

Our National Health

A plan for action, a plan for change



SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

"The NHS is one of the things that holds us together, it was set up to help people regardless of class or race"

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Foreword

Henry McLeish MSP, First Minister of Scotland

“Improving the nation’s health and building a modern, 21st century NHS are at the heart of the Executive’s priorities.”

Devolution brings with it many challenges – but more importantly it creates many opportunities. We now have the chance to address Scotland’s needs with greater determination and focus than ever before, and to do so in a way that is truly open and accountable to the Scottish people.

Improving the nation’s health and building a modern, 21st century NHS are at the heart of the Executive’s priorities. We have already demonstrated that commitment in both our policy and our spending priorities. But we want to do much more. Policies must be translated into practice. Investment must deliver results. That means new ways of working, forging new partnerships and uniting together in a national effort for change and improvement.

We do not just want to talk about change. We want to make change happen. To create better opportunities and to deliver social justice and real improvements in the quality of life of people in Scotland.

This Plan provides a clear statement of national priorities for health and for the NHS. But it is not intended as a simple statement of policy – it is a plan for action. The Plan does not seek to replicate the many thousands of pages of detailed government policy documents which already exist. Instead it aims to bring these policies to life. In short, to make them happen.

The Plan builds upon many months of dialogue and discussion – with NHS staff,

patients and the public. It reflects a widespread consensus for improvement and change. Its emphasis is to translate policy into tangible, practical measures which will deliver results. In the months ahead we will continue that process of dialogue and involvement to ensure that change is achieved.

Devolution is about making a difference. I am determined that we will use our powers and our resources to make a real difference to the lives of people in Scotland. Our ambition is to achieve better health and a better NHS. I believe that through a united national effort this can be achieved.





Introduction

Susan Deacon MSP, Minister for Health and Community Care

“We must build an NHS which listens better to patients and responds more effectively to their needs.”

Good health matters. It matters to people, it matters to our country. Without good health we cannot fulfil our potential and our nation cannot thrive. People care about their health and they care about their health service. Our challenge now is to work together to improve both.

Over the last few years a new direction of travel has been mapped out for health policy and for the NHS in Scotland. There will always be differences of emphasis and opinion, but there is a broad consensus for the policy framework now in place. The challenge is to translate policy into practice, identify good practice and make it universal and ensure that additional investment delivers results.

This Plan signals a shift from the development of policy to the delivery of change. It sets out our priorities for investment and reform and provides a platform on which we can build for the future.

Rebuilding our National Health Service is at the heart of our work. The NHS is our biggest and most important public service. Every day the NHS cares for thousands of Scots. Every day the NHS saves hundreds of lives. We can be proud of our NHS – the skills and dedication of its staff and, in many areas, world-class clinical practice. But, while we have a solid foundation upon which to build, there is work to be done to deliver a genuinely modern

21st century NHS where patients really do come first.

“The NHS is one of the things that holds us together, it was set up to help people regardless of class or race.”

Too many people wait too long for treatment and care. Too many people get shunted from one part of the system to another without their needs being properly addressed. Too many people feel undervalued by a system where often the interests of providers come before the needs of patients. Too many people find services difficult to access. Too often, staff and patients are let down by weaknesses in the system.

The NHS has suffered from many years of under-investment and short-term thinking. The internal market led to fragmentation and division and undermined the public service ethos of the NHS. It will take many years to turn this situation around – but a significant start has been made. The Health Act, which came into effect last year, abolished the internal market. The number of NHS Trusts was halved, reducing bureaucracy and freeing up valuable resources for patient care. A new structure was put in place based on collaboration rather than on competition. But much more needs to be done to rebuild our health service as a truly National Health Service.

Since devolution, we have worked hard to forge a new spirit of partnership and co-operation within the NHS in Scotland and to rebuild it as a public service where patients genuinely do come first. We have matched that commitment with extra

investment. This year health spending has been increased by an extra £481 million, taking the total health budget to £5.4 billion. More than £400 million extra has been committed for each of the next three years. Next year every Scottish NHS Health Board will receive an increase of at least 5.5%, more than twice the rate of inflation. And, under the new, fairer funding formula, those areas of greatest need will receive even more – for example Greater Glasgow NHS Health Board will next year receive an extra £60 million, an increase of 7.7%.

But spending more is only half the picture – we need also to spend better and to ensure that investment is matched by reform.

Additional investment in the right areas is key to achieving improvements. But so too is the need for new and better ways of working to ensure that patients needs are met. Unnecessary professional demarcations,

needless bureaucracy and poor communications all stand in the way of the delivery of effective patient-centred services. This must be tackled.

We must build an NHS which listens better to patients and responds more effectively to their needs. After all, the NHS belongs to one group, and one group only. The people of Scotland. It's your NHS.

We must recognise also that an effective NHS and a healthier nation will not be achieved simply by improving the treatment of ill health. Prevention is as important as cure. Our aim should not be simply to get better at treating more sick people in hospital but to get better at enabling more people to stay well and to stay out of hospital.

Good health cannot be achieved just by the actions of government or of the NHS. We must work together to build a national effort

“WE MUST WORK TOGETHER TO BUILD A NATIONAL EFFORT TO IMPROVE HEALTH”

to improve health. Employers, Local Authorities, schools, voluntary organisations, the public, and private sectors and the media all have a part to play. And as individuals we all have a responsibility for our own health.

Tackling inequalities in health is central to our commitment to social justice. The health gap between rich and poor in Scotland is stark. That is why, across our work in the Scottish Executive, we are determined to address the root causes of ill-health – poverty, poor housing, homelessness, lack of educational and economic opportunity and poor self-esteem.

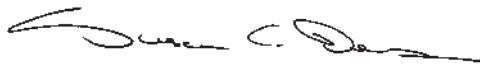
The agenda is complex and demanding, but it is one which is now being tackled with greater vigour than ever before. At the heart of our approach is partnership. Everyone has a right, and a responsibility, to join together in a national effort for

improvement and change.

It is the responsibility of Government to lead. That is why this Plan makes explicit the Executive's key aims and priorities. In turn, however, we are providing an opportunity for a wide range of people and organisations to contribute to the development and implementation of this Plan and to influence the delivery of policy at a local level.

There are no magic solutions or quick fixes to many of the issues we face. Some changes will take years not months to achieve. But we now have an unparalleled opportunity. Record investment and a widespread appetite for change combined with the determination and commitment to work together to bring that change about.

This plan marks the start of that change process



→ “THIS PLAN SETS A CHALLENGE FOR THE EXECUTIVE, THE NHS, LOCAL AUTHORITIES AND OTHERS. EVERY PERSON IN SCOTLAND HAS A STAKE IN BETTER HEALTH. EVERYONE CAN CONTRIBUTE IDEAS, ENERGY AND COMMITMENT.”

