



## **Our National Health**

A short guide to the Health Plan

# Introduction

As spending on the NHS in Scotland rises from £4.9 billion in 1999/2000 to £6.7 billion in 2003/2004, Our National Health sets out a radical programme of investment and reform designed to:

- **improve Scotland's health, and close the health gap between rich and poor**
- **restore the NHS as a national service - setting national standards of care to be delivered locally across Scotland**
- **improve access to services - reducing waiting and making the patient's 'journey of care' easier, quicker and safer**
- **give patients, public and communities a real voice in the way the NHS is run**
- **provide better care for the young, and for older people too**



- **tackle the ‘big three’ priorities: heart disease, cancer and poor mental health**
- **improve care and standards in the NHS by valuing and empowering staff and working in partnership with them to work in new, more collaborative, flexible and effective ways.**

The Plan builds on previous work and also looks to the future. It is not an end in itself, but the start of a process. It brings together a fragmented NHS, signals new partnerships with Local Authorities and other organisations, and sets out new ways of ensuring that national standards of care will be delivered locally. It marks a real change in the way the NHS is run, and a real opportunity to make a difference to the health of our nation.

# Improving health

Scotland's health record is poor by European standards, and within Scotland there is great inequality between the health of richer and poorer communities. Poverty, poor housing, and lack of employment and of educational opportunities all contribute. So improving health is a long-term commitment. Many services and agencies must work together to improve health and to empower individuals and communities to build better health. The Plan sets out a wide range of detailed proposals, including:

→ **£100 million from the tobacco tax to support the national Health Improvement Fund over the next four years**

→ **NHS Health Boards and Local Authorities to work together for public health and focus resources on the neediest communities**



- **a network of Healthy Living Centres**
- **an increased role for Health Promoting Schools**
- **continuing action against alcohol, drugs and smoking - including consultation on the availability of Nicotine Replacement Therapy on prescription.**

This year, we have announced a new Public Health Institute for Scotland to provide research support, and we are planning a major Healthy Scotland convention in 2001 to raise awareness and drive forward change.

Our health demonstration projects on children's health, sexual health and the prevention of cancer and coronary heart disease have now been launched. Lessons learned will be rolled out across Scotland.

# Rebuilding our National Health Service

We can be proud of our NHS, its record of service, and the skill and dedication of its 136,000 staff. But the way it is run now still reflects some of the wasteful and competitive practices of the internal market, with the work of Boards and Trusts being planned, managed and monitored separately. Standards of care are uneven, with a ‘postcode lottery’ of care across Scotland. So a new approach to managing the NHS will:

→ **bring the decision-making of Health Boards and Trusts across Scotland together in 15 new unified NHS Boards, each responsible for all NHS services in their area**

→ **set national clinical and service standards, and make the unified NHS Boards responsible for delivering these national standards locally**

→ **plan service developments better, at local, regional and national levels, to re-establish a truly National Health Service**



- **strengthen links between the NHS and Local Authorities to make community services more efficient and easier to access**
- **empower and resource staff on the front line to deliver better, more responsive care.**

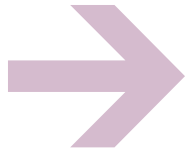
As part of our streamlining of bureaucracy, the new NHS Boards will be responsible for the whole system in their area, from strategic planning, through resource allocation and financial management to performance review. Boards will be structured to ensure strong Local Authority and staff input. NHS trusts will retain their operational responsibilities but will have fewer non-executive directors.

Allied to these simplifying measures, we will perform a review of NHS financial systems, introduce a new performance management framework and launch a national communications programme.

# Improving the patient's journey

Too many people wait too long for treatment and care, and sometimes it seems that the interests of the service come before the needs of the patient. But there are many examples of excellent service - where the patient, the patient's experience and the improvement of that experience are first and foremost. Investment and reform, together with a change in the culture of the NHS, will ensure that best practice becomes common practice, with:

- **better and fairer access to services, such as round-the-clock telephone advice on health and health services via 'NHS24'**
- **appointments available within 48 hours with an appropriate member of the primary care team**
- **better communications, to speed up appointments and prescriptions**



