselves. The many success stories – highlighted in this progress report - are down to the enthusiasm, dedication and commitment of NHSScotland staff throughout the length and breadth of the country. It is right therefore that we should celebrate their successes while recognising how much more needs to be done to universally improve people's experience of their health service.

I am anything but complacent, however, and am determined to speed up the delivery of improved services and higher standards. Let's do everything we can to ensure that there are even more success stories in the year ahead.

A handwritten signature in dark ink that reads "Malcolm Chisholm". The signature is written in a cursive style with a clear, legible font.

➔ BUILD A NATIONAL EFFORT
TO IMPROVE HEALTH

➔ REDUCE INEQUALITIES IN HEALTH

Improving health

We have

- provided an additional £128 million to tackle drug misuse – the biggest programme of anti-drugs initiatives ever implemented in Scotland
- established a £26 million a year national Health Improvement Fund to tackle Scotland’s enduring public health problems – a radical step which leads the UK
- prepared a Plan for Action on alcohol problems and will consult on a framework for support and treatment services
- provided £17 million for implementation of the review of the contribution of nurses, midwives and health visitors to improving the public’s health (*Nursing for Health*)
- invested £3 million over the next three years from the Health Improvement Fund in the Walk the Talk initiative to develop a network of services to meet young people’s health needs
- provided £3 million over 3 years for the Healthy Respect national 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
- provided an additional £5 million over 3 years to help small businesses in Scotland improve health at work
- appointed a health and homelessness co-ordinator to work closely with other stakeholders on the provision of high quality accessible health services for homeless people. NHS Boards are preparing Action Plans to meet the health needs of homeless people at a local level
- established a network of 21 Healthy Living Centres throughout Scotland under the New Opportunities Fund, with more to follow in 2002
- published a Dental Health Strategy and pushed forward practical follow-up action to improve young children’s oral health and to improve access to dental services in remote and rural areas
- given people in remote and island communities better access to dentists by providing 12 new salaried dental posts in these areas
- set up a national dental surgery modernisation programme to invest £3.8 million this year on major improvements to dental facilities across Scotland
- given Nicotine Replacement Therapy (NRT) on GP prescription to people who want to give up smoking
- continued our efforts 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.



Delivering Change

The *Health Improvement Fund* is investing £100 million in a 4-year programme of public health work. It aims to energise the biggest ever drive to tackle the root causes of ill-health and health inequalities in Scotland, engaging the creativity and enthusiasm of individuals, communities and organisations and encouraging partnership-working that escapes traditional boundaries and barriers.

Within a framework of national priorities, the Fund is being focused primarily on locally-based work, with NHS Boards encouraged to work with local communities on specific investments, particularly through the community planning process. The following give just a flavour of what is being done:

- ▶ Across Scotland, an enhanced flu immunisation effort in 2000/01 saw record numbers of Scots being protected
- ▶ Across Scotland, free toothbrushes and toothpaste are being given to every child under 12 months and to older infants in deprived areas
- ▶ Borders' *In Fine Fettle* and Lanarkshire's *Braveheart* projects are targeting causes of heart disease, stroke and cancer – “The Big 3”
- ▶ Widespread efforts to promote physical activity include the development of *GP Exercise Referral Schemes* in Glasgow, Shetland and the Western Isles
- ▶ The *Safe Fifer* project, providing interactive education for primary 7 children, is one of a number of community safety initiatives that also include Safer Routes to School

The Fund is also strengthening local public health infrastructures, for example, enabling the appointment of 84 Public Health Practitioners – one for every Local Health Care Co-operative and island NHS Board in Scotland – to co-ordinate the whole spectrum of public health work in their local area. Supportive national initiatives are also being established with the Fund, especially in relation to intelligence and education. The Public Health Institute for Scotland has been established to enhance understanding of the determinants of health and quickly produced detailed health profiles of every Scottish constituency. The Health Education Board for Scotland is developing new educational materials on children and families; young people and smoking; and older people.

Of course, this programme does not stand alone. It supplements other initiatives, such as the network of community-led Healthy Living Centres and 4 partnership-based Demonstration Projects, which are developing innovative ways of improving health. It is also in tune with Sure Start Scotland, New Community Schools, Social Inclusion Partnerships and other work addressing the wider socio-economic determinants of health.