A plan for action, a plan for change

The creation of the Scottish Parliament and the development of this Plan are inextricably linked. They have ‘grown up’ together. Since the Scottish Parliament was established, health and NHS issues have been to the fore more than any other policy area. More correspondence, parliamentary questions and debates have been on health related issues than on any other subject.

This should perhaps come as no surprise, given that health and community care spending accounts for more than one third of the total devolved Scottish budget. It is also an issue which impacts on the life of everyone in Scotland.

The Executive welcomes the degree of scrutiny and public discussion of health issues which has taken place since devolution. We are particularly grateful for the constructive and informative role played by the Parliament’s Health and Community Care Committee. We believe that the development of a healthier Scotland and a modern NHS depends upon the full and effective involvement of the public and requires a high level of public accountability for policy makers and public services.

We believe that all those with an

interest in the health of our nation and in the future of our NHS should seek to foster well-informed, mature public debate on these vital issues. The Executive therefore hopes that the publication of this Plan will help to stimulate and inform that debate.

Health and devolution

In an average year before devolution some 1,500 parliamentary questions were asked of the Secretary of State for Scotland, across the full range of his responsibilities. In the first six months of this year there were 1,100 Scottish parliamentary questions on health related matters alone.

In the period immediately before devolution there was only one debate at Westminster on Scottish health issues, and that was a short adjournment debate. In the first 18 months of the Scottish Parliament there have been around 50 debates on health and community care matters.

This Plan is not just another Government policy document. It is a plan for action and a plan for change. And it is addressed directly to communities and patients: the people who value health and healthcare services and the people whose views count most.

The views and opinions of the public are at the heart of this Plan. Over 3,000 people contributed their views in one of the largest ever attitude surveys on the NHS in Scotland. The survey results are summarised at the end of the Plan. Ministers met patients and staff to hear about their experiences at first hand. Independent researchers conducted in-depth discussions with groups of staff and patients from Shetland to Irvine. Those views anchor the Plan in what matters to people in Scotland. Examples of what we heard appear throughout this plan.

The aims and priorities of this Plan find their roots in detailed policy statements developed over recent years both by Government and by a wide range of other organisations representing both patients and staff. The emphasis is on translating this policy into practice. Devolution gives us the opportunity. Investment gives us the means.

We now have, through this year’s Spending Review, a substantial and sustained injection of new resources into the health budget. The health budget is due to rise from £4.9 billion in 1999-2000 to £6.7 billion in 2003-04. We are now investing more than £1,000

every year in health for every person in Scotland. Our funding proposals set out in *Fair shares for all* mean that, for the first time, we have a formula for distributing funds to NHS Health Boards that fully recognises the influence of deprivation and remote and rural areas on Scotland's health and healthcare needs. Every NHS Health Board will receive an increase in funding of at least 5.5% in 2001-02 – twice the current rate of inflation.

This is investment for a purpose: to improve our health and create a 21st-century health service. Among our investment priorities are:

- targeting Scotland's share of the tobacco tax to create a national Health Improvement Fund
- Scotland's biggest ever hospital building programme
- modern health facilities in local communities: new and improved Community Health Centres and GP practices
- **NHS24** – advice and access to care all day, every day in a single telephone call
- investing in the NHS workforce through more staff and better training
- a major investment in, and development of information

management and technology to provide benefits for patients

- NHS equipment, backed by local plans and co-ordinated nationally where it makes sense.

New and continuing investment in health and healthcare allows us to break away from the short-termism of the past and make that investment count for the future. We will invest to modernise the NHS. We will invest to allow the NHS to address national priorities. Not just for today's health needs – but also for those of our children.

The Plan is a milestone and a signpost on the way to a healthier Scotland. For key parts of the health and healthcare system, it:

- describes where we are now and where we are going
- sets out core aims, drawing on the views and concerns of a wide range of individuals and organisations
- describes what needs to change and sets out how we are going to take that action forward.

This Plan is the start of a process not an end in itself. It does not, nor should it, address every action and every area of work that is necessary to bring change about. It sets direction. It identifies

priorities. Over the next few months, we will publish detailed change programmes covering:

→ **rebuilding a truly *National Health Service* through changes to governance and accountability**

→ **increasing public and patient involvement in the NHS**

→ **service change and modernisation**

We will welcome views on how change can be achieved. Anyone who wants to contribute can contact us at the addresses set out at the end of this document.

Delivering change demands a lead from government, and this Executive will provide that lead. But better health cannot be achieved just by Government regulation or by spending more money. Change happens where people at the front line are given the responsibility, the freedom, the skills and the resources to do a better job. We must change the culture of health and healthcare services to give people better healthcare services and make Scotland a healthier nation.

Publication of this Plan also marks a step change in our drive to identify, describe and disseminate

good practice and, in turn, to improve standards universally and fairly across Scotland. We can learn from good practice across Scotland. Examples are highlighted throughout this document. We can also look beyond our own national boundaries to draw upon experience from elsewhere in the UK and abroad where this will be of benefit to our work here in Scotland.

Each section of this Plan describes ways in which the Executive will work with the NHS in Scotland and other key stakeholders in the coming months to improve health, reduce health inequalities, promote social justice and take forward change.

This Plan sets a challenge for the Executive, the NHS, Local Authorities and others. Every person in Scotland has a stake in better health. Everyone can contribute ideas, energy and commitment. To achieve our core aims, we will work with everyone who wants better health for themselves and for Scotland.



**“THIS PLAN IS NOT JUST ANOTHER
GOVERNMENT POLICY DOCUMENT”**

➔ BUILD A NATIONAL EFFORT
TO IMPROVE HEALTH

➔ REDUCE INEQUALITIES IN HEALTH

Improving health

Core aims

→ **build a national effort to improve health**

→ **reduce inequalities in health**

Why do we need to change?

Scotland's health, compared to that of other European nations, is poor and our life expectancy is shorter. In Scotland, terrible inequalities still exist between the health of the worst off and the health of the better off. We have made progress in recent years, but we have a long way to go to shake off our reputation as the 'sick man of Europe'.

People say:

94% of the better off say their health is good or fairly good.

Only 78% of the worse off say their health is good or fairly good.

We are determined to narrow these gaps. We want more Scots to live longer, healthier and more fulfilling lives. It will not be quick or easy, but with devolution we have the chance to make it happen. Our aim is to build a national

effort to improve health. Health is not just Government's responsibility. It is everyone's responsibility. As a nation, we cannot simply legislate or spend our way to better health. But we can work together to achieve better health.

