

Inside this issue:

Page 4
Dr Kevin Woods

Page 6
Dr Harry Burns, Chief Medical Officer

Page 7
Paul Martin, Chief Nursing Officer

Page 9
Marge Taylor, Chief Dental Officer



Shona Robison MSP,
Minister for Public Health



Stewart Maxwell MSP,
Minister for Communities & Sport

Bulletin

News from inside the Scottish Government Health Directorates

MESSAGE FROM THE CABINET SECRETARY AND MINISTERS

100 Days Progress Towards a Healthier Scotland

At the end of August we marked 100 days of the new government by publishing our progress towards achieving our strategic objectives.

In health we have seen considerable progress towards our objective of *helping people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.*



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

We are progressing proposals to allow greater patient and community involvement in the delivery of local health services, including through direct elections to Scotland's Health Boards. These proposals will be published this autumn and – subject to consultation – will form the basis of a Local Healthcare Bill.

We have confirmed our proposal to phase out prescription charges in Scotland and options for this will be brought to Parliament during the autumn.

We have announced our commitment to an 18-week waiting time guarantee and we have also announced that we will abolish hidden waiting lists by the end of 2007. In addition we have made it clear that we expect NHS Boards to deliver the 62 day cancer target from December 2007.

We are implementing our commitment to introduce health checks based on assessed need in schools in the most disadvantaged areas and we have established the Sutherland Review to look at the funding of free personal care.

We have also:

- Announced the continuation of A&E services at Ayr and Monklands hospitals with independent scrutiny of all future major NHS service change proposals
- Announced our intention to establish a third dental school in Aberdeen
- Started discussions with GPs about more flexible access to services
- Announced the raising of the age for buying tobacco from 16 to 18 from October 2007
- Commissioned Audit Scotland to undertake an audit of international recruitment procedures in five Health Boards to ensure that existing requirements are being adhered to and conform to best practice
- Committed to convening a short-life task force to refresh our approach to health improvement and tackling health inequalities
- Implemented in full the NHS pay award from July this year, ahead of England and endorsed a proposed package which, if accepted by the trade unions, will result in a further investment of over £1 million on pay for the lowest paid workers in the NHS
- Committed to introduce the HPV vaccine against cervical cancer
- Announced steps to improve the position of carers in Scotland.

We look forward to working with you over the coming months and years to ensure we continue to deliver for the people of Scotland.

Choosing Scotland's Future – a National Discussion

On 14 August we launched a National Conversation on Scotland's constitutional future alongside the publication of a paper outlining different options for public debate and proposals for a referendum.

Choosing Scotland's Future examines the principal options for constitutional change and addresses the arguments for and against each. It sets out the ground for the National Conversation by exploring the concept of independence and other constitutional possibilities.



As the Scottish Government we believe the principal choices are:

- Small extension of devolved powers;
- Radical redesign of devolution and greatly enhanced powers; and
- Independence

The conversation is relevant to everyone in Scotland including all those working to provide our Health Service and we invite you to join the National Conversation and to share your opinions by logging onto the dedicated website at: www.anationalconversation.com.

Scottish Executive Changes its Name



On 3rd September the Scottish Executive formally announced that it was changing its name to become the Scottish Government.

The move, with the agreement of Ministers, was because the term "Scottish Executive" was believed to be confusing or meaningless to many members of the public. 'Scottish Government' far more readily explains what it does. This will not be a big bang re-branding exercise but increasingly you will now start to see the new logo appearing.

Board Annual Reviews

This years Board Annual Reviews are well under way. Since the first review in Dumfries on 30 July, we have been travelling the country using the review process as an opportunity to meet NHS board members, staff, patients and carers.

Carrying out Annual Reviews for the first time, we have been very impressed by the extraordinary commitment of the broad spectrum of staff we have met, by the range and quality of services provided, and by the positive attitude of patients and the public. It is clear that in Scotland there is a particularly deep sense of ownership of our health service, and this is shared across those who use and rely on the NHS and those who provide services.

We have also seen outstanding examples of what is being achieved through investing in technology and new ways of working. For example, we saw how

clinicians in remote sites are linked to specialists in a large hospital so that a wider range of services can be provided safely to patients without them needing to travel. We have also seen the benefits of extending the range of work undertaken by nurse practitioners; spoken to patients who described to us how they benefited from the latest advances in orthopaedic surgery and anaesthesia; and witnessed the innovation and dedication of NHSScotland staff who help people look after and improve their own health and stay well.