Walk the Talk

Published towards the end of 2000, the *Walk the Talk* resource pack has stimulated a range of innovative projects aimed at developing accessible and appropriate primary care services for young people. £3 million has been made available to help NHS Boards to develop services. A programme of education and support is also available to local practitioners who wish to reshape services for young people in their area. Further work is in hand on developing standards for young people's services and on sharing good practice.

Healthy Diet

The appointment of a “dietary co-ordinator” was one of the original recommendations of the Scottish Diet Action Plan back in 1996.

Our aim is to ensure that the people of Scotland have widespread access to affordable, healthier food choices provided by a sustainable and vibrant food economy within Scotland.

One of our key partners is the Scottish Community Diet Project. Developed by the Scottish Consumer Council (SCC) and Health Education Board for Scotland (HEBS) in 1996, to work with low-income communities, the project is supported by almost £400,000 of Scottish Executive funding per year. We have delivered our commitment to “invest in success” by funding 50% more projects for the Scottish Community Diet Project in 2001/02. As a result a wide range of initiatives have benefited including tasting sessions, breakfast clubs, community garden and allotment schemes, healthy food stores, cookery courses, home food delivery services, training and supporting local people to participate in food initiatives in rural communities.

A total of 36 organisations will receive grants in 2001/02.

Drug Misuse

The additional £128 million which the Executive is providing over this and the next two years to tackle drug misuse is already supporting some good new initiatives on the ground. For example:

- Glasgow City Council has built up a range of services which will lead to an additional 1200 young people per year accessing specialist services dealing with their addiction problems; 400 parents of young children per year receiving specialist treatment and family support services to help them deal with their drugs problems whilst safely caring for their children; and the provision of 500 respite care placements per year for children who are being looked after by grandparents or extended families due to parental drug addiction;
- Signpost Forth Valley is a groundbreaking service which will allow drug users in the Clackmannanshire, Falkirk and Stirling areas easy access to advice, information and support from next year;
- Grampian Health Board has established a new drug misuse specialist community midwife post within the drug misuse antenatal clinic;

- Dumfries and Galloway Drug Action Team has developed a Small Grants Scheme using Executive funding for rehabilitation services. The Scheme aims to enable individuals to overcome financial barriers to accessing training and alternative activities; and
- Highland Drug Action Team is developing an arrest referral scheme in Inverness and Nairn, and also Ross, Cromarty, and Skye to tackle the link between drug misuse and crime. A Social Worker will offer support services to individuals who have been interviewed, arrested and/or charged by the police and who may have a drug misuse problem.



Public Health Nursing

With the publication of *Nursing for Health* in March 2001, the Executive has received wide praise for its breadth of vision in setting the agenda for the future of public health nursing. Significant progress has already been made in implementing its recommendations with over 200 nurses now studying the new public health nursing programme at five universities across Scotland. This new role of public health nurse brings together health visiting and school nursing and aims to produce practitioners better able to address the needs of the families and communities they serve. Our pioneering work in this area is shaping the future educational requirements of all public health nurses across the UK.

- SET NATIONAL STANDARDS TO BE DELIVERED LOCALLY
- STREAMLINE BUREAUCRACY
- INCREASE ACCOUNTABILITY
- IMPROVE AND INTEGRATE PLANNING AND DECISION MAKING

