

ANNUAL REVIEW 2005

PROGRESS REPORT ON ACTIONS

Innovation and Health Improvement

Health Promoting Schools are well established in Lanarkshire with 80% of all 327 primary and secondary schools in Lanarkshire, over 96,000 children, on target to achieve at least Bronze Awards by March 2006. The Gold Awards portfolio framework is ready to be launched, just as some schools are ready to move on to that level. The methodology utilised for Health Promoting Schools has been extended to develop both the Health Promoting Nursery and the Health Promoting Youth Service. Eighty per cent of the 267 nursery establishments, with over 13,500 young children, have registered.

Lanarkshire has worked enthusiastically on promoting health in the workplace through Scotland's Health at Work (SHAW) Programme and recently through the Healthy Working Lives approach. One hundred and thirty organisations, with over 81,000 employees, have been registered with SHAW and more than half of these have achieved awards (6 Gold, 8 Silver, and 54 Bronze); and 60% of these organisations are Small/Medium Enterprises (SMEs). Healthy Working Lives operates differently in the North and South Lanarkshire Council areas. In the North, the programme targets people currently on incapacity benefit. The South takes a population approach, targeting those currently on benefits as well as those at risk of going on to benefits.

Another developing area is the South Lanarkshire Pubs and Clubs Taskforce, which is piloting the Health Promoting setting in pubs and clubs. This commenced in 2005 with training for licensee staff, information on safe alcohol consumption within licensed premises for customers and staff, and eventually an award scheme for premises that take part and support the work. The opportunity is taken to provide information on matters such as sexual health, mental health, domestic violence and fire safety, and demonstrates the value of the holistic nature of the approach that can evolve from partnership action on one topic.

Provision of information about health and risk-taking behaviour is one of the lynch pins of health improvement. The challenge, however, is to make information as fresh and interesting as possible. The 'arts' plays a large part. Knowing the facts is never enough to ensure effective behaviour change. This only occurs when individuals and groups are emotionally linked to such facts and this is where arts and drama succeed. Work with the Pyramid Theatre Company on preventing smoking in pupils in 1st/2nd year at Secondary School and a "Choices" animation DVD on alcohol and drugs, creating an interactive resource for all high schools in Lanarkshire, has been developed.

The C Card Condom Distribution Scheme, which at the end of 2005 operated from 51 centres across Lanarkshire, has increased year on year with 25% of transactions being made by people who had never used the service before.

The Active Futures programme, in partnership with both Local Authorities and the Health Living Centres, funded by an award of £324K from the Big Lottery over three years, has increased opportunities such as access, uptake and user compatibility for physical activity and sports for 17-24 year olds. Specific target groups include people from black and minority ethnic backgrounds, women, as well as people with disabilities. This has built on successful programmes such as 'Eating with the Players' with Motherwell FC where in 2005 over 670 young people have been introduced to the real life benefit of an active and healthier eating lifestyle. A further 3,500 have attended a free access game at Firpark as part of the football club's partnership work with NHS Lanarkshire.

Colorectal Services

We continue to work closely with the Director of the Waiting Times Unit and his staff in reducing waiting times for colorectal services. We also work closely with West of Scotland Boards to ensure a co-ordinated and standardised approach.

We have now appointed three trackers to posts throughout NHS Lanarkshire who will ensure that referrals are managed through the clinical process to improve the patient pathway. The trackers are supported by appropriate software to capture 'live' information to support multi-disciplinary team meetings and again to improve management of the process.

Referral protocols have now been agreed with GP's and they are encouraged to submit referrals electronically to reduce waiting times further.

It is considered that the arrangements now established will not only improve waiting times but also identify bottlenecks where the patient's journey can be improved and those areas where there requires to be investment in infrastructure whether staff or equipment.

Availability Status Codes

NHS L has drawn up its Capacity Plan to ensure compliance of the removal of ASC's by December 2007. The current arrangements take into account all ASC codes and all sites have stopped using ASC codes 3 and 4.

Detailed protocols are being prepared with clinicians, both in primary and secondary care. This is being done within an agreed framework to introduce all definitions of new ways in the near future.

Cancer Waiting National Delivery Plan

NHSL continues to work with other Health Boards in the West of Scotland and also the NWTU to continue to reduce waiting times. The actions described to reduce colorectal cancer waiting times are applicable to referrals to other main tumour types.

Work is ongoing to refine the Diagnostic Capacity Plan to ensure that bottlenecks in relation to the treatment of cancer are not created through lack of capacity.

New management arrangements are being introduced within the Acute Division from April 2006 which identify a lead General Manager for Cancer Services and whose responsibility it will be to ensure the implementation of the cancer strategy for NHS L and also provide a focus on reducing waiting times for cancer services.

During the current financial year, there has been investment of £869k in equipment in relation to the diagnosis and treatment of cancer.

Transport

Lanarkshire Initiatives:

- Considering potential of shuttle bus between DGH sites in Lanarkshire, initially for trial period to ascertain demand.
- Developing specific proposal for introduction of changes to inpatient gynaecology and urology. Likely to use in house transport to facilitate admissions and visiting due to low numbers involved.
- Will also review use of taxis, transport of goods between sites with a view to transferring on to bus service to make it viable.
- SPT will work with NHS Lanarkshire to provide access to their Journey Planner System. This would enable up to date information to be provided to patients e.g. specific journey details and times with appointment card
- With SPT and Better Government for Older People, NHS Lanarkshire will look at the very specific routes and times that are difficult with a view to finding the particular solution that works for that area.
- Transport implications of reconfiguring in patient gynaecology and urology are being considered to identify best solution
- Initial discussions with both Councils re managed car parking - concerns that this will displace cars to nearby streets.