We realise that the reviews mean a good deal of work for Boards. We are convinced however this effort is well worth while. It is vital that Boards have the opportunity to account for their activities and performance to the communities they serve, and that the public should take an active part in that process.

Independent Scrutiny

In announcing the continuation of A&E services at Ayr and Monklands hospitals we made clear our determination to place local health services at centre stage and to put the public interest at the heart of decision-making.

We believe local people and NHSScotland staff should rightly expect any service change proposals that come forward for consideration to be robust, evidence-based, patient-centred and consistent with clinical best practice and national policy.

That is why we will soon consult on arrangements to put independent scrutiny at the heart of the NHSScotland service change process. This is essential in order to maintain the confidence of all stakeholders throughout the process. We hope that you, our NHS staff, will take the time to contribute your views on this crucial issue during the consultation.

To ensure independent input to the specific cases of A&E services in Ayrshire and Lanarkshire, and also NHS Greater Glasgow and Clyde's proposals for service change in the Clyde area, we have set up two independent panels with access to expert clinical, financial and public interest advice. The job of the independent panels is to assess the safety, sustainability, evidence-base and value for money of the Boards' proposals; and to ensure that full account has been taken of local views.

Both panels begin their work this month with the Clyde Panel – chaired by Professor Angus Mackay – expected to report by the end of November, and the Ayr/Monklands Panel – chaired by Dr Andrew Walker – expected to report by the turn of the year. In setting this demanding timescale we recognised the importance of not setting back or slowing down the Boards' service plans any more than is necessary, together with the need to minimise uncertainty in the affected communities. The final decision in significant service change issues rests with Ministers and we will carefully consider all the available information in such cases – including the reports of the Independent Scrutiny Panels - before coming to a final decision.

NHS Waiting Times

Figures published at the end of last month show that we are on track to meet new waiting times targets for heart patients.

The waiting times figures show that the vast majority of cardiac patients are treated within 16 weeks from referral by their GP through a Rapid Access Chest Pain Clinic.

This is the first time that waiting times figures have shown progress against this 'whole journey' target for cardiac care, which comes into force at the end of December. Patients can now expect to have all their treatment in 16 weeks for this type of cardiac care, where a few years ago it was not uncommon to wait more than a year.

Together with other figures published, they show that we are continuing to reduce waiting times for patients. We are encouraged that Boards are making month-on-month improvements in their progress towards meeting the tough 16 week target and commend all staff for their tremendous efforts.

Better Health Better Care

Since the launch of Better Health, Better Care: A Discussion Document, we have been receiving your views on the priorities for health and wellbeing in Scotland. Your comments have been arriving by e-mail, letter or personally. We would like to thank everyone who has taken part so far. We are committed to ensuring that your views are taken into account when developing our Action Plan for the future. A great deal has already been achieved since the production of 'Building a Health Service Fit for the Future' in 2005 but it is time to speed up the improvement process. That is why we need your input into the development of our Action Plan. It is vital that we all share ideas and use our expertise and energies to give Scotland the healthcare system it deserves.

You can keep up to date with the development of the discussion at:
www.scotland.gov.uk/betterhealthbettercare



Dr Kevin Woods

Director General Health and Chief Executive, NHSScotland

60th Anniversary of the NHS

The NHS will be 60 years old on 5th June 2008. This gives us an opportunity to mark this important anniversary, showcasing 60 years of achievement and recognising the contribution staff and professional organisations, as well as volunteers and voluntary organisations, over the past 60 years.

The Cabinet Secretary for Health and Wellbeing has agreed that a programme of events should be developed to mark this occasion. The main emphasis will be on local activities organised through NHS Boards although there will be a small number of national events including a National Act of Celebration. In addition, next year's NHSScotland Event will reflect the anniversary theme. I would encourage all NHS Boards to start thinking about local activities now and trust you will get involved and make this an occasion to remember.

Latest NHSScotland National Cleaning Services Report

Keeping Scotland's hospitals clean is of great importance. I was therefore delighted to see from the most recent NHSScotland National Cleaning Services Report, which was published on 27 August, that the standard of hospital cleanliness is better than ever.

Assessments use a traffic light system and the latest report highlights that all 14 NHS Boards, the Golden Jubilee, the State Hospital and all acute hospitals are on green and have achieved and maintained cleaning compliance rating of 90% and above. In fact, the overall compliance rating was 95.5%.