Rebuilding our NHS

We have

- established a single NHS Board in each of the 15 health board areas, replacing the separate board structures of the mainland NHS Health Boards and NHS Trusts. These new NHS Boards are now being held accountable for the performance of their local NHS system
- given every local authority in Scotland a seat on their local NHS Boards – elected members now sit at the Board table as full partners with the NHS
- given NHS staff a seat at the Board table by appointing the staff side Chairs of Partnership Forums as full members of the new NHS Boards. They have a key role to promote staff involvement in local decision making
- established new Area Clinical Forums and asked NHS Boards to review their local professional advisory mechanisms
- developed a new comprehensive performance assessment framework for the NHS in Scotland which will assess health improvement, clinical outcomes, and standards of service alongside sound financial management
- introduced measures in the Community Care and Health Bill to remove barriers to joint working between health and social care agencies
- ensured that cleaner hospitals are a top priority by asking each NHS Trust to take appropriate steps to implement the recommendations of the Accounts Commission Report “A Clean Bill of Health”
- made draft standards for infection control and cleaning services available to NHS Trusts. Compliance with these standards will be assessed by the Clinical Standards Board for Scotland from April 2002
- developed a scheme to simplify financial management arrangements in the NHS to ensure the money better supports what patient care needs and make NHS Boards accountable for the financial performance of the whole local NHS system
- given new impetus to the development of LHCCs through the report “Connecting Communities with the NHS” and the provision of earmarked extra development funding
- begun to develop standards for hospital food and nutrition through the Clinical Standards Board for Scotland
- provided each NHS Trust with draft standards and technical requirements for the decontamination of re-useable medical devices
- begun to develop a framework to reconfigure and improve decontamination services across NHSScotland.

Delivering Change

New NHS Boards

The 15 new NHS Boards are leading the drive to ensure local NHS organisations work together to improve health and deliver modern, patient-centred services in dialogue with local communities.

NHS Boards will adopt a strategic approach and be collectively responsible for the efficient, effective and accountable governance of their local NHS system, focusing on health outcomes and people's experience of the NHS. They have been charged to drive forward changes to culture and practice throughout the NHS, to improve communication, reduce waiting and delays, and ensure that services are designed and organised around the needs of patients.

Local Health Care Co-operatives (LHCCs)

LHCCs are a major strand in the development of the NHS. They have already moved well beyond the role originally envisaged for them, by demonstrating the importance of their contribution to the planning and delivery of health improvement and health care at local level. Based on their detailed knowledge of the healthcare needs of their local population, LHCCs are actively involved in the design and development of health care services in their area, monitoring clinical standards and determining priorities for investment of the first tranche of £30 million investment in primary care services.



Clinical Standards

The Clinical Standards Board for Scotland is working with health care professionals and the public to ensure all health care services match or exceed minimum national standards. Standards for the 6 condition-specific projects – Secondary Prevention following Acute Myocardial Infarction, Cancer (Breast, Colorectal, Lung and Ovarian) and Schizophrenia, have been published and over 100 review visits have taken place. The national report on Secondary prevention following Acute MI was published in October and reports on the other reviews will be published in March 2002.

The Board has also published generic standards and completed the majority of reviews on these. The national report on generic standards, due to be published in March, will be central to the work of the new Performance Management and Accountability Framework. The Board is also working on specific areas which were highlighted in *Our National Health*, including infection control, food and nutrition and post-mortem standards.

- 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

SECTION 4 | IMPROVING THE PATIENT'S JOURNEY

Improving the patient's journey

We have

- invested nearly half a billion pounds in the biggest hospital building programme in the history of the NHS, bringing 8 new hospital developments on stream by 2003, of which 6 are already open
- provided £90 million to eliminate accumulated deficits of NHS Trusts in the current year, reduce waiting times, address winter pressures and assist in progressing the commitments in *Our National Health*
- provided £10 million a year for 3 years to improve primary care services focusing on improved access, chronic disease management and services to specific groups (eg children, elderly)
- improved training and leadership programmes for primary care nurses and piloted new ways of providing professional care, for example the Family Health Nurse
- made £18.5 million available over 3 years for piloting Personal Medical Services (PMS)
- ensured the rebuilding or renovation of 69 health centres and GP surgeries, pharmacies and other family health facilities as part of a £33 million investment in community health services. Successful bids from NHS Boards for a further tranche of £15 million will be announced shortly
- more than trebled to 300 the number of fast, effective “one stop” clinics to speed diagnosis and treatment for patients
- provided for the upgrading of Accident & Emergency services in 12 major centres as part of an £11 million initiative
- carried out over 45,000 more operations a year than in 1997 – including 50% more angioplasties for patients with heart complaints
- developed NHS 24 which will be launched in Grampian in spring 2002. Round-the-clock telephone advice from highly qualified nurses will provide patients with confidential, reliable and responsive help and enhance access to health advice and services
- established a Primary Care Modernisation Group which will produce a framework for primary care modernisation, a timetabled action plan and advice on mechanisms for delivering change, taking into account the enhanced role of Local Health Care Co-operatives
- established a pilot project allowing community pharmacists to prescribe medicines normally purchased over the counter and some prescription only medicines on the NHS to patients exempt from prescription charges
- renewed our strategic programme for modernising information management. The draft is published on the Scottish Health on the Web (SHOW) website
- connected all GP practices and Trusts to NHSnet
- moved closer to enabling the electronic transfer of prescriptions including the connection of the community pharmacies within a first Local Health Care Co-operative to NHSnet
- established a major programme to facilitate the electronic transfer of information about patients throughout primary and secondary care services, including GP referrals, hospital discharges, laboratory test results and first outpatient appointments.