Alcohol Hand Gel:

NHS Lanarkshire has complied with the Scottish Executive proposal by placing alcohol gel at, or near, every patient's bedside (CNO, 2005). This initiative is part of the drive to promote the ethos that Infection Control is everybody's responsibility (Scottish Executive, 2004) and to reflect this, visitors were requested to use the product.

To ascertain whether the visitors were aware of these measures, and had indeed used the alcohol gel, the Infection Control Nurses (ICNs) devised an audit tool. This was designed to complement the use of two posters that were strategically placed throughout NHS Lanarkshire Healthcare facilities:

- Poster 1 - *Visitors - help us to fight infection Top 5 Tips from the CMO*
- Poster 2 - *Stop and Look - poster for visitors and staff (produced locally) to promote the use of the alcohol gel wall dispenser or bedside gel bottle*

An evaluation carried out four months after implementation of the alcohol initiative, noted that 56% of visitors used the alcohol gel in Lanarkshire Acute Division. Comments given by visitors at the evaluation sessions suggest that the Stop and Look poster could be clearer. In addition, areas of good practice were noted e.g. in one Coronary Care Unit, the Top 5 Tips leaflet was given out to all visitors on entering the area and, in other areas staff compliance reinforced the use of gel. However, the analysis failed to highlight a single method that influenced practice.

The results of Lanarkshire Primary Care Operating Division's audit show that while a high percentage of respondents, 80% to 91%, reported that they had seen the posters and knew that the alcohol hand gel was available near the patient's bedside and/or at the entrance to the wards, only 57% - 65% reported that they had actually used the gel. Interestingly, 71% of respondents reported that ward staff had discussed the use of alcohol hand gel with them.

It appears that although the use of the alcohol hand gel was clearly stated on both of the posters the invitation to use the gel was not taken up by a large proportion of the visitors. However, the analysis of the data failed to provide clear evidence as to why visitors failed to use the gel. It has been suggested that they may have failed to read the posters and were apprehensive about carrying out the procedure.

In conclusion, this audit has proved to be a worthwhile exercise as it fostered good communication between the general public, staff and the infection control teams and raised the awareness of the importance of hands in the transmission of infection. It provided evidence of areas of good practice and highlighted areas where improvement is required. Interestingly, the result of the audit reflected the findings of research into hand hygiene compliance, whereby it was noted that successful interventions were generally multi-component in nature (Pittet et al, 1999; Gould, 1996)

Employment contracts

On course to submit a progress report on benefits realisation to John Turner at 31 March 2006 outlining our achievements in relation to benefits.

Modernising Medical Careers

- Considerable amount of work undertaken on service impact of implementing second year of Modernising Medical Careers (FY2)
- Work continues on individual specialties with associate medical directors working in conjunction with appropriate general managers
- Work being co-ordinated by medical manpower working group reporting to NHS Lanarkshire Workforce Steering Group and linking to operating divisions where appropriate.
- Consortium C, which acts as a steering group for the implementation of MMC between Lanarkshire hospitals, Glasgow Royal and Stobhill Hospital, meets regularly under chairmanship of NHS Lanarkshire Medical Director
- Barry Vallance leading team to consider extending the hours and remit for Hospital Emergency Care Teams (HECT) as part of solution to minimizing impact of MMC
- NHS Lanarkshire expressing interest in pilot of Physician Assistants (PA) project being promoted by NHS Education Scotland
- Information awaited from NHS Education Scotland about proposal for additional short-term training posts which may assist in filling the gap created by implementation of FY2
- £500,000 (part-year funding) has been identified for implementation of FY2 during 2006/07, rising to £1m the following year. This should allow for additional short-term training posts to be taken on to fill the gap pending more extensive redesign of services through Picture of Health, extension of HECT, implementation of Physician Assistant, etc.
- Information awaited from NHS Education Scotland about details of “run-through training” which will follow on from FY2, particularly in relation to anticipated numbers of trainees, specialty curricula and implementation dates as this will have a potentially greater impact than FY2
- Pressure being applied to NHS Education Scotland and SEHD to ensure more equitable provision of senior training posts i.e. run-through training in comparison to the present markedly distorted distribution of SpR posts of which Lanarkshire has very few
- Information awaited on national negotiations for new staff grade and associate specialist contracts which will be of significance in relation to further manpower planning

Revised Scheme of Establishment for CHPs

Since the Scheme of Establishment was approved late in December 2005 by The Scottish Executive Health Department, good progress has been made in implementing the new organisational arrangements which have been designed to promote improvements in the health and well being of local communities, enhance the joint working agenda between Primary and Secondary Care and between Health and Local Authorities to tackle inequalities by targeting resources towards those with the greatest need and to strengthening the health contribution to community planning and community regeneration. A Project Board has been established to lead on the implementation process with three functional sub groups leading on Human Resources, Organisational Development and Financial Framework.

1. The Human Resources sub group has agreed the overall structure. Job descriptions have been developed for key posts and the appointments process is almost complete.
2. The Organisational Development Plan focuses on bringing clarity to roles and responsibilities, agreeing individual and team objectives and developing a performance management framework in order to evaluate progress against the local delivery plans which are currently being prepared.
3. The Financial sub group has reviewed all existing budgets and has reallocated these to each of the localities within CHP's to reflect the delegated responsibilities each will have in delivering the full range of Primary and Community Care Services.
4. CHPs are on target to go live on 1st April 2006.