

BETTER HEALTH, BETTER CARE

NHS BOARD Q&A

CONSULTATION PROCESS

Q: What form did the consultation take?

A: Events and meetings were held for interested members of the public and NHS and Scottish Government employees over a twelve week period. These included:

- 2 major World café events in Glasgow and Aberdeen attended by the Cabinet Secretary for Health and Wellbeing and the Minister for Public Health respectively
- 23 public and patient events in all NHS Board areas
- Presentations and discussions with every NHS Board
- Five World Café style discussion events with Scottish Government staff at main SG buildings
- Meetings between Scottish Government Health Directors and interested parties under the Fair for All Initiatives.
- Official presentations and discussions on request of interested groups.

“Newsletter” and “easy read” versions of the consultation document were produced to encourage wide involvement and the content of the discussion website was updated regularly throughout the discussion period.

Q What Kind of response have you received?

Almost 600 written responses to the *Better Health, Better Care* Discussion Document were received.

It is estimated that over 2000 people participated in one of the discussion events

Q: Will this method of consultation be the new way of doing things?

A: The World Café discussion events and open discussion style was welcomed by participants, and in future we plan to build on this in future. They provide an opportunity for everyone to express their views and build upon ideas through in depth discussion.

OVERALL APPROACH

Q: What is the overall vision of the Action Plan?

This Action Plan supports the Scottish Government's key strategic objective for a healthier Scotland: To help people to sustain and improve their health, particularly in disadvantaged communities, ensuring better, faster and local access to health care:

It does this by describing:

1. A new era for public participation in the NHS;
2. Targeted action to reduce health inequality, including action to break the link between early life adversity and later ill health
3. An acceleration our commitment to continuous improvement and the deliver of high quality services
4. A strong commitment to work in partnership to support a healthier Scotland

Q: How does the Concordat affect the health service's ability to deliver the goals of *Better Health, Better Care*?

The Concordat with local authorities sets a new context for joint working across the public sector. It is explicitly built around public sector agencies focussing on shared outcomes and will support joint working between local authorities and the NHS.

We are committed to sustaining and developing joint working between local authorities and NHS Scotland, to secure further improvements in

key areas including user satisfaction, faster access, better support for carers, the quality of assessment and care planning, identifying those at risk of admissions, and moving services closer to users/patients.

Q: What is the role of the Third Sector ?

Better Health Better Care envisages an enhanced role for the third sector, particularly in supporting the self management agenda. We recognised that third sector organisations are often uniquely placed to offer support and advice and we intend that NHS Boards play a part in enabling people to access this support. As part of this commitment, we will work with partners to consider what more we can do to sustain those third sector projects that are of proven benefit to patients and carers.

Mutual NHS

Q: What does a mutual NHS mean?

The NHS belongs to the people of Scotland. A mutual NHS is one where ownership and accountability is shared by the Scottish people and by the staff who work in it. We need to move towards an NHS where we think of the people of Scotland not just as consumers - with only rights - but as owners - with rights, a voice and responsibilities.

Q: What steps are being taken to create a mutual NHS?

The Action plan includes a range of measures including;

- A public consultation on a Patient Bill of Rights, including the right to be treated as a partner in care
- Proposals for independent scrutiny of major service change by April 2008
- A Participation Standard for Boards which reflects the needs of Scotland's diverse population and incorporates assessment of this standard into NHS Scotland's performance management system by 2009
- A commitment to partnership working with staff
- The Patient Experience programme, Better Together, which will involve patients in improving the quality of the services they receive
- Distribution of an annual "ownership report" setting out the rights and responsibilities of patients and their carers alongside

information on how to access local services and raise issues or complaints.

Q: What rights can patients expect?

The Scottish Government will launch a public consultation on a Patient Bill of Rights by May 2008, including the right of patients to be treated as partners in their care. This will provide the opportunity to develop a charter of mutual rights that provided a statement of rights and responsibilities from the perspective of Government, staff and the public.

The charter of mutual rights will provide patients with quick and efficient redress where problems occur, without the need for unnecessary and inappropriate legal action and litigation. It will also set out what patients have a right to expect from their service, including individual waiting time guarantees appropriate to individual needs.

Q: When will elections to health boards take place?

The Scottish Government's consultation on the content of a Local Healthcare Bill will include consideration of direct elections to NHS Boards. The national discussion around *Better Health, Better Care* has identified the need to consider this issue alongside the functions of existing non Executive directors, the role of independent scrutiny and other mechanisms for increasing accountability, including partnership working with local authority and elected members at Board and community level. The Bill will be introduced in summer 2008.

