

# BETTER HEALTH, BETTER CARE:

A DISCUSSION DOCUMENT

*“Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care”*

# **BETTER HEALTH, BETTER CARE:**

**A DISCUSSION DOCUMENT**

© Crown copyright 2007

ISBN: 978-0-7559-5499-5

Scottish Executive  
St Andrew's House  
Edinburgh  
EH1 3DG

Produced for the Scottish Executive by RR Donnelley B52712 8/07

Published by the Scottish Executive, August, 2007

Further copies are available from  
Blackwell's Bookshop  
53 South Bridge  
Edinburgh  
EH1 1YS

The text pages of this document are printed on recycled paper and are 100% recyclable

## Contents

|  |           |
|--|-----------|
| <b>Cabinet Secretary for Health and Wellbeing</b>    | <b>1</b>  |
| <b>The Challenge for Health and Wellbeing</b>        | <b>2</b>  |
| <b>1. Improving Your Experience of Care</b>          | <b>5</b>  |
| <b>2. Best Value</b>                                 | <b>7</b>  |
| <b>3. Taking Responsibility</b>                      | <b>9</b>  |
| <b>4. Tackling Health Inequalities</b>               | <b>11</b> |
| <b>5. Anticipatory Care and Long Term Conditions</b> | <b>13</b> |
| <b>6. The Best Possible Start</b>                    | <b>15</b> |
| <b>7. Continuous Improvement in Healthcare</b>       | <b>17</b> |
| <b>How to Get Involved</b>                           | <b>19</b> |



# CABINET SECRETARY FOR HEALTH AND WELLBEING

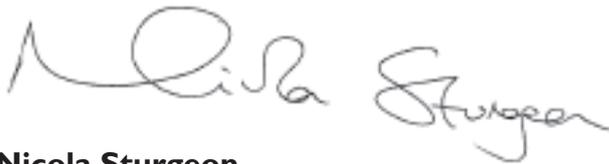
Thank you for taking the time to take part in this discussion about the priorities for health and wellbeing in Scotland. Whether you are planning to respond by letter or email, or are hoping to come along to one of the events we are holding across Scotland, we look forward to hearing your views and working hard to ensure that they are taken into account as we develop our action plan for the next few years.

In 2005, NHSScotland staff and patients joined together to inform *Building a Health Service: Fit for the Future*. This set out the challenges facing NHSScotland in the early part of the 21st century and made a series of recommendations about the models of care that were most appropriate to meeting the needs of our patients.

Over the past two years, we have taken some critical first steps along the road to meeting these challenges. We now need to go beyond these initial achievements and accelerate the process of change. We must do all we can to put the expectations of people and patients at the heart of decision making in NHSScotland.

Health and wellbeing matters to us all. I know that everybody who takes the opportunity of participating in this discussion will do so in the spirit of openness and cooperation that has served us well in the past. We need to exchange our views, share our ideas and pool our talents and energies to provide Scotland with the healthcare system it truly deserves.

Thank you for playing your part.



**Nicola Sturgeon**

Deputy First Minister and Cabinet Secretary for Health and Wellbeing

# THE CHALLENGE FOR HEALTH AND WELLBEING

## Introduction

We want to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care. We therefore need to work in a coordinated way across Government to adapt and reinforce our traditional values of care, community and public service to meet the challenges facing our country. This requires a health service that works together with its partners, places the patient at the heart of everything it does, integrates care, realises efficiencies and ensures the highest standards of quality and safety.

## Building a Health Service Fit for the Future

In 2005, *Building a Health Service: Fit for the Future* identified the challenges to health and wellbeing from an ageing population, persistent health inequalities and a growth in long term conditions. These factors are increasing demand for health and care services and changing the pattern of that demand, with a rise in emergency admissions and an increase in age related conditions such as dementia.

The report argued that the current model of healthcare, developed at a time when the main challenge had been to provide hospital based care for acute conditions, was not sustainable in the longer term. We needed a new and different response, formed against a background of rising public expectations, the potential of new technology to transform the quality and accessibility of services and pressures on our workforce as we compete to attract the best talent in a shrinking labour market.