Much of this Plan is about putting the skills and professionalism of the NHS at the service of the people of Scotland. But building a healthy Scotland is about more than that. Improving people's health comes first. The organisation of health care comes next.

A healthy Scotland means:

- services and communities planning and working together
- individuals taking a shared responsibility for their own health
- working in partnership, across traditional boundaries and across a range of different organisations
- tackling inequalities between rich and poor, including those who are currently excluded, and bringing about social justice.

Improving health

For too long, health policy and health services have focused on the treatment of ill health rather than on its prevention. We are now working to shift that emphasis. Other countries have done so. Scotland can too. It is time to stop making Scotland a case study in ill health and instead make it a showcase for good health.

→ **we are committed to making the NHS a national *health* service, not a national illness service**

The Executive announced earlier this year that all of Scotland's share of the resources from the tobacco tax would be invested in a new Health Improvement Fund – the largest ever investment in improving health in Scotland. This is a radical step which leads the UK. We have announced our priorities for investing that money. We want to see it going directly into measures to improve people's health, particularly in our most deprived communities. It will deliver real, practical measures such as more breakfast clubs, fruit

“WE WANT MORE SCOTS TO LIVE LONGER, HEALTHIER AND MORE FULFILLING LIVES”

in nursery schools and support for people who want to stop smoking.

→ **the Health Improvement Fund will invest more than £100 million between 2000-01 and 2003-04**

→ **NHS Health Boards and Local Authorities will work together to route money to local communities, with a particular emphasis on Social Inclusion Partnership areas**

We are investing £15 million in national demonstration projects on preventing heart disease, improving sexual health and improving children's health in the early years. These projects will be test sites for national action, applying and extending the evidence base so that we learn more. They will be evaluated so that others can learn from that experience.

→ **during 2001, we will create a Scotland-wide learning network for the national health demonstration projects**

One of the keys to improving health is good evidence about what works. Research and evaluation are vital elements of a responsive, effective, learning health service.

→ **we have established a Public Health Institute for Scotland. This important new body will provide a focus for our research and evidence base to improve Scotland's health**

The Health Department spends £40 million a year to support research on health and healthcare. To make sure that our own investment is maximising its potential to improve health and health services, we have just completed a root and branch review of research funding.

→ **we will build on the review to create a system that provides the essential infrastructure of support for science, as well as directing money towards key priorities and needs**

→ **by 2002, we will create a Technology Transfer Office for the NHS in Scotland to ensure that innovative ideas from every part of the NHS benefit patients across the whole NHS in Scotland**

Tackling the root causes of ill health

To create a healthier Scotland, we have to tackle poverty and the root causes of ill health which persist in the life circumstances of too many in Scotland. This will be done by bringing different agencies together, with the NHS, to tackle the wide range of life circumstances that contribute to ill health.

The policy framework is set out in the White Paper *Towards a Healthier Scotland*, and reflected in our first *Social Justice Annual Report*, both of which will continue to provide the focus for our work.

Poverty, poor housing, homelessness and the lack of educational and economic opportunity are the root causes

“GOVERNMENT AND COMMUNITIES CAN WORK TOGETHER TO FIGHT POVERTY, RAISE EDUCATIONAL ATTAINMENT AND IMPROVE HEALTH”



of major inequalities in health in Scotland. We must fight the causes of illness as well as illness itself. The Scottish Executive's commitment to tackling health inequalities is part of our wider commitment to tackling poverty and creating social justice across the whole range of our work, and in partnership with the UK Government and others.

Initiatives like Social Inclusion Partnerships (SIPS), the Rough Sleepers Initiatives (RSI), Working for Community Pathfinders, New Community Schools, Sure Start Scotland, the Healthy Homes Initiative, Healthy Living Centres and the award-winning Scottish Community Diet Project show how Government and communities can work together to fight poverty, raise educational attainment and improve health.

➔ Healthy Living Centres are now coming on stream in communities across Scotland, supported by £34.5 million from the New Opportunities Fund



IT'S HAPPENING ALREADY...

The Stirling Health Hub HLC, led by The Stirling Health and Wellbeing Alliance, has been awarded £1 million from the New Opportunities Fund to provide outreach services and wellbeing activities to young families and older people in six regeneration areas – these are people who currently suffer from non-clinical depression, anxiety, strokes, cancers, coronary heart disease and poor physical health. Services will include a credit union, drug and alcohol advice workshops, well woman and well man clinics, food co-ops, diet and nutrition work and an information service.

Across the Executive our policy and spending programmes will work together to narrow the health gap between rich and poor.

→ **we will develop the health indicators within our Social Justice framework of targets and milestones to track progress in tackling health inequalities**

→ **we will issue guidance to the NHS by March 2001 on the provision of health services to homeless people and appoint a Health and Homelessness Co-ordinator to work closely with other stakeholders on the provision of high quality accessible services**

Individuals and communities

The lives people lead are shaped by their circumstances and surroundings. We do not underestimate the strength of the connection between poor life circumstances, inequality of opportunity and poor lifestyle choices. But there are lifestyle choices that can help improve health. In Scotland our diet, the amount we smoke and drink, and low levels of physical activity are key health determinants. Drugs also remain a central issue for our communities which require to be tackled by our health services – as well as those enforcement bodies working to crack down on dealers and their suppliers.

Good health means more than simply the absence of disease. It is about people's physical,

mental and emotional well-being. As human beings our needs are complex. The support of family, community, friends and loved ones is often as important as the services and support which professionals and statutory services can deliver.

IT'S HAPPENING ALREADY...

Funded by the RSI, the Edinburgh Access Point provides a range of accessible services, including co-ordinated management of chronic diseases and mental health problems and support for those with alcohol and drug problems, for homeless people, especially those sleeping rough. It brings together GP services with social work, housing and resettlement services.

Improving health is at the core of the Executive's policies. Increasingly it is at the heart of the NHS. But it must extend more widely than that. The drive for better health must extend into the school, the community centre, the workplace and the home.



Empowering individuals and communities to have a shared responsibility for building better health is central to our approach.

IT'S HAPPENING ALREADY...

The national health demonstration project Starting Well aims to improve child health through a programme of activities to support families with pre-school children.

An early next step in putting into practice the programme set out in *Towards a Healthier Scotland* will be the Executive's review of the public health role of nurses, midwives and health visitors. The review's recommendations, some of which are prefigured in this Plan, will build on existing good practice to revolutionise the contribution that nurses make to improving the health of Scotland's people.

