

# Bulletin

News from inside the Scottish Government Health Directorates

## MESSAGE FROM THE CABINET SECRETARY AND MINISTERS

### Abolition of Availability Status Codes

On 19 September 2007, I made a Statement to Parliament about the abolition of Availability Status Codes (ASC) and the other important changes in how patients' waiting times will be measured from next January. When the new system is in place all patients will be covered by maximum waiting times targets.



Nicola Sturgeon MSP,  
Deputy First Minister and  
Cabinet Secretary for  
Health & Wellbeing

I announced that I had decided to change one element of the rules that NHS Boards have been involved in developing. Under existing plans, a patient was entitled to rearrange agreed dates for outpatient appointments or hospital admissions once, but if they wanted to rearrange a second time the hospital could, if it wished, return them to the care of their GP. I have decided that a patient should be able to rearrange agreed dates twice.

To help ensure that patients and the public understand the new system, explanatory leaflets have been sent to GPs and hospitals, to be given to patients when their GP refers them to a consultant or when the hospital decides they need to be admitted for treatment.

There are also posters for display at GP practices and in hospital outpatient departments.



In addition, NHS 24 is providing an advice line for patients needing to know more about how the new approach works.

The new system must be transparent and open to scrutiny. I have asked Boards to ensure that patients are told when their waiting time clock has been stopped or reset to zero, and the implications of this and to explain to those patients who become unavailable how the regular reviews work, and what happens once a period of unavailability is over.

**'I believe that this new approach to waiting times strikes the right balance in providing flexibility for patients, whilst encouraging them not to waste NHS time through repeatedly cancelling and rearranging appointments.'**

I have also made it clear that patients are entitled to look at the information held about their waiting times and, if necessary, to have any inaccurate information corrected. Quality assurance work on the new system will be undertaken by NHS National Services Scotland's Information Services Division next year, and I have also invited the Auditor General for Scotland to review how the new approach is being applied.

I very much appreciate the hard work that NHS staff are undertaking to ensure that ASC patients are seen or treated, and also that the new approach is in place and working by the end of the year.

**NHS**  
SCOTLAND

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Shona Robison MSP,  
Minister for Public Health



Stewart Maxwell MSP,  
Minister for Communities  
& Sport

## Alcohol Awareness Week

Scotland's first Alcohol Awareness Week will be held from 21-27 October. This initiative which is under the Scottish Government's partnership agreement with the alcohol industry, was established earlier this year to work towards the joint aim of reducing alcohol misuse.

Through a joined up programme of activity aimed at the adult drinking population of Scotland, we will be challenging people to put their own drinking habits under the spotlight and asking 'Does your drinking add up'?

This initiative sees Government, the alcohol industry, health professionals and the voluntary sector coming together to promote a co-ordinated message on responsible drinking.

Check out [www.alcoholawarenessweek.com](http://www.alcoholawarenessweek.com) to see who's involved and what you can do if you want to join in.

Know how much you're drinking.  
Know how many units are in your drink.  
[www.alcoholawarenessweek.com](http://www.alcoholawarenessweek.com)



## New Age Limit on Tobacco



Tobacco control has once again made the headlines in Scotland. First of all, a major international conference, organised by NHS Health Scotland in conjunction with the Scottish Government and the European Commission was held in Edinburgh on 10 and 11 September.

Research findings forming part the national evaluation of Scotland's smoke-free laws were unveiled and these show that in the first year after the legislation came into force the ban appears to have had a positive health and cultural effect.

The other significant event was the Scottish Parliament approval of an Order to raise the age for tobacco sales from 16 to 18 years with effect from 1 October 2007.

The Scottish Government is clear that that we need to continue our efforts on tobacco particularly to discourage young people from starting in the first place.

Raising the age of purchase is the next step in our strategy to denormalise cigarette smoking. However it should not be viewed in isolation, but as part of a wider range of measures that include prevention, education, tougher enforcement and help for young people to give up smoking. These will all be brought together in the proposed 5-year smoking prevention action plan Ministers are committed to publish by next spring.

Ultimately, it is staff at the front line of delivering care services, both in hospitals and in the community, who will have to respond to the pressures as they arise. I am confident that the preparations that have been put in place will support them in their work.

## Better Health, Better Care

I wanted to take the opportunity to bring you up to speed with the discussion we have initiated through the launch of *Better Health, Better Care* in mid August.