The challenges described in the report continue to face us and many of the required responses remain the same. We must maintain the momentum envisaged in the report and shift the balance of care through the model described below:

| <b>Current View</b>             | <b>Evolving Model of Care</b>        |
|---------------------------------|--------------------------------------|
| Geared towards acute conditions | Geared towards long term conditions  |
| Hospital centred                | Embedded in communities              |
| Doctor dependent                | Team based                           |
| Episodic care                   | Continuous care                      |
| Disjointed care                 | Integrated care                      |
| Reactive care                   | Preventive care                      |
| Patient as passive recipient    | Patient as partner                   |
| Self care infrequent            | Self care encouraged and facilitated |
| Carers undervalued              | Carers supported as partners         |
| Low tech                        | High tech                            |

## New Challenges and Opportunities

Over the past few years new insights, evidence and experiences have emerged which also need to be considered as we discuss our action plan for the years ahead. In particular, we are now in a position to reflect:

- > New insights into the contribution of drug misuse, chronic liver disease, suicide and violence to premature deaths amongst young men
- > Emerging work from the Glasgow Centre for Population Health about the links between the social, psychological and biological causes of inequalities and the links between risks in early childhood and chronic disease in later life
- > Public concern about the over centralisation of services, particularly in the provision of emergency care
- > Learning from actions we have taken already to implement the new model of healthcare
- > Rich information from patients and their carers about the way in which they would like services for people with long term conditions to be designed and delivered in future
- > A mature focus on the need to prioritise patient safety across our service

## Our Approach

By streamlining the Cabinet and focussing the Scottish Government on a small number of strategic objectives, we have created new opportunities for cross-cutting working, in which every portfolio is challenged to contribute to health and wellbeing wherever, whenever and however they can. By creating the first ever Minister for Public Health and expanding the health and wellbeing portfolio to include key determinants of health – such as sport, housing, regeneration, social and financial inclusion, homelessness, and poverty – we have laid the groundwork for a more radical and inclusive approach to achieving shared objectives.

In order to deliver our strategic vision we need to:

1. Improve our **patients' experience of care**, delivering care as locally as possible and ensuring that both they and their carers are involved in the design and delivery of the care they receive
2. Secure **best value** from our investment by maximising efficiency and productivity to ensure that our services are sustainable over the longer term
3. Encourage everyone to **take responsibility** for their own health and wellbeing and prevent health problems arising wherever possible
4. Focus on **tackling health inequalities** in everything we do
5. Work in partnership to provide **anticipatory care** and improve services for **long term conditions**

6. Invest in early intervention and prevention to **give children the best possible start** in life
7. Ensure **continuous improvement** in services, with a determined focus on patient safety

As well as building on past success, the new Government will introduce new policies to help meet the challenges we face, these include:

- > Abolish prescription charges
- > Introduce direct elections to NHS Boards
- > Protect local access to healthcare through a presumption against the centralisation of hospital services
- > Extend entitlement to free school meals
- > Introduce waiting time guarantees appropriate to needs
- > Improve access to dentistry

This document seeks to open discussion about our objectives and the best means to achieve them. It describes the building blocks of our approach and demonstrates our commitment to engagement and involvement in everything we do. It poses a series of questions to give you the chance to shape the action plan we will publish in December 2007. This will be a detailed plan, with a timetable for action for NHSScotland at national, regional and local level, as well as a series of commitments from our key delivery partners.

# 1. IMPROVING YOUR EXPERIENCE OF CARE

## What this will mean for you

- > Your rights as a patient will be defined and guaranteed
- > Locally delivered services wherever possible, linked by new technology to specialist centres to provide additional support and information where this is required
- > A transport system that supports you if you need to travel far from home in order to receive the kind of care that is only available in a specialist centre
- > The opportunity to become involved in the key decisions that affect your care and the services provided locally by NHSScotland

## Our Approach

We are determined to put the needs of patients at the centre of our health service. We believe that we can do more to ensure openness and accountability and learn from patient experiences, good and bad, in improving the way we design and deliver services. Patient and carer involvement and community engagement in services must be a central feature of service provision.

In making decisions about the future configuration of services, we have stated that there will be a clear policy presumption against centralisation. That does not, of course, mean that there will never be an occasion when it makes sense to concentrate services. It does however mean that any such moves must result in benefits for patients and be subject to meaningful consultation and independent scrutiny to ensure that they are based on the best available evidence and give due weight to the views of local people.