➔ in February 2001 we will publish the report of the review of the contribution of nurses, midwives and health visitors to improving the public's health,



“THE DRIVE FOR BETTER HEALTH MUST EXTEND INTO THE SCHOOL, THE COMMUNITY CENTRE, THE WORKPLACE AND THE HOME”

and will provide the resources to take forward its implementation

→ we will establish the Health Promoting Schools Unit in the first half of 2001 and work to encourage every school to become a Health Promoting School

→ we will build on our work to date to make healthy food available to children through the provision of fresh fruit in nursery schools and salad bars and healthy eating tuck-shops in schools

We will work with employers, business and retailers to seek new ways to take health to people, not just people to the health service. Our aim is to take health to the workplace, onto the high street and into the home.

→ we will invest in success by increasing the funding for Scotland's Health at Work scheme (SHAW) to enable more employers to develop health – promoting workplaces

→ we will work with the Health and Safety Executive, CBI

Scotland, the STUC and other interests to drive forward a programme of measures in occupational health

→ we will build new alliances with both private and public sector organisations to work in partnership to promote health and to drive forward health improvement

IT'S HAPPENING ALREADY...

People want better information about what makes a healthy, balanced diet, and they want to be able to get hold of food cheaply and easily. The Scottish Diet Action Plan sets out action to improve information about diet and the availability of healthy choices for more people. Over 300 initiatives across Scotland are working with people in low income communities and the Scottish Community Diet Project offers these a range of supporting activities and grants. Community Food Initiatives have been very successful across Scotland with over 300 are now up and running.

→ we will appoint a National Diet Action Co-ordinator early in 2001 to give a new drive to putting the Diet Action Plan into practice. The Action Co-ordinator will work with primary producers, manufacturers, retailers and caterers and others to drive forward action across Scotland

→ we will invest in success by funding the Scottish Community Diet Project to allow it to help at least 50% more projects from 2001-02

→ the Physical Activity Task Force will be launched early in 2001 to take forward work across Scotland to promote and encourage exercise on physical activity

→ we published our Action Plan for Dental Services in August 2000 and will put its pledges into practice, starting with free toothbrushes and toothpaste and fissure sealants programmes for young children

→ we will carry out a wide-ranging consultation on children's oral health which will seek views on a range of measures including

ways in which the benefit of fluoride can be made available, for example through the fluoridation of public water supplies or by means of fluoridated drinks or tablets

Smoking remains one of the most damaging factors in Scotland's poor health record. Thousands of people continue to die prematurely every year due to the effects of tobacco. We are committed to battling against the impact of tobacco – especially on our young people – and to taking action on alcohol and drugs.

Specifically:

→ **tobacco advertising will be banned as soon as possible and health education measures will be strengthened**

→ **people who do smoke will be given encouragement and support to stop. We will consult on making all nicotine replacement (NRT) products available on GP prescriptions**

→ **we are reviewing the availability of support services**

and will work with HEBS and ASH Scotland to roll out best practice in the provision of smoking cessation services

→ **we will develop a plan for action on alcohol misuse, bringing together what needs to be done by all concerned, including the Executive. Prevention and services for people with alcohol problems will lie at the heart of the plan**

→ **a new £100 million package of expenditure on drugs misuse for the three years from 2001-02 was announced in September 2000. This will fund a series of interlinked activities, representing the biggest programme of anti-drugs initiatives ever seen in Scotland to ensure that every school pupil, both primary and secondary, has effective drugs education and to reduce the proportion of people under 25 who use illegal drugs**

Communicable disease and infection remain major threats. We need to be vigilant against the old infections as well as building our defences against

the new, such as HIV. The recently established Food Standards Agency will strengthen our ability to avoid hazards like *E.coli* in the food we eat.

→ **we will take measures to ensure the prudent use of antibiotics, thus maximising their effectiveness for patients who require them**

→ **we will continue to develop our immunisation and screening programmes – including an extension of the breast screening programme to women aged 65-70 and the introduction of a national system for cervical cancer screening call and recall**

→ **we will take steps to strengthen and monitor infection control procedures in hospitals**

→ **we will put more resources into tackling the modern epidemics of HIV, Hepatitis C and Chlamydia**

Health improvement means taking control of our lives. Scotland's health is shaped by the choices and decisions we

“OUR AIM IS TO TAKE HEALTH TO THE WORKPLACE, ONTO THE HIGH STREET AND INTO THE HOME”

make, as individuals and as communities. Community planning is bringing NHS Health Boards and NHS Trusts together with Local Authorities and other key partners at local level to develop and deliver a shared strategy for improving the health of their communities. Community development and community action are essential elements in this process, and we will encourage the local initiatives and projects that can drive forward that approach.

→ each NHS Board, with partners in the Community Planning Process, will develop health plans for each council area it serves within the framework of Community Planning

→ the NHS will be tasked to tackle health inequalities. We will require each NHS Board to identify the action it is taking to tackle homelessness and reduce inequalities. Local Healthcare Co-operatives will play a key role in delivering this agenda

→ we want to see Local Authorities develop their role as public health organisations and will work with CoSLA and others to achieve that

→ we will identify and remove barriers to closer working between NHS Boards and Local Authorities to improve public health

We need also to ensure that health messages and health promotion activities are co-ordinated effectively to achieve maximum results.

→ we will invest in and work with the NHS, HEBS and other interested groups to develop greater cohesion and co-ordination of health education and health promotion activities across Scotland

Building momentum

Bringing about a step change in Scotland's health requires sustained drive and momentum. We need to take health into people's homes and everyday lives and build a Scotland that is 'health aware'.

→ we will work with HEBS, NHS Boards and with the wider press and media to generate greater public awareness and debate around health issues and will invest in the development and expansion of health education information for individuals and communities

→ we will hold a major Healthy Scotland convention in 2001, to bring together all those with an interest in Scotland's health and to drive forward change

“HEALTH IMPROVEMENT MEANS TAKING CONTROL OF OUR LIVES”

- SET NATIONAL STANDARDS TO BE DELIVERED LOCALLY
- STREAMLINE BUREAUCRACY
- INCREASE ACCOUNTABILITY
- IMPROVE AND INTEGRATE PLANNING AND DECISION MAKING

Rebuilding our NHS

Core aims

→ set national standards to be delivered locally

→ increase accountability

→ streamline bureaucracy

→ improve and integrate planning and decision making

The NHS is our biggest and our most important public service. The public value the NHS. Its staff are skilled and committed. The NHS was founded on the principle that access to care be based on need and not on ability to pay. That principle remains as important today as when the NHS was founded more than 50 years ago.

“The NHS couldn’t have done more for my dad.”

Our challenge now is to build on these solid foundations and to create a NHS which is truly fit for the 21st century.

Why do we need to change?

The NHS in Scotland has a proud record of achievement, both as a distinctive service serving Scotland’s needs, and as an integral part of the wider NHS across the UK. But over many years, much of the cohesion and the traditional values of the NHS have been eroded. Standards across Scotland are too variable. Too much inequity exists. A ‘postcode lottery of care’ has been allowed to develop.