Delivering Change

Personal Medical Services

We have provided £18.5 million of additional investment over 3 years to pilot Personal Medical Services (PMS). This has enabled GPs and their teams to focus on the clinical needs of their patients, by testing out more flexible ways of providing existing and additional services, and the best use of professional skills. Personal Medical Service pilots are being used to improve access to primary care services, reduce inequalities and address recruitment and retention problems, particularly in remote, rural and deprived areas.

A typical project is Ballantrae Medical Practice (Ayrshire and Arran). The practice provides improved care for diabetics (through GPs, dieticians and practice nurses). Greater flexibility has allowed more home visits and fewer hospital visits, to those in less mobile groups.

The practice has also begun to tackle possible problems at an early stage i.e. with weight management classes, stress-management training and smoking cessation. Further GP time has also been saved through the District Nurse being trained in nurse prescribing. As a result, the surgery can now provide longer appointments for patients identified as having complex conditions.

The increased flexibility of the PMS system has allowed a combination of part- and full-time GPs. The system has also allowed cross-cover between district and practice nurses where this was not previously possible.



Improving Community Pharmacy Services

Significant progress has been made towards improving patient care through community pharmacy. For example:

- ▶ £1 million has been invested to create advice areas in local High Street premises
- ▶ a pilot site has been established to enable patients to receive their repeat medicines from their pharmacist, without the need to visit the GP's surgery
- ▶ pilot projects have been established which enable patients exempt from prescription charges to receive their "over the counter" medications direct from their community pharmacist
- ▶ the electronic transmission of prescriptions is proceeding rapidly. Community pharmacists within Ayrshire and Arran will shortly be connected electronically with NHSScotland. The first electronic link for the transmission of prescriptions between a GP and a community pharmacy will go live very soon.

Hairmyres Hospital is one of a number of new hospitals across Scotland.

The new £67.5 million facility brings together in one place health services that were previously spread over 49 buildings – one advantage that speaks for itself.

Hairmyres provides a full range of inpatient, outpatient, diagnostic and clinical support services including: general surgery, general medicine, obstetric day care, orthopaedics, ophthalmology, thoracic surgery, urology, stroke rehab, gynaecology, clinical oncology, cardiology, intensive care and accident & emergency.

The hospital is operating as the Cardiac Rehabilitation Centre for Lanarkshire and is the only hospital in Scotland to have two cardiac catheterisation laboratories.

Cardiac patients can now have their treatment locally, and do not need to travel to Glasgow for similar procedures. The Centre is expected to treat over 2,500 patients a year.

Cardiac consultant Keith Oldroyd said: “It’s marvellous to have these facilities here. They are an essential component of the modern investigation and treatment of heart disease.”

The design of the hospital ensures that whatever treatment is required, the needs of the patient come first. Critical care areas are adjacent to operating theatres and x-ray is located nearby to A & E.

Modernisation of NHS facilities continues in a number of developments across the country.