The initial sense is that we are making good progress as we get out and about across Scotland engaging with patients, the public and NHS Boards. We've been hearing in local discussions that the following issues are seen as being particularly important:

- how NHSScotland can improve communication with patients;
- the important role that carers and the voluntary sector can play; and
- the importance of investing in prevention in order to tackle issues such as obesity.

Building on these local discussions we are holding two large **World Café Events** which will provide you with an opportunity to exchange views and share ideas around a particular theme within *Better Health, Better Care*.

I will be leading the first of those in Glasgow on 23 October and the Minister for Public Health will lead the second event which is in Aberdeen on 5 November.

Clearly, we still have work to do on the collection of information and on the analysis of responses before the discussion comes to a formal end on 12 November.



The response to date has been generally positive. Most people think we are asking the right questions and that the direction of travel we set out in the discussion document is, broadly speaking, the right one.

One of the issues for all of us will be to build a plan of action that is coherent, challenging and deliverable. It needs to be at the heart of the Government's ambitions for a healthier Scotland. We've got this work off to a good start and I'm grateful for the way in which everyone has contributed, however we have a good deal still to do.

## Better Health, Better Care World Café Events

[Glasgow - 23 October 2007](#)

[Aberdeen - 5 November 2007](#)

We hope you will enjoy participating in one of these events and playing your part in developing our national approach to promoting and protecting Scotland's health and wellbeing.

**For further details on the World Café Events view our [website](#)**

## Health Inequalities Task Force

Following Ministers' statements in the health debate on 28 June, the Ministerial Task Force met for the first time on 3 October. The Task Force is chaired by Shona Robinson.

Its aim is to identify practical measures to reduce the most significant and widening health inequalities in Scotland with both short and long term outcomes. It will also look to agree priorities for cross-cutting government activity.

Working closely with local government, the Task Force will engage key sectors and organisations involved in delivering action in order to build up their commitment and support.

The group will continue to meet on a monthly basis until May 2008 when it will report to Cabinet. A subsequent statement and debate in Parliament are envisaged for June 2008.

A web page will shortly be set up on the Scottish Government website where discussion papers and meeting outcomes will be published.



**Dr Kevin Woods**  
Director General Health and Chief  
Executive, NHSScotland

## Getting Ready for Winter

After what passes for summer, winter is again approaching – bringing many challenges that NHSScotland and our partners need to address. The flu-like illness that circulated at the beginning of this year, causing increased pressure on healthcare services across Scotland, was a timely reminder of the potential effects of winter.

Preparations for this winter started months ago when, across the full range of health and social services, professionals came together to discuss how last year's preparations had stood up to pressure, and how to strengthen arrangements for the future.

This year the Service has built its plans around three key pieces of work as described below.

### 1. Out-of-Hours Services

At the end of August, Audit Scotland published their report on Primary Care Out-of-Hours Services. The report looked at how these services are provided. It acknowledged the scale of the challenge NHS Boards faced in putting in place a safe, reliable alternative service to patients when over 95% of GP practices opted out of providing 24/7 cover. It also raised concerns about the sustainability of the existing arrangements and suggests that new models of delivery will need to be developed.

**View the Audit Scotland Report at**  
[http://www.audit-scotland.gov.uk/docs/health/2007/nr\\_070830\\_out\\_of\\_hours.pdf](http://www.audit-scotland.gov.uk/docs/health/2007/nr_070830_out_of_hours.pdf)

### 2. Unscheduled Care

We are now reaching the culmination of the work that has been undertaken by all NHS Boards through the Unscheduled Care Collaborative. A series of meetings and workshops has brought together service planners and front-line staff to build a robust approach to dealing with the demands of unscheduled care.

### 3. Influenza

The annual Seasonal Flu Campaign is now underway and people aged over 65 and those who are 'at risk' due to a long-term medical condition are now being reminded to get their free flu vaccination from their GP practice. Last year, the



uptake of the vaccine among the 65 and over group in Scotland exceeded the national target (70%) and 76.6% of this group had a flu jab. However, uptake among people who are 'at risk' did not meet the national target (60%), highlighting that even more needs to be done to increase awareness and action among this group.

These three pieces of work underpin the effort to plan and prepare for winter and primary care, secondary care, and community care must work together to ensure effective delivery of services in the face of winter pressures.

I attended the final Unscheduled Care Collaborative Event in September. It was evident that services are more co-ordinated, more responsive and more prepared than before. The experience gained from previous years have been incorporated into the work of all sectors.

At **primary care** level, the priority has been to ensure that patients who need to access out-of-hours services, especially over the Christmas and New Year periods, are able to do so within reasonable timeframes that reflect their clinical needs.