The internal market fragmented the NHS. It undermined the principle of a National Health Service. It drained money away from direct patient care. The emphasis on activity and efficiency savings took the focus away from standards, quality and service improvement.

Since 1997 much has been done to sweep away the divisiveness and inefficiency of the internal market and to build an NHS based on collaboration not

competition. But more needs to be done.

Decision making in the NHS is still too complex, too fragmented and over-layered. Each NHS Health Board and NHS Trust is monitored and held to account separately. Each has separate planning mechanisms and plans.

From our discussions with patients, the public, NHS staff and professional bodies, it is clear that there is a desire to return to a *National Health Service* delivering *national* standards – a health service that works together and plans in a straightforward and simple way. People want to see a NHS with less bureaucracy and more accountability.

“The service isn’t what I joined, I wanted to care for people.”

We need now to rebuild the NHS as a truly *National Health Service*. The NHS across Scotland should

“THE NHS IS OUR BIGGEST AND OUR MOST IMPORTANT PUBLIC SERVICE”

work together to deliver universally high standards of care and it must work in partnership with the NHS across the UK in the interests of patients. The traditional public service ethos and values of the NHS must be put back at its core.

Additional investment must be used to deliver improved patient care. People at the front line need to be able to make decisions and get on with developing and delivering services for patients and for local communities. The current bureaucracy and over-elaborate management arrangements get in the way of that happening.

We need an NHS which:

- is focused on health improvement and the particular health needs of local communities and excluded groups
- works in partnership with other organisations to achieve joint objectives

- listens and responds to individuals and communities
- is patient-centred, with different parts of the service connecting up properly
- empowers front-line staff and encourages local innovation within national standards
- provides the right incentives to improve through investment and reform
- has decision-making arrangements which are efficient and effective, and allow the local NHS to respond quickly to local need
- has the resources to do its job properly.

Setting national standards

A post-internal market, post-devolution NHS must be one which meets the needs of people across Scotland and is seen to do so. It must be answerable for its actions both to the Scottish Parliament and to local communities. But it must also be given the space to get on with the job of delivering and

improving services. Achieving this balance requires a new relationship between government and the NHS and a new relationship between the NHS and local communities.

Our aim is to set clear national standards and national priorities for the NHS, to be delivered within a local context. In the past there has sometimes been a gap between national policy and local practice. It is a gap which the public finds difficult to understand. It is a gap which we are now working with the NHS to close.

→ we will make clear the national priorities and standards which the NHS is expected to meet and will put in place a clear and transparent process for holding the NHS to account for their delivery

We remain committed to tackling postcode prescribing. People, rightly, find it confusing and



unfair that access to a particular drug or treatment should be determined by where they live.

While clinicians must retain the freedom to prescribe what they believe to be best for their individual patients, we must work to ensure that individual clinical decisions are taken within an appropriate national framework of policy and advice.

Our work to develop national standards will help to address many of the inequities which currently exist. In addition, the newly established Health Technology Board for Scotland will provide the principal source of advice on the clinical and cost effectiveness of new health technologies and drugs. That Board will work closely with the National Institute for Clinical Excellence in England in developing advice for the NHS.



➔ **we will work with the Health Technology Board for Scotland and with local area drug and**

therapeutic committees to take further steps to remove inequities in prescribing practice across Scotland

Scotland has an internationally recognised reputation for leading-edge work on clinical quality and effectiveness, especially through the work of the Clinical Resources and Audit Group (CRAG) and the Scottish Inter-Collegiate Guidelines Network (SIGN) which it funds. The introduction of clinical governance and the establishment of the Clinical Standards Board for Scotland (CSBS) and the Health Technology Board signal a radical shift towards a quality-driven, patient-centred NHS.

Working closely with a range of other organisations, the CSBS has developed quality assurance and accreditation systems which will increasingly involve patients and the public in setting national clinical standards and assessing NHS Trusts' performance against

these standards including through peer review of individual organisations.

Working with patients, the public and clinicians, CSBS has developed and piloted 2 types of national standards:

- generic standards will underpin all services to ensure patients receive safe and effective treatment based on the best available evidence, that services respond to patients' needs and preferences, and that people are involved in decisions about their care.
- condition-specific standards will relate to the actual delivery of care and treatment for particular illnesses including the four major cancers, schizophrenia and secondary prevention following acute heart attack.

CSBS will publish reports on the performance of individual NHS Trusts. The CSBS will provide a national perspective central to the

development of a new national performance management process.

➔ **the Clinical Standards Board will require the NHS to ensure clinical standards guidelines are implemented routinely**

➔ **to underpin improvements in the quality of patient care and to facilitate the work of CSBS in accrediting services, we will ensure that clinical information systems are developed consistently across Scotland, taking account of local needs and circumstances**

➔ **CRAG and the Chief Scientist's Office will continue to support research and audit projects which identify high-quality patient services throughout Scotland**

No single NHS Health Board area can provide the full range of modern health services. To maintain standards, we will continue to work to develop

“HIGH STANDARDS OF CLINICAL CARE MUST BE MATCHED WITH HIGH STANDARDS OF SERVICE”

centres of excellence for specialist and acute care. We will also continue to provide services closer to people's homes where it is possible and safe to do so. Getting that balance right is crucial. The current configuration of hospital and related services in many parts of Scotland reflects past practices rather than current needs. Remote and Rural Scotland has particular needs which must be addressed.

→ we will expect the new unified NHS Boards to develop coherent, robust plans for the future configuration of services which address the current and future needs of their local populations

→ we will establish an expert group supporting and advising local NHS Boards in managing changes in the configuration of services and advising the Health Department of the appropriateness of local reconfiguration

Although rapid progress has been made in developing the clinical

standards agenda, the number of different groups involved may sometimes have dissipated energy and effort.

→ the Chief Medical Officer will work with relevant interests to achieve better integration and co-ordination of those national organisations and professional bodies with an interest in clinical quality

Service standards

High standards of clinical care must be matched with high standards of service. The patient's experience and the overall quality of care is determined by many different factors and we should take account of this in the design and delivery of services. Developing a modern, high quality environment for the delivery of care in all settings should be seen as an integral part of a modern healthcare system.

Our hospitals must have the highest possible standards of service. Patients rightly expect

that their stay in hospital will be as safe and comfortable as possible. New hospital developments are leading the way in creating more homely, less institutionalised environments and we must build upon this. In the 21st century patients can expect hospitals to be less like institutions and more like hotels. Clean, modern toilet facilities, telephones and TVs should be seen as a normal part of modern hospital care.