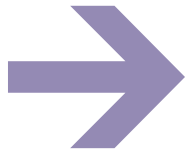
- **reduced waiting times for non-urgent in-patient care, so that by 2003 no one will have to wait more than 9 months (instead of the current maximum of 12)**
- **more one-stop clinics and better-designed services - out-patient, in-patient and community - to make the 'journey of care' swifter and safer.**



# Involving people

Our National Health Service belongs to the people of Scotland and serves them throughout their lives. So patients, staff and communities have a right to be involved in decisions which affect them. Again, there is good practice - in listening, in keeping people and communities informed, and in consulting them to improve the NHS locally. So to make such good practice universal:

- **£14 million will be invested over 3 years to improve two-way communication and partnership working with individuals and communities**
- **starting in 2001, we will support the systematic spread of good practice in patient information and advice**
- **all clinical guidelines will be made available in patient-friendly format**



- **in 2002 the NHS complaints system will be made easier to use**
- **from April 2001, NHS Boards will be required to show how they are involving the public, and what difference that has made to the services they provide**
- **we will work with Local Health Councils and others to modernise and improve the patient's voice in the local NHS.**



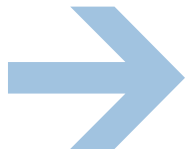
# A lifetime of care

For most of us, for most of the time, the NHS is simply a reassuring presence - there if we need it. But we all need it most at the beginning of life and when we grow older. To reflect these needs:

→ **better support for parents - along with child health promotion initiatives and better health services for the very young - will give children a better start in life**

→ **better planning and co-operation between NHS, local authority and voluntary agencies will improve children's services in the community - especially for those with special needs**

→ **for older people too, better and more 'joined up' community services will make a difference: helping them to stay at home longer and get home from hospital more quickly and safely**



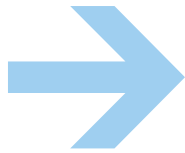
→ **in 2001 the Chief Medical Officer will lead a review to improve the care of older people in NHS acute and primary care services and make their discharge from hospital care quicker and easier.**



# Meeting specific needs

Coronary heart disease, cancer and mental health are the three agreed clinical priorities identified for special action by the NHS in Scotland - common serious problems that blight and shorten many lives. There is sound knowledge of what needs to be done, both for prevention and to help those already affected. The challenge now is to ensure such knowledge is applied systematically to reduce illness and improve patient care. So:

- **in 2001 a National Plan for CHD prevention will set out a national strategy for reducing heart disease in Scotland; and by 2002 access to diagnosis and treatment will meet strict new targets**
- **Managed Clinical Networks (MCNs) will link local and regional and national services for heart disease**
- **in 2001 a comprehensive Scottish Cancer Plan will set out national target waiting times**



→ **major investment will provide new equipment for diagnosis and treatment of cancer; and cancer MCNs will co-ordinate care, ensuring the delivery of national standards**

→ **to improve care in mental health, implementation of the Framework for Mental Health will be speeded up, and new investment will support the delivery of national standards of care across Scotland.**

The Plan also covers learning disability, physical disability and chronic conditions such as diabetes.

We remain alert to the health needs of excluded groups such as homeless people, and the Plan seeks to set out new ways to address their problems.

# Working in partnership with staff

The public values NHS staff, and the NHS must do the same. With a workforce of 136,000 people, it is the biggest employer in Scotland. To improve patient care, the NHS must now explore new ways of working to deliver high-quality and cost-effective care right across Scotland. To achieve this:

- **staff must have the opportunity to be involved and engaged in decision-making within the NHS, in accordance with the principles of partnership working**
- **a systematic approach to encouraging leadership, creativity and innovation will help achieve a culture of continuous improvement**
- **in future, NHS Boards will be assessed on their record as employers, and local staff will be involved in this through their local Partnership Forums**



→ **we will continue to work with the other UK Health Departments to take forward NHS pay modernisation.**

We aim to address low pay issues and to consider rewards for length and quality of service. An important element of our review of GP practice will be our initiative to develop alternative contractual options.



# To make this work, we must work together

Our National Health: **A plan for action, a plan for change** brings together the results of a year's consultation with patients, public, NHS staff, and representatives of many different groups and agencies. All of them will again be involved as we move on - to action and to change. With devolution, decisions can be made closer to the people that they affect. With substantial new resources too, we can make a real difference - improving Scotland's health and rebuilding our NHS.



*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*

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