Q: Will mutuality change the funding of NHS Boards

The new strategy does not imply any changes to the way in which NHS Scotland is funded not to the structure of unified Boards. Indeed, we believe that the concept of mutuality reinforces this approach.

IMPROVING HEALTH / TACKLING INEQUALITIES

Q: How will *Better Health, Better Care* reduce the health inequalities gap?

The Cabinet Secretary for Health and Wellbeing has made it clear that she regards tackling health inequalities as her top priority. A Ministerial Task Force, led by the Minister for Public Health will report to Cabinet in May 2008 about further actions that can be taken across Government, and in conjunction with our partners in the public, private and voluntary sectors in order to tackle both the causes and consequences of health inequalities. The outcomes agreed with local authorities provide a real opportunity to make significant progress with this shared agenda.

Better Health Better Care sets out a range of actions and approaches that will tackle inequalities. These include:

- Action to give children the best possible start in life, through early, evidence based interventions
- Working with GPs to ensure that resources better reflect the needs of those working in disadvantaged areas
- Continuing support for the Keep Well programme
- Life Begins health checks
- Action by NHS Boards across Scotland to support the employability agenda
- Simple but effective health promoting interventions in acute settings

Q: What will be done to address the needs of people with mental health problems?

We will do more to enhance, support and improve people's mental wellbeing. This drive will include:

- Continuing commitment to the implementation of Delivering for Mental Health
- a new (HEAT) target for NHS Boards for early diagnosis of dementia, to be achieved by 2011.
- setting up the Mental Health Collaborative during 2008, along with the appointment of a national co-ordinator who will work with NHS boards to drive improvement on targets to reduce anti-depressant prescribing and readmission to mental health units
- Launching guidance on support for people with substance misuse and mental health problems
- addressing stigma, prejudice and discrimination around mental health
- enhancing the mental health literacy of key workers such as teachers, social workers, community staff, employment support officers and health care staff
- implementing by 2015 the Mental Health of Children and Young People Framework for Promotion, Prevention and Care.

Q: What is currently being done to address the needs of people with dementia?

From 2008, dementia will be regarded as a national priority. This will be reflected in a new target from 2009 which will focus NHS Boards on this condition and allow us to build national approaches based on new standards for an integrated care pathway for dementia that will be published by NHS Quality Improvement Scotland in December 2007.

We are focussing on better diagnosis, earlier intervention and regular review of all needs including those of the carer and developing a competency framework to support training and development of mental health nursing for older people. The Dementia Forum will provide ongoing input and advice on all aspects of the dementia agenda.

Q: Why are prescription charges being abolished?

Prescription charges are a tax on ill health and a barrier to good health for many people. Abolition of prescription charges will ensure people can access the health service when they need to and make choices about managing and improving their health.

The cost of a prescription will be reduced from the current £6.80 to £5 in April 2008, and then reduced incrementally each April until 2011, when charges will be abolished altogether.

IMPROVING QUALITY

Q: What is the National Patient Experience Programme?

The Scottish Patient Experience Programme which was launched earlier this year, will sit alongside the work of the Patient Safety Alliance and work on access being undertaken by the Delivery Directorate, to enable NHS Scotland to systematically tap into the views and experiences of patients about the services they use and ensure that real improvements in the quality of patient experience are delivered year-on-year.

The programme links to the agenda for continuous improvements and will enable us to improve quality on the basis of the experiences of the people we serve.

Q: How will you meet the 18 week waiting time target?

The Scottish Government is investing an additional £270m over 3 years to deliver this commitment. From December 2011, 18 weeks will become the maximum wait for treatment following referral by a GP for non-urgent patients. Most patients will be seen more quickly than this.

A 3 year Service Transformation Programme will engage with NHS Boards and their clinical teams, building on best practice. Collaborative work will support NHS Boards to develop quicker access to services whilst improving patient safety and reducing healthcare inequalities. A full delivery strategy setting out the detail of our plans will be published in spring next year.

Q: What does *Better Health, Better Care* mean for HAI?

We are raising the bar on tackling Healthcare Associated Infection (HAI) and making a multi-million pound investment in Scotland over the next three years. This is the third but most comprehensive HAI delivery plan ever seen in Scotland which we will invest £54m in for a raft of measures to tackle hospital infections (a 260% increase on the previous budget), including funding to pave the way for the first ever national MRSA screening programme in Scotland.