We are already responding to the Audit Scotland call for even closer joint working between NHS24, Out-of-Hours, the Ambulance Service and hospital Accident and Emergency Departments.

While recognising that doctors will continue to have a key role to play in patient care, we need to consider how we respond to Audit Scotland's recommendation on delivering out-of-hours through a multi-disciplinary team approach involving extended roles for nurses, paramedics and other professional staff. These considerations are being led by the Out-of-Hours Strategy Group which is expected to report later this year.

In **hospital settings**, December sees the culmination of a number of waiting times targets. Such targets are all about driving up service responsiveness, ensuring patients receive the best care, within a reasonable time and in an appropriate environment. The work of the Unscheduled Care Collaborative will support this drive and help to keep hospital beds available for those who need such care while allowing those who can more appropriately be treated in another way to access that service.

Comprehensive communications strategies have been developed to inform and support patients, both on the importance of the flu vaccine and in playing their part in ensuring appropriate use of health care services at these peak times.

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**'I have been encouraged by the effort that has already gone into planning and preparing for winter. Primary care, secondary care and community care are all interdependent on one another in ensuring the effective delivery of services.'**

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## Fraud Awareness Month

NHS fraud is costing us millions of pounds every year. That could mean that some people do not receive the NHS treatment that they are entitled to and deserve.

As part of the ongoing campaign to raise awareness, NHSScotland Counter Fraud Services (CFS) will be undertaking its third annual Fraud Awareness Month (FAM) to highlight to NHSScotland staff the detrimental impact of fraud and to increase awareness of how it can be reported.

Look out for the CFS staff who will be visiting many locations throughout Scotland during October and November.

For further information on the work of CFS, go to [www.cfs.scot.nhs.uk](http://www.cfs.scot.nhs.uk) or call the fraud hotline **08000 15 16 28**.



## Continuous Improvement Toolkit

Created for managers, clinicians, and frontline staff in NHSScotland, the toolkit, launched by the Improvement and Support Team is a generic resource that can be used for any service improvement work.

It provides practical support, guidance, and training materials and is built on the highly successful Centre for Change and Innovation Guide to Service Improvement. Designed and peer reviewed by a cross section of improvement leaders, the Toolkit is presented in two sections:

- **Creating an Improvement Culture:** change management approaches and continuous improvement
- **Core Improvement Tools:** tools and techniques for service improvement

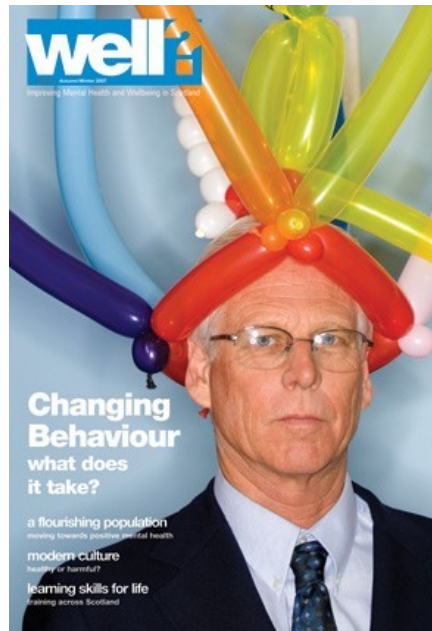
View the Continuous Improvement Toolkit at [www.scotland.gov.uk/topics/health/NHS-Scotland/Delivery-Improvement](http://www.scotland.gov.uk/topics/health/NHS-Scotland/Delivery-Improvement)

## National Programme for Improving Mental Health & Wellbeing

### Mental Health Improvement Update

The promotion of mental health and wellbeing forms a key part of the Scottish Government's wider public health, health improvement and inequalities agenda.

This work is also part of the Scottish Government's mental health policy agenda and it adds to and compliments work already underway throughout the NHSScotland (and their agency partners) in delivering on the targets and commitments set out in *Delivering for Mental Health* launched in December 2006 visit [www.scotland.gov.uk/Publications](http://www.scotland.gov.uk/Publications).



### Mental Health Week (8 - 14 October)

Mental Health Week saw a huge range of activities across Scotland. Some of the key events included the first Mental Health Arts and Film Festival held in Glasgow and Lanarkshire ([www.mhfestival.com](http://www.mhfestival.com)) and a day of arts and mental health at the new Perth Concert Hall ([www.artfull.org](http://www.artfull.org)). For more details of Mental Health Week visit [www.wellscotland.info](http://www.wellscotland.info).