## Framework for Discussion

This discussion can help to identify those actions that can make the greatest difference to the experience of care and help:

- > Increase patient, carer and community involvement in the delivery of local health services and take forward our commitment to introduce direct elections to NHS Boards through a Local Healthcare Bill
- > Continue to develop national networks that provide integrated and sustainable services that make best use of clinical skills and maximise outcomes for patients
- > Set out and give force to the standards which every patient has a right to expect from the healthcare system on issues such as waiting time guarantees, individual healthcare plans, the provision of information, handling of complaints and access to information
- > Embed independent scrutiny within the process of major service-change so that local people and NHS staff are assured that proposals are robust, evidence based, patient-centred and consistent with clinical best practice and national policy

- > Improve access to health services by developing the services offered in primary care and community hospitals, encouraging more flexible opening hours amongst GP practices and providing walk-in access to a wider range of services through community pharmacies
- > Implement a new model of safe and sustainable health services for remote and rural areas with formal working links between Rural General Hospitals and highly specialised services in our major cities
- > Improve the way in which our transport infrastructure supports health services
- > Improve the quality, consistency and accessibility of the information we provide to patients and carers, both nationally and locally
- > Address issues raised by NHSScotland staff in their annual satisfaction survey

#### **Issues to consider**

- > How could the approach described above be developed further in order to improve the experience of our patients and their carers?
- > Which aspects of this agenda would you prioritise?
- > What specific actions should NHSScotland take at a national, regional or local level to improve the experience of care?
- > What further opportunities do you see for improving patient experience through cooperation and collaboration between NHSScotland and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions?
- > Which key performance targets would best focus NHSScotland on improving the patient and carer experience?

## 2. BEST VALUE

### What this will mean for you

- > Confidence that your money is being used efficiently and effectively by NHSScotland
- > Resources directed to supporting local frontline services wherever possible
- > Services that can be sustained over the longer term

### Our Approach

NHSScotland has a duty to use public money wisely. The service costs over £10 billion a year and we all have a right to know that our money is being used efficiently and effectively to improve patient care. As we move into a period of smaller increases in Government spending, the service improvements we all wish to see will become ever more dependent on efficiency savings and rigorous prioritisation. It is therefore right that the service is challenged to improve productivity, reduce inconsistencies by raising standards to those of the best and eliminate unnecessary expenditure on activities that do no benefit for our patients.

We recognise the need to invest in developing sustainable services which address the needs of a changing population in an efficient, effective and affordable way. There is potential for working within the service and with partners to free up resources and redirect them to support the priorities that will emerge from this discussion. In doing so, we will look to strike an appropriate balance between bringing greater consistency to the quality of services that patients have a right to expect and the ability of local providers to vary their services in response to genuine differences in local need.

### Framework for Discussion

The time is now right for a new discussion about how we ensure the long term sustainability of services and in particular how we:

- > Step up efforts to identify variation in practice and take action to raise standards of performance across the country to those of the best performing Boards, units or practices
- > Further develop and embed the culture of team working across the service and work more effectively with our delivery partners in local communities
- > Introduce new and different roles, such as Nursing, Midwifery and Allied Health Professional Consultants, supported by appropriate changes in regulation and monitoring
- > Make greater use of regional contracts or shared posts, without compromising our clear commitment to local service delivery
- > Challenge traditional boundaries between public sector organisations, sharing premises and resources with other organisations wherever this makes sense

- > Pursue an investment strategy that builds public sector services, supported by the use of the voluntary sector and the social economy
- > Continuously improve and integrate workforce planning processes for all staff groups
- > Implement the Modernising Medical Careers agenda, but with decisions in the future being taken in the best interests of NHSScotland and its staff
- > Develop incentives to shift the balance of care from hospital to community based services
- > Use the contractual levers at our disposal to ensure that patients and the public purse get the best possible deal from private sector suppliers
- > Ensure that NHSScotland helps improve Scotland's natural and built environment in the way it promotes health, purchases services, supports staff and seeks to minimise its carbon footprint
- > Align the operational targets of NHSScotland to the public's priorities for health and wellbeing

#### **Issues to consider**

- > How could the approach described above be developed further in order to ensure the long term sustainability of services?
- > Which aspects of this agenda would you prioritise?
- > What specific actions should NHSScotland take at a national, regional or local level to deliver best value?
- > What further opportunities do you see for ensuring best value through cooperation and collaboration between NHSScotland and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions?
- > Which key performance targets would best focus NHSScotland on delivering best value for patients?

