

SUMMARY OF DISCUSSION: NATIONAL FRAMEWORK FOR SERVICE CHANGE

NATIONAL ADVISORY GROUP MEETING – 27 APRIL 2004

Present:

Minister for Health and Community Care

David Kerr	Rhodes Professor of Cancer Therapeutics & Clinical Pharmacology, Oxford University
Mac Armstrong	Chief Medical Officer
Irene Sweeney	Chair, Scottish Pensioner's Forum
Prof Gillian Needham	Post-Graduate Dean, University of Aberdeen
Jae Ferguson	Chair Argyll & Clyde Maternity Services Users Group
Ian Gordon	Director of Service Policy and Planning, Health Department
Prof Nora Kearney	Cancer Care Research Centre, University of Stirling
Peter Bates	Chair Tayside NHS Board
Dr Roger Gibbins	Chief Executive, Highland NHS Board
Dr Lesley Holdsworth	Clinical standards co-ordinator, Forth Valley Health Board
Prof Jillian Morrison	Professor of General Practice and Deputy Associate Dean of Education, University of Glasgow
Lesley Summerhill	Director of Nursing and Patient Services, Tayside University Hospitals Trust
Dr Charles Swainson	Medical Director NHS Lothian
Prof Graham Teasdale	President, Royal College of Physicians & Surgeons of Glasgow
Alexis Jay	Director of Social Work, West Dunbartonshire Council
Derek Feeley	Project Team Leader
Brian Dornan	Project Team
Jane Gallacher	Project Team
Kirstie Campbell	Private Secretary

Apologies: Apologies were received from James Kennedy, Chair of the Scottish Partnership Forum. Anne Thomson, represented him on this occasion

Meeting

The group met for the first time on 27 April to discuss the following issues:

- National Framework for Service Change: Terms of Reference, Meeting Paper 1
- National Framework for Service Change: Project Plan, Meeting Paper 2
- Drivers for Change in NHS Scotland: Meeting Paper 3
- Healthcare in 2024: Meeting Paper 4

Terms of Reference

Derek Feeley introduced the terms of reference for the group's work and asked whether the proposed approach was likely to achieve the stated objectives.

Discussion Points

- The change in emphasis suggested by the shift from “national plan” to “national framework” was broadly welcomed.
- The change plans currently being designed and implemented by Boards should not be delayed as a result of the work being undertaken by this group.
- The framework should help Boards move forward by ensuring that the drivers for change are understood, and by facilitating the development of a corporate NHS Scotland approach. The framework should support service development and should be capable of consistent application across Scotland
- The group will also need to consider who will be responsible for implementing this report. It was likely that the work would bring about a need for decisions at Board, regional and national levels.
- Group members were clear that the evidential base for the framework must be able to withstand close scrutiny.
- The importance of the exercise in engaging public and political opinion was also flagged up.
- The Group discussed the range of possible outcomes to the report and in particular, how much detailed service planning it should contain as compared to the provision of overarching principles.
- There was broad agreement that it was necessary to develop in a number of areas a framework and underpinning methodology developed around the patient journey. The group should identify five priority areas where more detailed planning might be welcome and provide “worked examples” of how the framework applies in those areas. It was agreed that it would be important for the project to develop some planning tools that would be helpful to the NHS in Scotland for the future.

Action:

- **further consideration to be given to the five priority areas to be developed as worked examples of the application of the framework**

Project Plan

Consideration of the project plan focussed on the streaming of the work. The main benefits of the proposed approach were identified as allowing the group to look at routes of entry to health care across the population, while the chronic disease management and care for the elderly work streams would allow assessment of cross-cutting issues.

Discussion Points

- It was agreed that the streaming approach was a useful way to arrange the data in a way which allows the case for change to be made. But it would be important not to compartmentalise thinking. A number of suggestions were made about amendments to the graphic illustration of the project that would better emphasise the routes into the system, patient flows etc.
- The group should commission a piece of work that looks at what health spending buys in Scotland in comparison to other health systems. This could be accompanied by a presentation from a health economist to the group.
- Despite the falling birth rate the unhealthy child population in Scotland will sustain demand for services for children.
- The group agreed that the project plan should include the development of a communication strategy and accompanying core script. These would need to be useful in informing and engaging patients and the public, NHS staff, and politicians.
- There was broad consensus on the need to engage interested parties as early as possible in this process. That would include posting agreed group papers on the internet, using established bodies such as the Colleges, and formally and informally engaging clinicians in the work of the group.

Action:

- **consider comparative research into the effectiveness of healthcare spending in Scotland**
- **development of a communication strategy and core script**
- **revision of the work streaming to take into account the views of the group**

Drivers for Change

The Chairman sought comments from the group members on the Drivers for Change paper.

Discussion Points

- The importance of nursing as a key workforce issue was pointed out. It was agreed that the recruitment and retention issues surrounding nursing should be considered within the Drivers for Change paper.
- The paper should consider how the developments in the NHS in England (and elsewhere) will interact with the developments in the Scottish service and any pressures that might result.
- The paper should consider the role and contribution of the big strategic partners in health care, e.g. local authorities, education services etc. It was suggested that this could be achieved by looking at a theme that would allow the group to consider the role of these partners, perhaps poverty, social exclusion or extremes of age.
- While it was recognised that the National Advisory Group was not specifically focussing on health improvement questions, a section on these issues was believed to be necessary. The Drivers for Change paper would also need to look in more depth at both recurring and new infectious diseases as a part of the analysis of epidemiological trends.

- There should be a specific paper in the Drivers for Change document that look at the interplay of pressures in rural areas and the specific problems that they present now and in the future.

Action:

- **group members to send their comments on this paper, suggested information sources, and responses to the specific questions it raises, to the project team.**

Healthcare in 2024

Derek Feeley explained that this paper was designed to generate discussion around a vision of the health service that the Advisory Group might try to work towards in developing the framework for service change.

Discussion Points

- It was pointed out that experience in Board areas demonstrated that assumptions of demographic trends have been correct, and that to cope with the predicted national demographic changes the models of service delivery that the group should develop need to be very different from current models, not simply “more of the same”.
- It was suggested that the public will expect new developments in medical technology and medicines to be available much more quickly than at present.
- In future the assessment and advice parts of the service will need to be emphasised alongside the delivery of treatment.
- Worry was expressed that the development of the information technology aspects of healthcare could exacerbate social exclusion problems, with sections of the population excluded from access to these technologies.
- The group agreed that a list of relevant reports, articles and papers should be held centrally to inform the work of the group.

Action:

- **group members to send any detailed comments on this paper to the project team.**

Project Team

April 2004