→ GIVE PATIENTS A STRONGER VOICE

→ INVOLVE PEOPLE AND COMMUNITIES
IN THE DESIGN AND DELIVERY OF
HEALTH SERVICES

SECTION 5 | INVOLVING PEOPLE

Involving people

We have

- required NHS bodies to give an annual account of how they are involving the public, and the impact this is having on local services
- worked with Volunteer Development Scotland to create 15 new national projects to develop the contribution of existing volunteers in supporting more isolated and dependent people in the community
- reviewed the NHS complaints procedure and established a group of patients' representatives and professional staff to assist us in formulating proposals for a new complaints procedure that creates a system that is credible, easy to use, demonstrably independent and effective
- increased the importance of good advocacy services. *Independent Advocacy: A Guide for Commissioners* encourages NHS Boards to work in partnership with their planning partners to ensure that independent advocacy is available to all who need it
- carried out a review of how the NHS is addressing the particular needs of Scotland's minority ethnic communities
- developed proposals for an Ethnic Minority Resources Centre to support NHS bodies and ensure their staff are equipped to meet these needs of people from minority ethnic communities
- addressed the spiritual needs of patients by funding the appointment of a full-time Development Officer to support the training needs of chaplains and other NHS staff. The NHS has been given guidance on developing policies for meeting the spiritual needs of patients and staff
- developed the *Designed to Involve Project* to provide support and training for members of the public involved in the delivery of primary care services. The lessons learned will be developed for implementation across Scotland.

Delivering Change

Mind to Volunteer: North Ayrshire LVDA

Mind to Volunteer is a project to develop a practice-based volunteer support project for people with mental health problems.

People with mild to moderate mental health problems are to have the opportunity to become a volunteer or benefit from a volunteer assisting them with making changes to their lives. A volunteer-run information point will also be set up within the health centre. The project is being developed in Kilwinning Health Centre initially and will be taken out to other practices within the LHCC.

The aim is that in 3 years, at least 120 people will benefit from the project. The project will be run by a full-time volunteer co-ordinator. It is a partnership between the LVDA and the Health Centre with a multi-disciplinary advisory group supporting its development.



Public involvement in primary care – Designed to Involve

Over 60 projects have been funded during the last year to explore ways of involving the public in a wide variety of Primary Care services. Award-winners include:

Dunfermline LHCC for a project which involved learning from complaints to the podiatry service. The views of complainants of what would constitute an excellent service were compared with the views of podiatry staff and referrers to the service. The LHCC acted on the priorities and issues identified by both groups and fed back regularly on changes and improvements.

In **Cumbernauld and Kilsyth**, patients were asked what the LHCC could do to improve health care services in their area. Outcomes have included: improved information, improved access out of hours, better access to ophthalmology, improved care for the elderly, improved access to CPN, improved access to physiotherapy and improved screening for cardio-vascular disease.

- 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

A lifetime of care

We have

- published *A Framework for Maternity Services in Scotland*. It ensures choices for women and their families while recognising the need for clinical safety and assists decision-taking on the design of maternity services across Scotland
- completed an audit of all NHS Boards' current provision against the national framework for maternity services to inform planning for future developments
- produced a Child Health Service Template to provide a framework for all agencies involved in providing a combined, integrated and co-ordinated child health service
- set up a dedicated Women and Children's Unit to co-ordinate activity within the Health Department and improve joint working across the Executive
- reviewed children's health services through a programme of visits to all NHS Boards by the National Child Health Support Group and offered advice to NHS Boards on future developments
- asked each Local Health Care Co-operative to review children's health needs and service gaps
- developed plans for a single, shared assessment by a health or social care professional to avoid duplication and provide quicker and better results for older people
- provided £48 million to develop more effective home care services for older people – for rapid response teams, more intensive long-term care, more short breaks, and a shopping/household repairs service in every area
- provided free home care for people who need it for up to four weeks following discharge from hospital
- developed detailed proposals for the provision of free personal care for all older people both in residential and nursing homes and in their own homes. New budget provision of £125 million a year has been earmarked for this major expansion of service, implementation of which will begin in April 2002
- set up, from April 2002, a Commission for the Regulation of Care to regulate care homes and support services such as home care and day care in the public, private and voluntary sectors, and independent healthcare to standards devised from the service users' perspective.

Delivering Change

Joint Resourcing and Joint Management of Services for Older People

Health and social agencies working in partnership on joint resourcing and joint management of services will result in a holistic approach to the planning, delivery and financing of services. It will also provide the framework for joint working generally for the foreseeable future.

Agencies locally are now responding to the guidance we issued in September, deciding:

- ▶ what resources to put into the “pot”
- ▶ whether to “align” or “pool” budgets
- ▶ their preferred pattern of single management
- ▶ their detailed implementation plans.