## 3. TAKING RESPONSIBILITY

### What this will mean for you

- > Support and encouragement to take greater responsibility for your own health and wellbeing
- > An NHS which promotes health and wellbeing in everything it does and everytime you come into contact with it
- > Services that are designed around you and draw on expertise from beyond the NHS in providing the support you need

### Our Approach

We want to help people to sustain and improve their health. We therefore need to create environments in which good health can flourish and encourage and support people to take more responsibility for their health and wellbeing through healthy weight management, stopping smoking and more sensible drinking. This can be supported by NHS professionals and activities, but cannot be a matter for NHSScotland alone. It requires a shared vision of what can be achieved and the active participation of all parts of society in a shared effort to improve our nation's health.

### Framework for Discussion

The development of our new plan provides an opportunity to discuss and shape the way in which we:

- > Develop new action plans on tobacco control and alcohol problems
- > Deliver effective services including smoking cessation, brief interventions on harmful and hazardous drinking, psychological therapies and weight management programmes in community settings
- > Modernise Scotland's health protection legislation and ensure that we are well placed to combat new threats such as E Coli and pandemic flu
- > Deliver effective social marketing activities to support improvements in health in a way that integrates national and local messages and actions
- > Increase participation in sport and physical activity, inspired by London 2012 and a successful bid for the Commonwealth Games in Glasgow 2014 and continue to ensure that sport contributes to the wider health and wellbeing agenda
- > Support Scottish schoolchildren through full implementation of the 2 hour PE target, the Active Schools Programme and providing five days of outdoor education every year in schools
- > Extend entitlement to free school meals

- > Attract and retain dental professionals, develop the school dental service, enhance oral health skills in primary care and help address longer term capacity issues by creating a third Scottish Dental School in Aberdeen
- > Refurbish our school estate, ensuring there are opportunities for community use of sporting facilities based in schools
- > Help people back to work and provide safe and health-promoting workplaces, including support for people working in NHSScotland

#### **Issues to consider**

- > How could the approach described above be developed further in order to enable people of all ages and in all communities to take more responsibility for their own health and wellbeing?
- > Which aspects of this agenda would you prioritise?
- > What specific actions should NHSScotland take at a national, regional or local level to promote health and sustain a culture of health improvement?
- > What further opportunities do you see for supporting and promoting health through cooperation and collaboration between NHSScotland and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions?
- > Which key performance targets would best focus NHSScotland on creating the environments in which good health can flourish?

## 4. TACKLING HEALTH INEQUALITIES

### What this will mean for you

- > Greater targeting of resources on services that support disadvantaged people and communities, particularly those with the most complex needs
- > A stronger focus on identifying and addressing the wider health needs of those with physical disabilities and mental health problems
- > NHSScotland putting health inequalities at the heart of its agenda

### Our Approach

A Ministerial task force on health inequalities led by Shona Robison, Minister for Public Health, has been set up to identify and prioritise practical actions to reduce the most significant and widening health inequalities in Scotland. It will examine opportunities to work more effectively across Government and with our partners in the public, private and voluntary sectors to reduce the inequalities in people's environments, income, employment, educational attainment, skills, housing and other issues that have the biggest impact on their health. It will also look at the implications for the way in which we design our services and distribute resources across the country. The task force will report to Cabinet by May 2008.

### Framework for Discussion

This discussion offers an opportunity to inform the work of the new Ministerial task force and help guide the way in which we:

- > Ensure that primary care and other resources are targeted appropriately in order to tackle health inequalities
- > Learn from good local strategies and services and the range of pilot programmes already in place across Scotland
- > Take effective action on underlying problems such as quality of life, deprivation, homelessness, barriers to employment, addiction and the family environment in children's early years
- > Design and deliver services and communication campaigns to reflect the specific needs of deprived communities and those with the most complex and challenging needs, such as people with mental illness, ex-offenders, homeless people, looked after children and the children of drug misusing parents
- > Maintain an effective range of evidence based treatments for drug users in community settings and as part of the criminal justice system
- > Advance our equality and diversity agenda, including the development of a new National Strategy and Action Plan on Race Equality and a programme of work to sharpen our response to the challenges of an ageing population

