

# **SUMMARY OF DISCUSSION: NATIONAL FRAMEWORK FOR SERVICE CHANGE**

## **NATIONAL ADVISORY GROUP MEETING - 16 AUGUST 2004**

### **Present:**

Prof David Kerr	Rhodes Professor of Cancer Therapeutics & Clinical Pharmacology, Oxford University
Minister for Health and Community Care	
Ian Gordon	Director of Service Policy and Planning, Health Department
Trevor Jones	Head of Health Department
Derek Feeley	Head of National Planning, Health Department
Prof Nora Kearney	Cancer Care Research Centre, University of Stirling
Peter Bates	Chair Tayside NHS Board
Dr Jillian Morrison	Professor of General Practice and Deputy Associate Dean of Education, University of Glasgow
Prof Gillian Needham	Post-Graduate Dean, University of Aberdeen
Lesley Summerhill	Director of Nursing and Patient Services, Tayside University Hospitals Trust
Dr Charles Swainson	Medical Director, NHS Lothian
Jae Ferguson	Chair, Mid Argyll Maternity Users Forum
Irene Sweeney	Chair, Scottish Pensioners Forum
James Kennedy	Chair, Scottish Partnership Forum
Paul Martin	Chief Nursing Officer
Brian Dornan	Project Team, Health Department
Jane Gallacher	Project Team, Health Department
Una Lyon	Project Team, Health Department

### **1. Minutes of previous meeting**

Minutes of previous meeting agreed without changes.

### **2. Health Improvement**

Pam Whittle, Director of Health Improvement, gave a presentation on the Scottish Executive's health improvement policy.

Discussion points:

- Glasgow has a particular problem as a result of the number of people in the lowest deprivation categories, but other parts of Scotland have similar problems of a widening health gap between the rich and poor.
- The rate of prescription of statins has been seen to differ for people of different social class but similar severity of symptoms. A better understanding is required of how medical practice influences the widening health gap that has been identified. This pattern is reflected in access to surgery after the patient suffers a heart attack. In Edinburgh a marked differential was noted, and corrected, in referrals for cardiac surgery.

- Pam Whittle stated that local health profiles for each area should now be routinely used by Boards when planning the delivery of services
- The National Framework should move the NHS from being an “illness service” into a service which delivers health.
- Harry Burns of NHS Glasgow has agreed to lead a group, with Irene Sweeney, looking at inequalities in Health in Scotland as part of the development of the National Framework for Service Change.

### **3. Communication and Consultation**

Derek Feeley presented a Communication and Consultation strategy to the group (paper 10). Following the discussion of 8 July a small communications team comprising Peter Bates, Lesley Summerhill, Chris Holme, Pennie Taylor and Derek Feeley was formed. That group prepared a strategy that includes the launch of the debate through a national newsletter in September to all NHS staff and the public, a series of regional debates around these issues, and a proposal for a televised debate on service change in Scotland.

#### **Discussion points:**

- It is important that any debate around the future of the health service in Scotland is informed by details of the restraints experienced by the service, including workforce and finance restraints as well as by patient expectations. It is important that the group informs as it engages.
- Perhaps there should be an explanation of how much we spend on health in Scotland compared to England, and explain the need to do things more efficiently. The cost-effectiveness of various configurations of service should not go without comment.
- The engagement process should seek to involve the socially excluded groups in the debate of the future of the health service.
- The group should avoid becoming entangled in particular local single issues and focus on the principles that will determine the future shape of the health service in Scotland.
- It was agreed that it would be feasible to engage with the public over these issues by March 2005. Members of the public and health boards will now expect a March deadline and nothing would be achieved at this stage by an extension of that date.

#### **Action points:**

- Public engagement process to proceed as outlined in Paper 10, with dialogue initiated around a revised version of Annex B.

### **4. Report from sub-groups.**

#### **Unscheduled Care**

Lesley Summerhill gave an update on the work of the unscheduled care group. The group focuses on the unscheduled care provided for patients who present themselves

at A&E departments, Minor Injuries Unit or contact NHS 24 or primary care out-of-hours service.

The principle underpinning the work has been that unscheduled care in Scotland should become a fully integrated service across the country. The group will consider the scope for the separation of scheduled from unscheduled care, alternatives to traditional hospital A&E based care and the situations in which these are best deployed; and the sustainability of the current configuration of 24/7 emergency centres across Scotland.

In terms of the alternatives to traditional hospital based A&E care and the situations in which these alternatives are being put to use, the group is considering:

Avoiding attendance completely –

- Community pharmacy
- Outreach programmes (i.e. for the elderly)
- Special Ambulance Service – developing new roles and competencies for paramedics
- GP home visits
- NHS 24

Attending:

- Minor injury or ailment units – nurse/paramedic/physio led (telemedicine and diagnostic support?)
- Referrals from GP directly to appropriate service
- AHP clinics
- Social work links for medically stable but socially unstable cases

The group will also need to consider safe patient transfer mechanisms in light of any of this work.

On the future shape of provision outwith the standard working week, the group will concentrate on the delivery of those types of unscheduled care which have traditionally been delivered separately in the out of hours period, covering the integration of GP out-of-hour cover, minor injury and minor ailments services, the Scottish Ambulance Services and Accident and Emergency departments.

Finally the group will be considering the sustainability of 24/7 emergency centres. It will look at the factors which will allow boards to determine the sustainability of these centres. Taking into account the recent *Securing Future Practice* report on the prospects of being able to staff the current configuration of services in the short and medium term.

### **Discussion points:**

- Some work is being done in DoH which gives recommended population sizes for each major trauma centre and supporting services. It would be useful for the unscheduled care group to make contact with DoH to discuss this work.
- It is important not to consider unscheduled care services in isolation. The “whole system project” looks at the underlying reasons for the rising trend in

emergency medical admission in Scotland. This suggests that it will be important for the group which is looking at care for older people to ensure that more appropriate care is given at an early stage in order to avoid unnecessary emergency admission of older people.

### **Elective Care**

The elective care group has decided to have a focus on orthopaedic care as an indicator of the issues that need to be tackled in elective care. There is wide understanding in Scotland of what constitutes efficient practice, the task of the group will be to state what that is and require health service providers to move towards it in a consistent manner across the country.

The group will also be considering the question of the Golden Jubilee hospital and its integration with the rest of NHS Scotland. Similarly, there should be some consideration of the networking of hospitals and division of elective specialties between them.

### **5. Any other business**

- It is essential that the group prepares a decision focused report that can be used by Boards to guide service change.
- CCI and Modernisation Agency to attend next group meeting.
- Peter Bates and James Kennedy (highly specialised care), and Nora Kearney (care in local settings) to provide updates to the group at the next meeting.