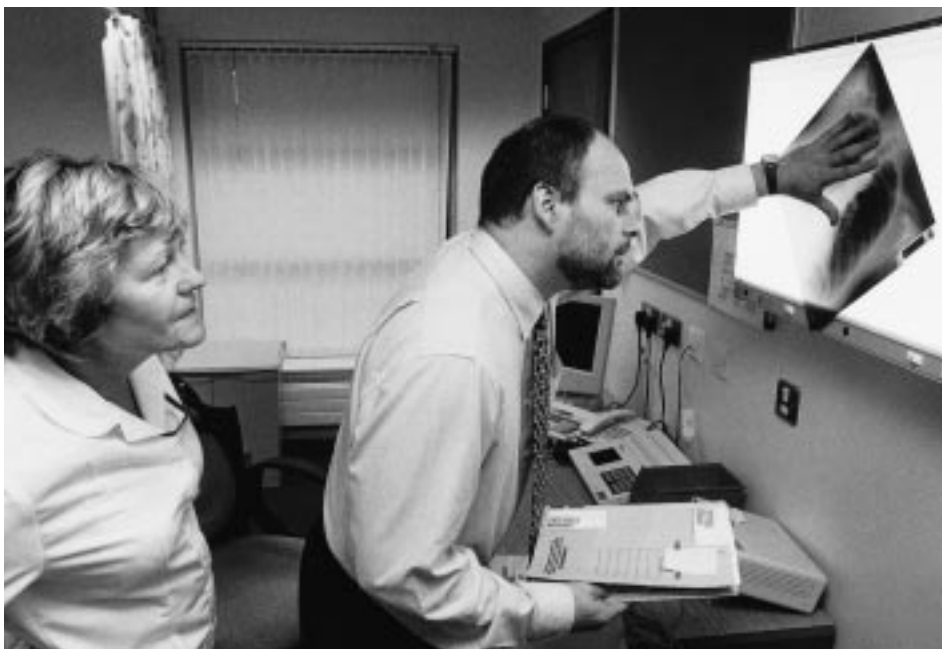
High standards of cleanliness are particularly important. There is a perception that standards of cleanliness in hospitals have deteriorated over the years. This must be addressed. The NHS must achieve the best value in cleaning services – not just the lowest cost. The contracting out of cleaning services – while often appropriate – should no longer be seen as the norm. The key is to ensure that the highest possible standards of cleanliness are achieved and to satisfy patients that hospitals are clean.



➔ **we will expect every NHS Trust to have acted on the recommendations of the Accounts Commission report *A Clean Bill of Health* by June 2001**

The Scottish Infection Control Manual has been identified as a model of good practice. But it is not enough simply to have the right guidance – we want to ensure that its recommendations are followed in hospitals across Scotland.

Through the new arrangements for NHS performance management, we will place particular emphasis on hospital cleanliness and will expect local NHS Trusts to take action to ensure that the recommendations of the Scottish Infection Control Manual have been put into place.



➔ **every NHS Trust will be expected to have in place an infection control policy including elements specifically for domestic and catering staff**

“THE IMPROVEMENT OF SERVICE STANDARDS REQUIRES A RECOGNITION OF THE KEY ROLE PLAYED BY DOMESTIC AND CATERING STAFF”

High quality, nutritious food is both desirable and necessary for those in hospital or in other inpatient care. Fresh, nutritious food is essential to improving the health and functional ability of hospital patients. For patients in continuing care environments the provision of well presented, appetising meals not only fulfils nutritional requirements but contributes to the social and recreational activity of their lives.

→ **the relevant recommendations of ‘Eating for Health—a Diet Plan for Scotland’ will be implemented by NHS Trusts by April 2001**

→ **the recommendations of the National Nutritional Audit of Elderly in Long-term Care, carried out by the Clinical Resource and Audit Group (CRAG), will be implemented by April 2001**

The improvement of service standards requires a recognition of the key role played by domestic and catering staff in providing a safe and healthy

environment for patients and staff. We will work with the NHS to examine the design and delivery of domestic services to maximise the benefits of domestic and catering staff as full members of the care team.

We recognise the role of the ward sister in maintaining high standards of cleanliness and nutrition and we will empower staff in the front line to have greater control over these issues, which affect patient care.

→ **every healthcare system will be expected to deliver the service standards established by the Clinical Standards Board on food, cleanliness, infection control and other matters**

→ **the Clinical Standards Board will continue to develop these patient-focused standards in collaboration with patients, carers and NHS staff**

→ **the Clinical Standards Board will roll out an annual review**

programme to assess local performance against these standards

→ **we will introduce national performance specifications for catering and domestic services**

Better local decision-making

Our proposals throughout this Plan are about improving health and improving health services. These must be our priorities. Those involved in delivering front-line patient care need stability not further disruption. Now is not the time for further major structural change in the NHS but it is time to bring the Health Service back together as a single system, underpinned by a national identity and a national approach to health and service improvement. Although *Designed to Care* reduced the number of NHS Trusts in Scotland, much of the machinery and behaviours of the internal market remain. The proposals in this Plan are not about restructuring the system,

but about rewiring it to recreate a truly National Health Service.

There is a clear need to simplify, improve and rationalise the current local decision making arrangements. We plan to take a number of early steps which can be achieved within the existing statutory framework. We will make the following changes during 2001.

→ **in each of the 15 NHS Health Board areas there will be a single unified NHS Board**

→ **in the 12 mainland NHS Health Board areas, these new unified NHS Boards will replace the separate board structures of the existing NHS Health Boards and NHS Trusts**

These new NHS Boards will form a single local health system, with single governing boards responsible for improving the health of their local populations and delivering the healthcare they require. NHS Boards will

provide strategic leadership and have overall responsibility for the efficient, effective and accountable performance of the local NHS. These new unified Boards will reduce bureaucracy and streamline decision making and planning in the NHS.

We will ensure that NHS Boards forge effective links with patients, staff, local communities and excluded groups so that their needs and views are put at the heart of the design and delivery of local health services. We propose that:

→ **in their local areas Local Authorities should have a strong voice on the new NHS Boards**

→ **there should be staff membership on the new NHS Boards, nominated by the local Staff Partnership Forums**

→ **in each NHS Board area, the existing separate Health Improvement Programmes and NHS Trust Implementation Plans**

should be replaced by a single comprehensive document – a Local Health Plan

Each NHS Board will be responsible for developing a single Local Health Plan to address the health improvement, health inequalities and healthcare needs of the local population. This streamlined system will greatly reduce the bureaucracy of NHS planning, will form an integral part of the relevant Local Authorities' Community Plans and will link to Local Authority homelessness strategies.