Q: What is the focus of the new HAI Delivery Plan?

This is the first HAI plan in Scotland which is based on good evidence of the extent of infections in Scottish hospitals following the first Point Prevalence Survey published in July, which showed the true level of hospital bugs for the first time (9.5% for acute hospitals). The new Delivery Plan will be overseen by the HAI Task Force.

Q: What are you doing to tackle poor hand hygiene in our hospitals?

NHS boards have been asked to reach a target of at least 90% hand hygiene compliance by November next year. To allow this to happen, HPS will undertake more regular hand hygiene audits (increasing from 6 months to quarterly) and they will hold meetings early in the New Year with key players in the infection control teams at NHS Boards to look at

ways of ensuring that hand hygiene compliance reaches the highest standard possible right across the country.

The national Hand Hygiene Campaign will continue to reinforce the message to staff, patients and visitors that they must wash their hands more frequently and make more use of the hand gels provided in wards. Infection Control Managers and Local Health Board Co-ordinators will also play a much bigger role in getting everyone to wash their hands more regularly. A second phase of national TV and radio advertising campaign will run for 6 weeks from 14 January 2008.

Q: What are you doing on your manifesto commitments on carers?

Our budget includes additional funding rising to £5m per year in 2010/11 for the NHS to deliver carer information and training - working with local carer centres and extending their services.

Q: What is being done to ensure priority treatment for veterans?

Most people with armed forces related health problems already get priority treatment as war pensioners. However, the Scottish Government will consult on proposals to extend priority treatment for veterans before providing guidance to NHS Scotland and to veterans' organisations in Scotland by February 2008. Better Health Better Care makes an explicit commitment to working in partnership with Defence Medical Services Department and the charity Combat Stress to meet the mental health needs of serving and former armed forces personnel.

Q: What work is happening to update the Scottish Cancer Strategy?

The Chief Medical Officer is leading the work to update the Scottish Cancer Strategy. A draft framework will be prepared by the end of this year which will then be subject to wider review, prior to final publication in summer 2008.

Q: When will the HPV vaccine be introduced?

We have committed to making the new vaccine available to all girls aged around 12-13 years, from autumn 2008. This should have a major impact on cervical cancer for future generations, and could save thousands of lives in Scotland.

Q: What about our strategies on CHD and Stroke

Both strategies will be refreshed in light of Better Health Better Care.

Q. Will you implement the recommendations of the national Remote and Rural Steering Group's Report?

A. The Scottish Government received the report of the Remote and Rural Steering Group at the start of December. *Better Health, Better Care* makes clear that the initial impression is positive but that more time is needed to give the report the attention it deserves. The Scottish

Government will set out its expectations for implementation early in the New Year.

Q: Are you committed to the work programmes identified in Delivering for Health around Neurosurgery and Specialist Children's Services

We expect the Neuroscience Implementation Group to submit their proposals shortly, after which there will be a period of public consultation. The commitment in Better Health Better Care to strengthening the role of Managed Clinical Networks provides an opportunity to take forward service improvements in this area in a cooperative and collaborative way across Scotland.

Better Health Better Care includes a specific commitment to sustaining 4 major children's hospitals in Aberdeen, Edinburgh Dundee and Glasgow, including 2 new children's hospitals in Glasgow and Edinburgh by 2012. A National Delivery Plan for Specialist Children's Services will be published in 2008.

PERFORMANCE MANAGEMENT

Q. What is different about the new HEAT targets?

A. The revised HEAT targets reflect a rebalancing of the previous approach, with a greater emphasis on health improvement, mental health, efficiency and anticipatory care, with a corresponding reduction in the number of access targets. From 2009 the new targets will embed evidence on patient experience within the performance management of NHS Scotland for the first time.

We believe that the new set of HEAT targets better reflect the long term direction of travel for NHS Scotland that is set out in Better Health Better Care. In describing the specific contribution that NHS Boards are expected to make in delivering services such as smoking cessation, they also link to other approaches for performance assessment across the public sector in Scotland.

Q: Will you be reducing other forms of assessment and reporting

We believe that this new set of HEAT targets provides the opportunity to cut back on separate reporting streams. As a first step, we have committed to ensuring that any additional reporting to oversee the implementation of Better Health Better Care, will be streamlined and proportionate. Implementation arrangements will be set out in January 2008.