### Training and Learning

The latest edition of *Well?* magazine highlights behaviour and culture as key to shaping people's attitudes and approach to their own mental health and that of others. It also showcases examples of training courses available in Scotland, such as Scotland's Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) and Mentally Healthy Workplace training, along with inspiring stories where training skills have been put into practice. You can view *Well?* online at [www.wellscotland.info](http://www.wellscotland.info).

### Public Attitudes

Findings from the 2006 *'Well? What do you think?'* public attitudes survey were published recently. This is the third run of the survey, first commissioned in 2002. The survey results helps to inform national and local action.

The results are encouraging, but also show how much more needs to be done to achieve better mental health and improved attitudes towards people experiencing mental health problems and mental illness. For the full report and summary findings go to <http://www.scotland.gov.uk/Publications/2007/09/11092351/0>.





**Dr Harry Burns**  
Chief Medical  
Officer

## Modernising Medical Careers

With the selection and recruitment programme for 2007 now largely behind us, attention has begun to shift to the future of Modernising Medical Careers (MMC) in terms of overall governance, new procedures for selection and recruitment to Speciality Training in 2008 and the shape of MMC in the longer term.

Governance arrangements in Scotland have been streamlined, with several pre-existing groups being succeeded by two new Boards:

- **Speciality Training Programme Board** co-chaired by myself, the Chief Nursing Officer and involving members drawn from the Service, BMA Scotland, NHS Education for Scotland (NES) and the Royal Colleges will be responsible for strategic direction and policy on all matters relating to MMC and will inform the Scottish Government's input to the MMC UK-Coordinating Group.
- **Selection and Recruitment Delivery Board** with participants from the Service and other organisations having an operational role in the delivery of postgraduate medical training, will report to the Programme Board and will be responsible for developing and implementing the system for selection and recruitment to Speciality Training in 2008.

The Cabinet Secretary has made it clear that the system next year will be different to 2007, and those two new Boards will ensure that the necessary changes are made.

As part of that process, NHS Education for Scotland ran a national selection and recruitment workshop on 2 October to gather views from all interested parties about the process for 2008.

Key emerging themes were a desire to move away from a single IT based application system; for recruitment processes to be locally run; for start dates to be staggered and for greater account to be taken of CVs. All of these themes will be considered by the Programme Board.

The changes for 2008 will be set in the wider context of the independent review of Modernising Medical Careers undertaken by Sir John Tooke. Sir John reported his findings for longer term change on 8 October and has made some key recommendations on longer term governance; workforce planning; medical professional engagement; the commissioning and structure of postgraduate medical education and training; and streamlining regulation. These findings will be considered over the coming weeks and proposals for handling Scotland's response to them will be made in due course.

**A copy of these findings can be viewed at**

<http://www.mmcinquiry.org.uk/>.



### Trainee Doctors

NHS Boards have been working to identify those trainee doctors who were offered three months extension of employment from 1 August and who will find themselves without a placement at the end of October.

Returns from NHS Boards were due to be returned to the Health Directorates by 15 October to allow for a realistic picture to emerge of the number of doctors in that position and for proposals to be made to the cabinet Secretary on what further support, if any, might be offered.

A further announcement is expected soon.



**Paul Martin**  
Chief Nursing  
Officer & Workforce

## Proactive in Protection

It's *'Every One's Job to Make Sure I'm Alright'* was the report of a national audit of Scotland's child protection services in 2002 that studied 180 child protection cases and discovered that 'children experience very serious levels of hurt and harm and live in conditions and under threats that are not tolerable in a civilised society'.

As a result a three year Child Protection Reform Programme was implemented that introduced child care and protection standards based on a Children's Charter.

A multi-agency inspection process under the auspices of HM Inspectorate of Education reports on each local authority area and makes recommendations. To view the reports visit <http://www.hmie.gov.uk/>.

NHSScotland has been involved with this programme at a local and national level and a discussion document is being launched in October which proposes a conceptual framework for NHS Boards to adopt to improve preventative services for children and families.

It is based on a literature review and a scoping report of NHS Board's structures for child protection and suggests a public health approach to providing care for children and families in need of support and/or protection.

Contact Lindsay Ferguson, Lead Consultant Nurse for Child Protection for a copy of the discussion document.