- > Build on the 10 year “Choose Life” strategy and ensure that staff throughout NHSScotland are better trained and equipped to help us reduce the number of people who commit suicide
- > Provide more responsive and better quality care for people with disabilities, with a particular focus on improving access, communication and respect for individuals
- > Enable and encourage NHS Boards to focus on reducing health inequalities in the way they design and deliver services, engage with local communities, allocate resources and recruit staff

#### Issues to consider

- > How could the approach described above be developed further to make a sustained impact on health inequalities?
- > Which aspects of the suggested approach would you prioritise?
- > What specific actions should NHSScotland take at a national, regional or local level to tackle discrimination, promote equality and diversity and reduce health inequalities in our society?
- > What further opportunities do you see for taking this agenda forward through cooperation and collaboration between the NHS and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions across Scotland?
- > Which key performance targets would best focus NHSScotland on tackling health inequalities across Scotland?

## 5. ANTICIPATORY CARE AND LONG TERM CONDITIONS

### What this will mean for you

- > An increased focus on anticipatory care for people of all ages, including greater availability of screening services and health checks
- > Individual care plans if you have a long term physical or mental health condition, with better support and information to help you and your carer to better manage your condition
- > A focus on supporting the needs of families and carers of people with disabilities and long term illnesses

### Our Approach

We recognise that the challenge of shifting from a reactive system of healthcare to one which seeks to anticipate and prevent health problems before they develop, requires a significant cultural change within NHSScotland and its partners. We need to identify where it is most useful to anticipate problems and where we can offer effective preventive measures and work with partners to provide personalised solutions which are not limited artificially by organisational boundaries. This approach is supported and reinforced by changes that are being made within social care, as part of *Changing Lives: Report of the 21st Century Social Work Review*, and requires a commitment to working with the voluntary sector to better reflect and respond to individual needs.

### Framework for Discussion

This discussion will help us identify new opportunities to enhance anticipatory care and influence the way in which we:

- > Provide intensive case management based on individualised care plans which coordinate the services provided by whichever individuals or organisations are most appropriate for the patient's needs
- > Further develop the Scottish Patients At Risk of Readmission and Admission (SPARRA) tool in order to help Community Health Partnerships to identify and support our most vulnerable patients
- > Work with the Long Term Conditions Alliance Scotland, to develop and introduce a self care strategy which will improve the quality and accessibility of information available to patients, signpost appropriate education and support and utilise new technology to enhance home based care
- > Ensure that Carer Information Strategies in every area help carers to access the information and support they need in their caring role
- > Ensure that ideas and initiatives from the voluntary sector are mainstreamed effectively where they are valued by patients and have demonstrated their effectiveness and sustainability

- > Work with local government and the voluntary sector to personalise community care services and deliver them increasingly at home or in homely settings
- > Abolish prescription charges
- > Make the Gold Standards Framework the norm for people nearing the end of their life
- > Develop greater capacity for cognitive therapies and other psychological therapies
- > Incorporate the treatment of dementia within a set of national clinical priorities that allow us to bring particular focus to a small number of critical healthcare challenges
- > Implement the commitment to reduce anti-depressant prescribing by 10%
- > Extend screening programmes and health checks, including the development of the “life begins” programme
- > Secure the full engagement of the Public Health community in decisions on where best to invest NHSScotland’s resources to improve health and prevent disease
- > Introduce individual health plans for school pupils and increase the capacity of school nursing across Scotland
- > Introduce a vaccination programme to protect against the Human Papilloma Virus (HPV), subject to the recommendations of the UK expert group on vaccination, to help prevent up to 70% of cervical cancers in Scotland
- > Implement *Delivering Care, Enabling Health*, to support nursing, midwifery and allied health professionals to become enablers and supporters of self care and self management abilities

#### Issues to consider

- > How could the approach described above be developed further to help anticipate healthcare problems and improve the management of long term conditions?
- > Which aspects of the suggested approach would you prioritise and which particular conditions do you think should be regarded as national clinical priorities?
- > What specific actions should NHSScotland take at national, regional or local level in order to advance this agenda?
- > What further opportunities do you see for improving our approach to long term conditions through cooperation and collaboration between NHSScotland and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions across Scotland?
- > Which key performance targets would best focus NHSScotland on anticipating health problems and improving the care we offer to people with long term conditions?