Nationally, as well as supporting implementation, we have set up an expert group to consider staffing issues. It will report next April.

Older people can now look forward with confidence to quicker access to more integrated and flexible services.



Delivering on maternity care

The publication in February 2001 of *A Framework for Maternity Services in Scotland* has raised the profile of maternity care in Scotland and re-focused activity towards provision of a modern, responsive 21st-century service that centres on women and their families.

Six months on, NHS Boards have audited their current maternity services against the Framework and put in place action plans to address what further improvements are needed. The audit reports outline a high level of compliance with the Principles laid out in the Framework and a wealth of activity underway in maternity units across Scotland to drive up the current standards of care for women who use the maternity services.

Key elements of the strategy include:

- ▶ domestic abuse – Work is well underway on guidance for all health professionals on domestic abuse of women, with a particular emphasis on pregnant women. The aim being to ensure that health care workers are able to identify and respond to domestic abuse
- ▶ an expert Advisory Group on Caesarean Section issued their report in August making key recommendations to health care professionals in relation to practice in the light of a continued rise in the rate of delivery by caesarean section
- ▶ a multi-professional group is reviewing the content, timing and effectiveness of the 6-week postnatal maternal check
- ▶ a proposal is under review at present in relation to work to define suitable workforce planning models for maternity care

- ▶ a midwife has recently joined the steering committee of the Remote And Rural Areas Resource Initiative to look specifically at the maternity needs of women in remote and rural communities
- ▶ the Clinical Standards Board for Scotland will shortly develop national standards for maternity care.

These are just some of the issues being taken forward to further improve maternity services in Scotland today.



Family Health Nursing

Scotland is showing a lead to the rest of Europe through its Family Health Nursing pilot. The Family Health Nurse as defined by WHO Europe is a new breed of community nurse with a focus on the health needs of families. Scotland has the most advanced of 17 pilots across the WHO European region.

The Scottish pilot focuses on developing the role of the Family Health Nurse as a model of practice for remote and rural areas. Eleven Family Health Nurses will complete their initial education programme in December and will take up post in Highland, Western Isles and Orkney. A further 20 nurses will begin training in February.

The learning from this pilot will have significant implications for the way that we provide services in remote and rural areas and could change the shape of community nursing across the UK.



- 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

Meeting specific needs

We have

- published a comprehensive Cancer Plan for Scotland which sets out a challenging programme of change and modernisation. For example, by 2005, the maximum wait from urgent referral to treatment for all cancers will be two months
- enabled women who have breast cancer, and are referred for urgent treatment, to begin treatment within one month of diagnosis where clinically appropriate
- provided £40 million over 3 years to support the implementation of the Cancer Plan
- published a public consultation document on Coronary Heart Disease. The deadline for responses is December 2001
- published a Scottish Diabetes Framework drawing together existing guidance and best practice in order to raise the standard of diabetes care
- required NHS Boards to work jointly with other organisations to improve and develop mental health services and we will monitor progress through the new performance assessment framework
- established the Mental Health and Well Being Support Group to help agencies deliver improved, co-ordinated mental health services by the 2004 timetable set out in the “Framework for Mental Health Services”
- provided an extra £2 million this year for projects directly linked to the “Framework for Mental Health Services” for improved care and access to care
- increased to £19 million the Mental Illness Specific Grant which supports 400 small-scale projects at local level across Scotland, providing services for people with mental illness
- committed £4 million over 3 years to a wide-ranging drive to promote positive mental health and wellbeing. This will be led by a National Advisory Group made up of relevant professionals
- provided £5 million to improve accommodation in mental health hospitals
- published a policy statement setting out proposals for clearer, fairer and safer mental health legislation in the light of the Millan Committee’s review of mental health law
- supported further development of Liaison Psychiatry and extended support for people with anxiety and depression
- published an audit document to help agencies identify their role in the care and custody of people with a mental illness who come into contact with the police and courts and identify any gaps in current provision
- committed £36 million over the next three years to improve the lives of people with a learning disability and those who care for them by making better use of existing resources, improving day opportunities, providing short breaks, and reducing the number of people living in long-stay hospitals
- required 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.