[Lindsay.Ferguson@scotland.gsi.gov.uk](mailto:Lindsay.Ferguson@scotland.gsi.gov.uk)

**It is everyone's job to protect children from any harm or anything that prevents them from reaching their full potential.**

## Workforce Planning

The workforce planning function is now firmly established within NHS Boards and the value of considering the current and future use of the workforce in terms of how services are planned and delivered is widely appreciated. As a result of this progress, we are moving workforce planning forward to the next level to further develop the value and use of these plans.

We are working towards bringing together service planning with financial and workforce information (numbers, skills, roles etc) to enable NHS Boards to demonstrate what services they could provide, but also how services would be provided. Such a plan could be focused around service change and priority areas, such as those resulting from the *'Better Health, Better Care'* consultation and would clearly demonstrate participation and ownership across senior management teams. Road testing of this approach is underway.

We are very aware of the need to encourage and sustain the development of workforce planning function, without depreciating the significant progress made to date. Furthermore, there are a number of challenges that require to be overcome in order to reach the point where an integrated plan could be developed, such as planning timetables, the provision of consistent and quality information, and the need to move towards more sophisticated and dynamic workforce planning. Action is underway to tackle each of these issues.

In addition, a phased implementation approach is proposed over the next three to five years to ensure that progress continues to be made to improve workforce planning, without placing unrealistic demands on NHS Boards.

For more information, please contact: [joanne.gillies@scotland.gsi.gov.uk](mailto:joanne.gillies@scotland.gsi.gov.uk)



**Margie Taylor**  
Chief Dental  
Officer

## Chief Scientist Office

### New Aberdeen Dental School

NHS Grampian is progressing its plans for the new Aberdeen Dental School which was announced soon after the new Government was formed. Although this year shows that the total number of adult registrations has increased in Scotland, it is well known that there is an access problem for dental services across the North of Scotland with Highland and Grampian having the lowest registration rates for both children and adults of the mainland NHS Boards.

It is intended that those who are attracted to studying in Aberdeen will eventually be able to set up practice in the areas most in need of their services.

### School Dental Service

The school dental service will be launched in November this year in Fife and will be an extension of the *Childsmile* projects but this time it will take the preventive orientated service to children in the school setting. This will serve to complement the other measures, namely the national widespread distribution of toothpaste and brushes to all children under a year old, all children at nursery school and all children in Primary 1.

The National Supervised Toothbrushing Programme which is currently running across most of the nursery schools in Scotland involves over 90,000 children everyday during school term. This is quickly being rolled out to the Primary 1 and 2 classes in the schools with greatest need and will contribute to meeting the targets in the Dental Action Plan.

### Scottish Collaboration for Public Health Research and Policy

The Collaboration for Public Health Research and Policy is a joint initiative of the Chief Scientist Office within the Health Directorates and the Medical Research Council, aimed at improving the evidence base for public health policy by and enhancing research capacity in Scotland.



**Professor John  
Frank**

I can now confirm the appointment of Professor John Frank. John is currently Professor of Public Health Sciences at the University of Toronto, Director of the Institute for Population and Public Health at the Canadian Institutes of Health Research and Senior Scientist at the Institute for Work and Health in Toronto. He will take up the post on a part time basis in December of this year, moving to a full-time commitment in Summer 2008.

We are delighted that such a distinguished and experienced figure will be leading this important new venture. We would also like to thank all those who have contributed to developing the ideas behind the Collaboration, and look forward to working with you to put them into practice.

Looking forward to taking up the Directorship, Professor Frank said: 'This is a unique opportunity, and I am delighted to have been selected to move it forward, working together with the exceptionally talented pool of public health researchers and decision-makers in Scotland.'

## Scottish Advisory Committee for Distinction Awards (SACDA)

If you are looking for an enjoyable, rewarding and worthwhile non-executive opportunity, we would like to hear from you.

We have two member vacancies on the Scottish Advisory Committee for Distinction Awards (SACDA) – one for a NHSScotland employee who holds a role which includes a track record of a professional interface with medical and/or dental consultants on a day to day basis; and one for a non-medically qualified non-executive member of a NHS Board in Scotland.

As a member of SACDA you will be directly involved in the selection of those medical and dental consultants in NHSScotland to receive distinction awards.

The NHS Consultants' Distinction Awards Scheme is designed to reward individual consultants for outstanding professional work. SACDA is a non-departmental public body and is responsible for recommending the distribution of distinction awards to individual medical and dental consultants in NHSScotland.

For more information and an application pack, please contact:

**Douglas Forrester**  
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Please note that the closing date for completed applications is no later than 5pm on  
**Friday 9 November 2007.**