NHS organisations must better reflect the communities they represent. We will work with each new NHS Board to achieve this. Together we will introduce measures to bring a wider range of individuals and perspectives into the decision making of the NHS at local level.

→ **we will launch a recruitment campaign early in 2001 to**

“THERE IS A NEED TO SIMPLIFY, IMPROVE AND RATIONALISE LOCAL DECISION MAKING”

encourage people to be part of local decision making in the NHS

NHS Trusts exist in law. They were established as part of the internal market and designed to compete as independent bodies. Their status as ‘self-governing’ bodies has sometimes stood in the way of developing a truly corporate approach within the NHS both locally and nationally.

In many parts of the country, NHS Trusts are increasingly operating in partnership as part of a corporate local health system. But we believe more needs to be done to put the NHS back together again and to sweep away the behaviours and practices of the internal market.

We believe that local operational autonomy is important. Local management needs to be able to take decisions efficiently and effectively and to have clear responsibility for the management of resources and services. NHS Trusts also have important duties as employers.

→ NHS Trusts will retain their existing operational and legal responsibilities within the local health system but with streamlined management arrangements and fewer non-executive directors

→ Chairs and Chief Executives of NHS Trusts will sit on the new unified NHS Boards and be held jointly accountable for the performance of the local health system

We believe there is great scope for better integration and rationalisation of functions and service delivery arrangements at a local level. We recognise also that ‘no one size fits all’. We will actively encourage and support unified NHS Boards to improve arrangements within their local health system.

We want to ensure that the links between the NHS and Local Authorities are strengthened – not just in planning but in service delivery, particularly in community care. Measures are now being

taken forward to encourage greater integration, better joint working and joint management and resourcing of services. The NHS and Local Authorities, social work and housing departments are central to this objective.

→ we will introduce joint resourcing and joint management of community care services locally, as recommended by the Joint Future Group. We plan to start with services for older people. And we will legislate, if necessary, to remove any remaining barriers to joint working between the NHS and social work and housing departments

It is important that services are designed and delivered as close to patients and communities as possible. Local Healthcare Co-operative (LHCCs) have a key role to play in achieving this. We think that the Joint Investment Fund is no longer the right mechanism for change in the context of an integrated service.

→ we will continue to develop the role of LHCCs, working with hospital services, as vehicles for the planning and delivery of health improvement and healthcare at local level and will take steps to enable them to carry out this role more effectively within agreed national and local standards

We expect local health care systems to invest in primary and secondary care services which are flexible and accessible enough to cater for homeless people, ethnic minorities and other excluded groups and to work with Local Authorities and other organisations to ensure those needs are met.

Alongside our plans to introduce new unified NHS Boards:

→ we will ensure that the work of the Special Health Boards (such as the Health Education Board for Scotland and the Health Technology Board for Scotland) and other national bodies (like the Common Services Agency) is properly

co-ordinated and aligned to national policies and priorities

We recognise that there will continue to be longer term issues about the structure of the NHS, the role and configuration of NHS Trusts and the numbers of different health bodies proportionate to the size of Scotland. These are important issues which deserve proper consideration and debate. Any further structural changes are likely to take years not months to achieve and may require statutory change.

→ we will commission a high level review of the management and decision making structures of the NHS in Scotland

NHS identity and communications

Alongside the changes in NHS boardrooms, we will re-establish a national identity for the NHS in Scotland.

“I’ve sat in this chair for eight years, had three employers and five different logos.”

The public relate to and recognise ‘the NHS’. They believe their care is provided by a national health service and staff take pride in the fact that they work for the NHS. Research tells us that the variety of differently named NHS bodies confuses the public and alienates staff. As part of our proposals to rebuild the National Health Service we will promote a new identity for the NHS in Scotland. At a local level, we will ensure that the new NHS Boards and all their component parts move to describing themselves uniformly and transparently as, for example, ‘NHS Tayside’, ‘NHS Glasgow’, ‘NHS Grampian’.

“Our hospital used to be part of the NHS, then it was part of a Trust.”

The NHS is a massive and complex public service. Like any modern organisation it must communicate its purpose and explain its decisions effectively. Good communications – outwards to local communities and inwards

“THE PUBLIC RELATE TO AND RECOGNISE ‘THE NHS.’”

through the NHS – are essential if the public and staff are to have a genuine opportunity to influence decision making.

There are many good examples of the NHS communicating effectively with patients and communities. But good practice needs to become universal. As a further part of our efforts to rebuild the NHS in Scotland and to reconnect it with patients and communities:

→ **we will develop a communications programme for the Scottish Executive Health Department and the NHS in Scotland. The new NHS Boards will be expected to put in place effective communications arrangements for the local health system**

Better financial systems

Good financial management is essential if the NHS is to provide consistently high quality care.

Resources must be managed effectively and additional investment must reach front-line patient care as quickly and effectively as possible. The move to unified NHS Boards will aid this process. But more needs to be done to provide a modern, transparent financial framework for the NHS in Scotland.

Existing financial systems in the NHS are complex. Many of the measures, targets and systems derive from the internal market and are inappropriate for a patient-focused, partnership-based NHS. The NHS needs to be able to plan better over the longer term. We need to simplify the way money flows into local health systems.

"We spend so much time trying to understand the system."

To achieve this:

→ **we will enable NHS Boards**

to manage their finances over a three year cycle, and to simplify the way money moves round the system to ensure it reflects what patient care needs

→ **we will simplify the funding of those specialist hospital services provided to more than one NHS Board area**

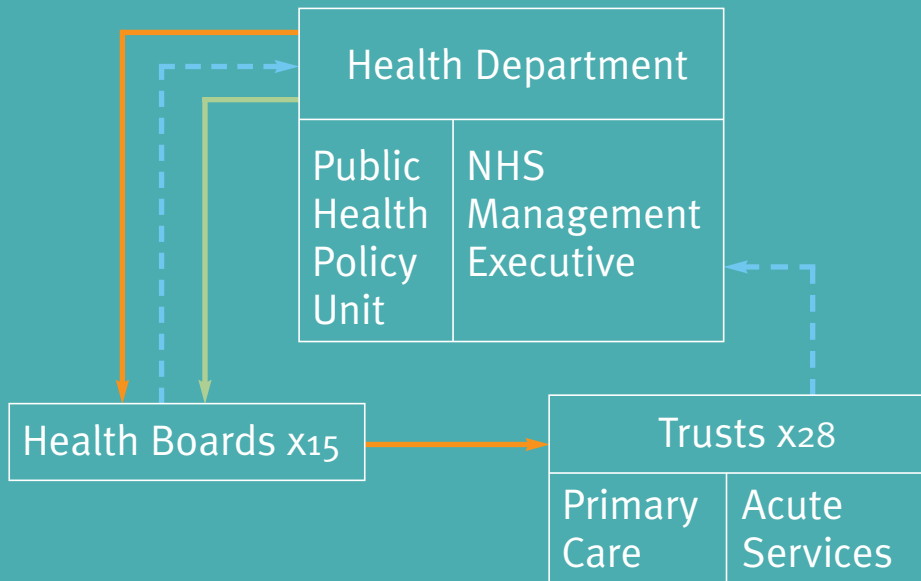
→ **in future, the new NHS Boards will be accountable for the financial performance of the whole local NHS system**