Tackling healthcare associated infections is, of course, a priority for the Scottish Government and is a major factor in protecting the safety of patients and improving their quality of care. It is therefore crucial that we continue to meet the highest standards of cleanliness possible in our hospitals and in other healthcare settings. I therefore welcome the huge amount of work that has gone on behind the scenes to maintain the level of cleanliness that patients and the visiting public rightly expect to see and I congratulate the achievements of our colleagues in the domestic services and estates in providing a cleaner and safer environment.

Living Well with Long Term Conditions Open Space Events

The report of the 'Living Well with Long Term Conditions' Open Space Events, held on 13 February in Glasgow and 15 March in Aberdeen, is now available.

The events, developed and delivered in partnership between Long Term Conditions Alliance Scotland and the Scottish Government, aimed to involve service users to address the question: *'How can NHSScotland support people and their carers who have Long Term*

Conditions?'

Five key themes emerged during the event discussions: Services Working Together; Involving People and Supporting Self-management; Communication and Information; Professional Practice and Development; and Providing Services.

The report "Living Well with Long Term Conditions" is available at www.ltcas.org.uk

Continued Success in Primary Care Access

Over the last 4 years the Scottish Primary Care Collaborative (SPCC) has been working with primary care organisations to help develop their capability to deliver rapid, sustainable and systematic improvements in the care they provide to their communities. Almost 500 GP practices have already taken part, making a positive impact on the primary care services received by over 2.5 million patients.

The third wave of GP practices recently completed their 24 month involvement in the programme, successfully applying the SPCC approach to their services. This resulted in GP and practice nurse waiting times improving by 57% and 43% respectively.

In addition to improving patient access this wave improved services for people with Coronary Heart Disease, with the percentage of patients on Aspirin and Statins increasing by 17% and 31% respectively and the percentage of patients achieving the recommended blood pressure levels improving by 24%.

The results achieved in this third wave of practices reinforces the SPCC conviction that given the right skills, knowledge and the opportunity to learn from one another, organisations are able to deliver improved services for people with long-term conditions.

For more details on the programme and its results visit:

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/1860>

Patient Focus and Public Involvement Assessments of NHS Boards

NHS Boards are improving the ways they involve patients and the public in their work but still need to do more to give people a greater say in health services. That was the view of the Scottish Health Council as it published its annual reviews of each NHS Board on 14 August 2007.

The reviews highlight progress made by NHS Boards in key development areas between April 2006 and March 2007.

As at March 2007, key findings from the reviews included:

- eight of Scotland's 14 territorial NHS Boards have made progress in establishing Public Partnership Forums
- nine of Scotland's 14 territorial NHS Boards have made progress in developing an independent advice and support service for people wishing to make a complaint about services (further progress has been made since March with all NHS Boards having agreed on the provision of the service).

The reviews also summarise how each NHS Board has involved patients, carers and the public in meeting a range of existing national measures and targets including: *measuring patients' experience*; *ethnic monitoring*; *48-hour access to primary care*; and *delayed discharges*.

The reviews show that we are heading in the right direction but more needs to be done if patients are to have an even greater influence in shaping services. The full reports can be viewed at:

www.scottishhealthcouncil.org .



Dr Harry Burns
Chief Medical
Officer

Response to the outbreak of E Coli O157 in Paisley

On the 13th August the people of Scotland faced the news of an outbreak of E Coli O157.

NHS Greater Glasgow and Clyde Health Protection Team had cases of E Coli O157 occurring in two separate families linked to the sale of cooked meat products from the delicatessen counters of two Morrison's stores in Paisley. An Outbreak Control Team (OCT) was established on the same day. The Team, led by Dr Syed Ahmed, Consultant in Public Health, worked with Renfrewshire Council, the Food Standards Agency and Health Protection Scotland to control the outbreak.

Immediate control measures included the removal of all cold meats from counters in both stores. Greater Glasgow and Clyde NHS Board sent out a press release advising the public of the risk of E Coli O157 infection if they had purchased cold meat from these stores. People were also asked to throw out this uneaten meat and seek immediate attention if they developed symptoms suggestive of E Coli O157. All GPs were asked to increase awareness of anybody presenting with stomach cramps and diarrhoea, particularly bloody diarrhoea suggestive of E Coli O157.

Altogether, 10 people, all adults, have been confirmed as having E Coli O157 although one of these cases almost certainly acquired this infection from one of the affected relatives (secondary case). Sadly one person, a 66 year old woman, died early in the outbreak. Two others are in hospital one of whom is still seriously ill. All others are recovering well in their own homes.