## 6. THE BEST POSSIBLE START

### What this will mean for you

- > Effective support to help you meet the challenge of parenting in the earliest years of your child's life
- > Services that provide particular support for parents and children in deprived areas
- > Long term, cross Government action to support those in the early stages of their life

### Our Approach

Good parenting is fundamental to the development of a child's physical and mental health and wellbeing. By providing appropriate support from conception through the first 3 years of a child's life, we can increase the capacity and capability of families and help all our children realise their potential in our society. There is increasing evidence that early intervention can help improve a child's health throughout their life and that this investment pays in the longer term by helping educational attainment, and supporting them to become confident, balanced and resilient citizens. Such intervention can also reduce reliance on care services and the burden on our criminal justice system.

NHSScotland's maternity and antenatal services mean that it is uniquely placed to develop relationships with families, deliver early interventions and work constructively with other delivery partners in the public and voluntary sectors. We are particularly determined to focus this support on children with multiple or complex needs to give every child the opportunity that they deserve.

### Framework for Discussion

This discussion can advance the debate in Scotland about the role of early interventions and help determine the way in which we:

- > Implement *Delivering a Healthy Future*, our action framework for children and young people's health in Scotland, so that our children and young people receive the best possible start in life and can maximise their full potential
- > Ensure that NHSScotland makes a full contribution to the development and implementation of our broader cross Government early years strategy
- > Provide support and services to help pregnant women quit smoking and drinking
- > Tackle drug misuse and ensure that the children of drug misusing parents are identified and supported from birth
- > Protect children from the stresses of domestic abuse
- > Improve infant nutrition, closing the gap between the rates of breastfeeding in our deprived and more affluent communities

- > Support effective parenting in the earliest stages of a child's life
- > Provide a positive, health promoting environment for looked after children
- > Enhance infant health by, for example, promoting good early parent child interactions and supporting the problem solving skills of parents
- > Introduce and support new roles and ways of working within NHSScotland that are better suited to the challenge of bringing different agencies together to provide solutions based on the needs of children and their families

#### **Issues to consider**

- > How could the approach described above be developed further to ensure that our children get the possible start in life?
- > Which aspects of the suggested approach would you prioritise?
- > What specific actions should NHSScotland take at national, regional or local level in order to extend and improve our range of early interventions?
- > What further opportunities do you see for taking this agenda forward through cooperation and collaboration between NHSScotland and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions across Scotland?
- > Which key performance targets would best focus NHSScotland on providing early interventions and helping to offer our children the best possible start in life?

## 7. CONTINUOUS IMPROVEMENT IN HEALTHCARE

### What this will mean for you

- > A wait of no more than 18 weeks from GP referral to treatment
- > Fast track access to diagnostics and treatment services when these are required
- > An assurance that NHSScotland is focussed on improving quality, addressing excessive variation in practice, and ensuring the highest standards of patient safety

### Our Approach

NHSScotland must be characterised by a culture of continuous improvement and the relentless pursuit of quality. One aspect of this will be a continuing focus on cutting waiting times, through the introduction of an 18 week “whole journey” time. This builds on the good progress that has been made in hitting targets for inpatient and day-case treatment, outpatients, heart bypass surgery and angioplasty, key diagnostic tests and accident and emergency services and the additional targeted support we have provided to help NHS Boards achieve the 62-day waiting time target for cancer by December 2007.

Although access to services remains a key issue, we also believe that it is in the interest of our patients that we consider the six dimensions of quality: safety, effectiveness, patient-centredness, timeliness, efficiency, equity. We want to build an organisational culture of patient safety across NHSScotland, supported by high clinical standards defined by NHS Quality Improvement Scotland and enable all NHS Boards to identify and close unacceptable variations in clinical practice.

### Framework for Discussion

This discussion offers us an opportunity to shape the way in which we:

- > Develop a programme of action to reduce the time from GP referral to treatment to 18 weeks and introduce individual waiting time guarantees
- > Continue to invest in staff skills, training and competencies to drive all aspects of service improvement
- > Introduce a new approach to the measurement of waiting times that is clearer, more consistent and fairer to patients, including the abolition of Availability Status Codes
- > Ensure that services respond to the individual needs and circumstances of people's lives, including age, disability, gender, race, ethnicity, religion or belief and sexual orientation
- > Design and deliver services on the basis of the best available scientific evidence
- > Work through the Scottish Patient Safety Alliance to build and sustain an organisational culture of safety across NHSScotland, underpinned by high quality clinical standards defined by NHS Quality Improvement Scotland