Delivering Change

The Mental Health and Well Being Support Group

The Mental Health and Well Being Support Group was started in March 2000 to help make services better for those who need them and of course those who care for them.

The Support Group visits the agencies in each area in Scotland and finds out whether the NHS and the other agencies provide the care that is needed locally. Reports are published on what the Group thinks is needed in each area to make services better. The reports are followed up to make sure that what was said should be done, is done.

Catering for the needs of those suffering from anxiety and depression

This commitment calls for added attention to the needs of those in the community with less severe mental health conditions. Psychological interventions (talking treatments) provide an important contribution to the treatment of anxiety and depression in the community. They are popular with service users as reliance on drug treatment is reduced and in terms of improving people's mental health.

A national census has been conducted (findings showed that treatments are available in a patchy and uncoordinated way) and investment made in pilot initiatives in four NHS Board areas expanding provision and improving access to services.

Coaching, mentoring, information and organisational change management advice has been provided by national organisations. Using information provided by the census and the pilot activity and following consultation, the Mental Health and Well Being Support Group published a "how to, when to, who to and where to" template for the best organisation of psychological intervention care, also covering governance and quality issues.

Dealing with Cancer

The cancer strategy *Cancer in Scotland: Action for Change* was launched 3 July 2001. We have committed £40 million investment over this and the next 2 years to develop services. Investment plans for the first £11 million tranche, launched 6 November 2001, will provide more specialist staff and equipment, shorten waiting times and ensure more rapid diagnosis.

We have set ourselves the target that women who have breast cancer and are referred for urgent treatment will begin that treatment within one month of diagnosis, where clinically appropriate. This target is already largely being met through rapid access/"one stop" clinic assessments and onward treatment planning. Work is in hand to ensure data/information is made available to confirm performance against this standard.

We have also committed ourselves to the target of one month maximum wait from urgent referral to treatment for children's cancers and acute leukaemia. The commitment in respect of leukaemia is being met. In the case of children's cancers, the commitment is being met in parts of Scotland. Information is being sought on the national position.



- WORK IN PARTNERSHIP WITH STAFF
- ENCOURAGE INNOVATION AND CREATIVITY
- ACHIEVE CONTINUOUS IMPROVEMENT
- INVEST IN THE NHS BY INVESTING IN ITS STAFF

SECTION 8 | WORKING IN PARTNERSHIP WITH STAFF

Working in partnership with staff

We have

- committed ourselves to targeted investment in more doctors and nurses for NHSScotland. Over the next 5 years, 10,000 nurses and midwives will qualify in Scotland – 1,500 more than previously planned. By 2005, we expect the total number of NHS consultants to rise by 600
- funded an extra 210 specialist nurses to be available this year to help the NHS manage winter pressures
- funded 110 more doctors last year and announced an additional £11.5 million to employ 375 extra junior doctors by 2003 – an increase of around 9%
- published *Caring for Scotland – The Strategy for Nursing and Midwifery in Scotland*
- been working with the pharmaceutical profession and other stakeholders in Scotland to produce a strategy for improving pharmaceutical care
- ensured each of the new NHS Boards has a partnership forum and that it is fully involved in the development of the Local Health Plan
- enabled local staff partnership forums to be directly involved in assessing the performance of NHS Boards as employers, as part of the new accountability arrangements
- committed £3 million over the next three years to implement the occupational health and safety strategy “Towards a Safer Healthier Workplace” and have extended occupational health services to staff working in general medical and dental practices
- published the first six Partnership Information Network Guidelines. These include guidance on family friendly and equal opportunities policies which NHS Boards are obliged to implement
- launched a new NHS leadership development programme “Xceed” which is helping equip the future leaders with the skills and competencies needed in a modern, complex, 21st-century service
- facilitated the implementation of the education, training and lifelong learning strategy, “Learning Together”. This includes the emphasis on equipping NHS staff to work in multi-disciplinary teams and with staff from other sectors
- formed a strategic partnership with the Scottish University for Industry to create a network for learning – the NHS Learning Bank – to bring the advantages of electronic learning to all NHS staff in Scotland
- announced the establishment from next year of a new Special Health Board to promote education, training and lifelong learning for all NHS staff
- published for consultation a fundamental review of dental workforce planning
- commissioned a fundamental review of medical workforce planning to examine future medical workforce needs throughout NHSScotland
- invested in improving education and training for professions complementary to dentistry (hygienists, nurses, etc.)
- continued to address the issue of low pay in the NHS, both in the short term and in the context of our agenda for pay modernisation
- invested £250,000 in the NHS E-Library which offers access to a wide range of electronic journals and databases and will be available to all staff via computer – at work **and** at home.