Active surveillance is ongoing to identify any further cases but given the incubation period, the OCT is not expecting any further cases linked with this outbreak. The Outbreak Control Team is fully investigating the possible source of the outbreak. The incubation period for E coli O157 is normally 3 to 4 days, however in some cases it can be as long as 14 days.

The Outbreak Control team is following up other recent cases of E coli O157 within Scotland to rule out any links to this outbreak. The team do this by reviewing the sub-types of the E Coli O157 to determine if they are the same strain. They also assess the history of that person's travel and food eaten to see if there are any links to the Paisley outbreak.

Morrison's supermarkets have co-operated well with the Outbreak Control Team in examining possible links.

On average about 200 people in Scotland are diagnosed each year with E Coli O157 infection. Some 15% are people who caught the disease abroad. Many others are isolated cases and a proportion of these probably follow direct contact with farm animals. Some people who are infected with E Coli O157 do not develop significant symptoms and therefore do not seek medical help. This group are part of a hidden "iceberg" of those with disease.

E Coli O157 is an organism that exists throughout the environment and the main means of reducing the risk of developing the disease include the correct handling and cooking of food especially meat products. In particular, it is important that there is a clear separation in the handling of cooked meat and raw meat, one of the key recommendations of the Pennington report following the Central Scotland outbreak in 1996. Implementation of other recommendations of this report, including licensing and inspection of butchers' premises, have been important in reducing the risk of future outbreaks.

Finally the other key action to reduce the risk of E coli O157 is good hand hygiene in food workers and in all members of the public in their day to day life.

Modernising Medical Careers

NHS Boards are continuing to work collectively to fill remaining gaps in training programmes as well as delivering on arrangements announced by the Cabinet Secretary for Health & Wellbeing on 27 June to support trainee doctors employed within NHSScotland who remained without a training post on 1 August 2007. This support has been provided to secure the employment of doctors until the second round of recruitment in England is completed; and allows them to continue to apply for jobs in England in Round 2 with the security of continued employment in the short term. To be able to access these arrangements, a trainee doctor must have been working in an educationally approved training post in Scotland; have applied for a training post under the new recruitment arrangements; and received no offers of a training post by 6 July 2007. The specific roles they will be undertaking will depend on their competence and experience, and on service needs. The Cabinet Secretary is committed to reviewing these arrangements and a further announcement will be made in the coming weeks on what, if any, longer term support arrangements are to be put into place.

The MMC Scotland website - <http://www.mmc.scot.nhs.uk> - contains detailed information on all aspects of MMC, including a comprehensive Question & Answer section that provides additional details on implementation of the new selection process.



Paul Martin
Chief Nursing
Officer

Patient Experience

The development of a Scottish Patient Experience Programme was announced earlier this year and work is now well underway. The Programme will support many of the themes in *Better Health, Better Care* and will be run in partnership between NHS Boards, Scottish Public Service Ombudsman, Scottish Consumer Council, the Scottish Health Council, service users and professional bodies. The Programme will sit alongside and complement the work of the Patient Safety Alliance, Long-term Conditions Alliance whole systems approach to cancer and work on access being undertaken by the Scottish Governments Improvement and Support Team.

The Programme will enable NHSScotland to monitor what service users and patients think of services. It will also support NHS Boards in delivering real improvements in the quality of patient experience year-on-year. In order to develop the Programme, work will shortly begin to collect information on what is important to patients and carers and to better understand what patient experience work is already underway within NHS Boards.

A Technical Partner will be appointed in early 2008 to work with Boards in developing guidance on sampling; survey instruments; and test improvement methodologies. Once developed it is our intention that work will be undertaken on inpatient care from autumn 2008 and long term conditions in early 2009. Work already underway in General Practice, as part of the Quality Outcomes Framework, will also link with the Programme. We are also developing a Patient Experience Improvement Programme to ensure that the learning from this, and related work on Patient Safety, is implemented across Scotland.

Modernising Nursing Careers

The Modernising Nursing Careers (MNC) initiative was launched in 2005 to respond to changing service delivery models. It aims to develop new ways of working in order to enhance the quality and outcomes of patient care and keep Scotland at the forefront of these developments.

Although a UK-wide initiative, MNC will allow each country to take forward actions best suited to its own workforce and circumstances. In Scotland MNC will be taken forward in relation to the focus provided by *Delivering Care, Enabling Health*.