- > Introduce new measures to tackle Healthcare Associated Infection (HAI) including examining the case for pre-admittance screening for MRSA across Scotland, targeting skin and soft tissue infections, reducing blood stream infections, and ensuring that additional surveillance data are put to use in the areas of general medicine and care of the elderly
- > Support collaborative improvement programmes to drive continuous quality improvement across NHSScotland and introduce a new collaborative to improve the quality of services for people with long term conditions
- > Develop more local diagnostic facilities and make tests available at an earlier stage in the patient's pathway of care
- > Develop a new strategy for eHealth by Spring 2008, that provides a shared vision for staff and patients of how we can make the most of new technology in improving patient care

#### Issues to consider

- > How could the approach described above be developed further to deliver improvements in the quality, efficiency and sustainability of services?
- > Which aspects of the overall quality agenda would you prioritise?
- > What specific actions should NHSScotland take at a national, regional and local level to better embed a culture of safety, quality and continuous improvement?
- > What further opportunities do you see for taking this agenda forward through cooperation and collaboration between NHSScotland and its partners?
- > Have you had any recent personal experiences that might help us shape and inform future actions across Scotland?
- > Which key performance targets would best focus NHSScotland on the key issues of continuous improvement and quality and how should the new waiting time target be defined in order to maximise its potential for improving the quality of patient care?

## HOW TO GET INVOLVED

This document sets out some of the approaches that we believe are necessary in order to meet our strategic objective of helping people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care. We invite you to take part in a discussion about these approaches, to help shape our priorities and in particular, define the actions that you would like to see prioritised by the new Government and NHSScotland over the next few years. It reflects our commitment to consult and involve as many people as possible in the development of our plans. This will help us to build and sustain a consensus behind the approach we take as a Nation to promoting and protecting our health and wellbeing.

There are a number of ways that you can get involved in this discussion:

### 1. By writing to the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon at:

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

or

Better Health, Better Care Consultation  
Scottish Executive  
St Andrew's House  
Edinburgh  
EH1 3DG

The only thing we ask is that if you chose to write to us by post or email, that you complete and return the **Respondent Information Form** which you will find enclosed in this paper or on our website. This will ensure that we treat your response appropriately.

### 2. By participating in one of the discussions we are planning across Scotland, details of which can be found on our website:

#### Website

This consultation can be viewed online on the Scottish Executive website at <http://www.scotland.gov.uk/betterhealthbettercare>.

You can telephone Freephone 0800 77 1234 to find the location of your nearest public internet access point.

If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly. You should be aware that the Scottish Executive is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

## **What Happens Next**

Our aim is to consider all responses and views received by the closing date of Monday 12 November and publish our action plan for Health and Wellbeing by the end of the year.

## **Comments and Complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to:

Jane Gallacher  
Scottish Executive  
St Andrew's House  
Edinburgh  
EH1 3DG

# RESPONDENT INFORMATION FORM

## BETTER HEALTH, BETTER CARE: A DISCUSSION DOCUMENT

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name:.....

Postal Address:.....

.....

1. Are you responding: (please tick one box)

(a) as an individual?  (go to Q2a/b and then Q4)

(b) **on behalf of** a group/organisation?  (go to Q3 and then Q4)

### Individuals

2a. Do you agree to your response being made available to the public (in Scottish Executive library and/or on the Scottish Executive website)?

Yes (go to Q2b below)

No, not at all  We will treat your response as confidential

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

### **On behalf of Groups or Organisations**

3. The name and address of your organisation **will be** made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your **response** to be made available?

Yes

No  We will treat your response as confidential

### **Sharing Responses/Future Engagement**

4. We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes  No

© Crown copyright 2007

This document is also available on the Scottish Executive website:  
[www.scotland.gov.uk](http://www.scotland.gov.uk)

RR Donnelley B52712 8/07

Further copies are available from  
Blackwell's Bookshop  
53 South Bridge  
Edinburgh  
EH1 1YS

Telephone orders and enquiries  
0131 622 8283 or 0131 622 8258

Fax orders  
0131 557 8149

Email orders  
[business.edinburgh@blackwell.co.uk](mailto:business.edinburgh@blackwell.co.uk)

ISBN 978-0-7559-5499-5



9 780755 954995