Delivering Change

Involving staff and their representatives

A key element in *Our National Health* is the promotion of a new Staff Governance Standard. The Standard provides staff with the right to be:

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

Since the launch of *Our National Health*, the Health Department has been working with the trade unions and professions to develop the new Staff Governance Standard.

To help ensure staff are treated fairly and consistently we have, jointly with the Scottish Partnership Forum, published six guidelines, including policies on Family Friendly, Equal Opportunities and Dignity at Work. Another nine guidelines are at various stages of development for issue over the next nine months or so.



NHS LEARNING BANK

Building on solid foundations already in place, we have established a new learning network for NHS staff in Scotland – the NHS learning Bank.

The NHS Learning Bank will deliver the key objectives of the education and training strategy *Learning Together* and so support the development of high quality patient services. It is based on a strategic partnership between the Scottish University for Industry (SUfi) and NHSScotland.

With SUfi/Learndirect Scotland we will provide lifelong learning opportunities directly to NHS employees. This will include:

- ▶ an NHS helpline which will provide information and advice to NHS staff on health and social care learning opportunities
- ▶ an NHS Learning Zone on the Learndirect Scotland website – providing the NHS gateway to a national database of learning opportunities
- ▶ a network of over 20 NHS Learning Centres, linked to the national network of Learndirect Scotland. Each centre will offer access to computers for “e learning” as well as traditional educational materials. And Learning Advisers will be also available to provide support. We aim to have at least one NHS branded centre in each NHS Board area
- ▶ a web-enabled induction programme which will provide essential information for all staff, including an introduction to communication skills
- ▶ 3,000 NHS Personal Learning Credits which will provide targeted investment in work-related learning for non-professional staff
- ▶ further investment to increase the uptake of SVQs and Modern Apprenticeships.

- › in addition to SVQs we are exploring ways to accredit prior learning including the development of a unique NHS Qualification which will be recognised and transferable within the service
- › we will build on our successful partnership with the trade union UNISON and the Workers Educational Association in support of the Return to Learn Programme by increasing investment in Return to Learn
- › over the next 3 years, we will offer 10,000 European Computer Driving Licence places to staff at all levels across NHSScotland, this will enable staff to develop IT skills and attain a recognised qualification
- › we have invested £250,000 in the NHS E-Library which offers access to a wide range of electronic journals and databases and will be available to all staff via computer – at work **and** at home
- › we launched a promotional campaign involving the “Learning for Life Bus” to raise awareness of education and lifelong learning throughout Scotland.



The challenges ahead

A great deal has been achieved since the publication of *Our National Health: A plan for action, a plan for change* in December last year. Much of the credit for that is due to the dedication and enthusiasm of the staff who work tirelessly to make our health and social services what they are today.

However, the drive to reduce bureaucracy, improve services and raise standards must continue. The establishment of NHS Boards has created a new dynamic with enormous potential for local NHS systems to look afresh at how priorities are set and services are delivered locally. More investment than ever before is being made in staff and equipment. The building blocks are in place. The challenge now is to empower clinicians, managers and all health and social care staff to work with their local communities to deliver real improvements in local services.

In the coming months the priorities for NHSScotland will be to intensify efforts to tackle cancer and coronary heart disease, to develop mental health services, to take radical steps to reduce waiting times and to develop innovative solutions to the problem of delayed discharge from hospital.

There must be tangible evidence that things are different, that developments are taking shape on the ground and that the seemingly intractable problems that have dogged the NHS for years are being tackled head on. A key element in that process must be to ensure that the needs of patients are at the very centre of health service planning and delivery.

The year ahead will be a challenging one, but the Executive is committed to making a difference and delivering real change for the benefit of the people of Scotland.

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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