The report *Modernising Nursing Careers: Setting the Direction*, is the Scottish response to the MNC initiative. It was based on the outcome of national workshops and discussions, and identified 4 priorities:

- to develop a competent and flexible nursing workforce;
- to update career pathways and career choices;
- to prepare nurses to lead in a changed healthcare system; and
- to modernise the image of nursing and nursing careers.

These priorities have led to a number of projects including: the development of specialist and advanced practice roles in which Scotland is providing the lead; development of the Career Framework which sets out a coherent nursing career framework from initial preparation through to Advanced and Consultant roles; and the implementation of Flying Start, the web-based programme for newly-qualified staff that supports transition from registration into substantive employment.

In addition, building on the well-received Practice Education infrastructure, initiatives such as Practice Education Facilitators, a Scottish Clinical Education Careers model is being taken forward by NHS Education for Scotland (NES), and will feed into the Career Framework and Advanced Practice work.

A recent new initiative is the Early Clinical Career Fellowship programme. This provides a unique opportunity for newly-qualified nursing and midwifery graduates across Scotland, allowing funded access to clinically-focussed, Masters level education, protected study time and supervision. 50 places are being funded in 2007/8, and a further 50 places in 2008/9. The first candidates will undergo a rigorous selection process in September/October.

For further information on the MNC work contact: Mike Sabin at: michael.sabin@scotland.gsi.gov.uk

Nursing & Midwifery Workload and Workforce Planning Programme

The roll-out of the Adult Acute Inpatient Planning Tool began on 10 September 2007. It was preceded by a series of national briefing sessions delivered at locations across Scotland. The briefing sessions have been well received, with a significant number of attendees providing extremely positive feedback.

Each of the Workload and Workforce Planning Tools has different methodologies. Further briefing events for targeted groups of staff will be held within the Regions in advance of the roll out of each subsequent tool. Each NHS Board has identified lead(s) and local processes for managing the roll-out programme to ensure a smooth and effective implementation process. Regular communication and direct contact are an integral part of the roll-out programme and as such Directors of Nursing will continue to receive advance notice of each event advising of the target audience.

Once data collection is complete, the next step will be for NHS Boards to analyse and interpret the data. However, where necessary, the Workload and Workforce Planning Team, and key individuals who were involved in the development of each tool, will provide support and assistance in this work. The process for requesting such support will be confirmed in due course.

Boards are reminded that the main objective of the implementation phase of this programme is to set the recommendations of the Nursing and Midwifery Workload and Workforce Planning Programme in context with the current climate within NHSScotland by ensuring Board ownership.

Implementation of this programme will support the delivery of key performance targets by measuring the productivity and effectiveness of the Nursing and Midwifery workforce. The work has also been progressed in a manner which will allow transferability across other staff groups, with minor modifications, and allow modeling work to be undertaken in relation to future staff and service needs.

Details of the planned roll-out programme can be obtained from Board Leads, Nurse Directors, Regional Nurse Advisors or the Programme Manager Irene Barkby at irene.barkby@scotland.gsi.gov.uk.



Margie Taylor
Chief Dental
Officer

Dental Priority Groups

The implementation of the Dental Action Plan is well advanced particularly in relation to oral health promotion for children. The Plan however also stated that that NHS Boards will develop and deliver oral health care preventive support programmes for adults. It is time to take this forward and to this end key stakeholders attended a meeting at Stirling Management Centre on 28 June to consider the evidence and suggest ways of addressing and improving the oral health of the priority groups. The day consisted of six presentations followed by workgroups to discuss the topics and identify priorities for each group.

The topics discussed were:

- People with Special Needs;
- Oral Health for Older People;
- Adult Patients in Hospital Settings;
- Oral Health Improvement for Homeless people;
- Dentistry within Prisons; and
- Dentistry in the Workplace

An initial report has been circulated to lead officers for comment and the strategy which will be informed by their feedback will be developed and presented at the next dental stakeholders meeting. A recurring theme from discussions and one that will be emphasised in the strategy is the need to raise awareness amongst carers.

New Scottish Public Dental Service

The implementation of the recommendations of the Review of the Primary Care Salaried Dental Service is being taken forward by Mike Devine, Clinical Director, Primary Care Salaried Service in Lanarkshire who is leading a team of colleagues including dentists, dental nurses, NES and health service management. The new Scottish Public Dental Service is planned to begin in 2008 and will bring together the community dental service and the salaried general dental services. Mike is working closely with British Dental Association (BDA) colleagues to address any issues that they may have and he shares their view that a prime consideration for the new service is to safeguard the needs of special care groups.