→ **we will review existing financial systems to ensure that resources flow and are managed in a way that is effective, efficient and accountable. The review will provide initial proposals for change by March 2001**

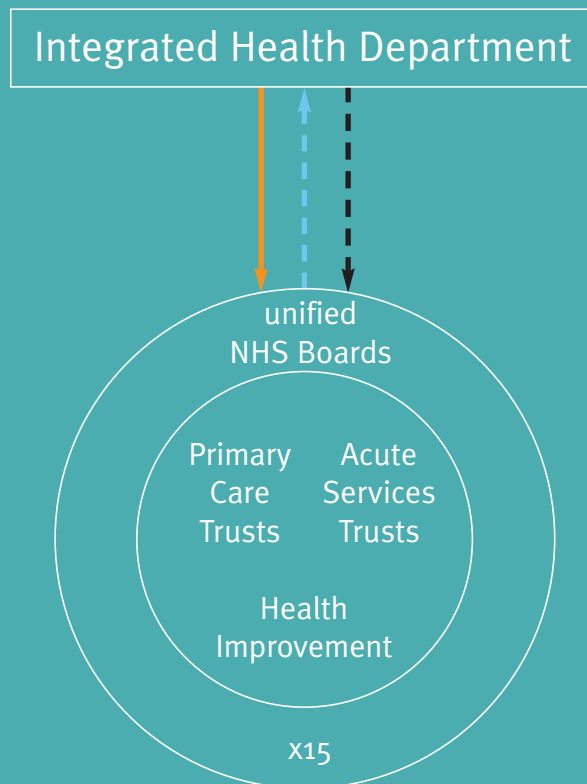
The Executive has delivered its commitment to provide the money health services in Scotland need. Local NHS organisations are best placed to

IMPROVING NHS PLANNING, DECISION MAKING AND ACCOUNTABILITY

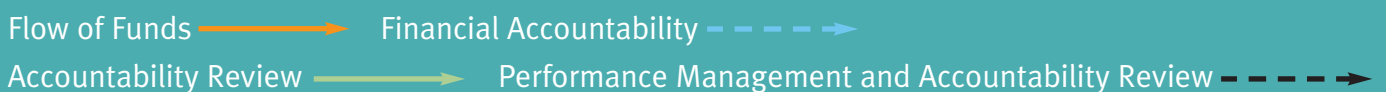
Before



After



KEY



decide on how to spend money most effectively to achieve these priorities.

We are committed to allocating substantial additional funds to NHS Boards early in each financial year to deliver national and local priorities. We will expect NHS boards to deliver real improvements to services with these funds. We will commit resources centrally to national projects where appropriate. In addition:

→ **we will create a central innovation fund to drive change by bringing together and supplementing existing special funds**

Performance and accountability

Our proposals to rationalise NHS boards and integrate decision making will greatly reduce the bureaucracy of NHS planning. To underpin these new arrangements and ensure they deliver real and measurable improvements in health and health care:



→ **we will introduce a new comprehensive performance management framework for the NHS in Scotland which will assess health improvement, clinical outcomes and standards of service alongside good financial management**

→ **we will replace the current, fragmented accountability arrangements with a new accountability review process**

The new accountability review process will:

- be open and transparent
- involve independent assessment
- include evidence-based clinical and service standards
- inform the publication of an annual report by each NHS Board

The new accountability review process will ensure that national standards and patients' experience of services are rigorously assessed and that the

NHS across Scotland is charged with delivering continuous improvement. The new framework will aim to balance clear national standards and performance indicators with local operational responsibility which is responsive to local needs. The framework will assess health improvement, clinical outcomes and standards of service alongside good financial management.

We will set out our detailed proposals for change early in 2001. We will discuss and implement these proposals in partnership with existing NHS bodies, Local Authorities and staff and patient representative bodies.

“WE AIM TO BALANCE CLEAR NATIONAL STANDARDS AND PERFORMANCE INDICATORS WITH LOCAL OPERATIONAL RESPONSIBILITY”

- ACHIEVE BETTER, FAIRER ACCESS TO SERVICES
- INCREASE FLEXIBILITY
- REDUCE WAITING AND IMPROVE THE PATIENT'S JOURNEY OF CARE
- IMPROVE COMMUNICATIONS AND BREAK DOWN BARRIERS
- MAKE BEST USE OF ALL SKILLS AND RESOURCES

SECTION 4 | IMPROVING THE PATIENT'S JOURNEY

Improving the patient's journey

Core aims

→ achieve better, fairer access to services

→ increase flexibility

→ reduce waiting and improve the patient's journey of care

→ improve communications and break down barriers

→ make best use of all skills and resources

Why do we need to change?

People want a health service which listens, communicates and values them throughout their journey of care. Greater continuity of care, better information and improved access are key to achieving this.

The NHS delivers high quality care and people value it, but there are weaknesses in the system.

For too long, people have been made to fit services rather than services being made to fit people. Too many people wait too long

for treatment and care. As people move from one part of the care system to another there are too many delays and too little communication. Homeless people and drug users have even more need to access services but are excluded by their life circumstances or their lifestyle.

"He needs to feel like a person, not just a set of symptoms. It's very frustrating to go from one specialist to another not realising that one thing affects the other."

This situation will not be changed overnight. A combination of investment and reform is necessary to bring about sustained improvement. There must be changes both to systems and to culture. Many parts of the NHS in Scotland are already demonstrating how this can be achieved. We want to build upon this, to share best practice and to accelerate the pace of improvement and change across the country.

Investment is part of the solution. Tackling equipment and staff shortages must be a priority both nationally and locally. But money alone will not improve the patient's journey through the care system. Reducing bureaucracy, removing unnecessary demarcations and improving communications – both between different parts of the NHS and with patients themselves – is key.

Some of the changes which patients want to see do not require major investment or significant changes to services. They require the NHS to listen and to respond.

"The baby clinic is held from 2.30 to 3.30, but that's the same time I have to pick up my older kids from school. If they could just hold the baby clinic in the morning then I could do both."

“PEOPLE REQUIRE THE NHS TO LISTEN AND TO RESPOND”

Most people are likely to feel vulnerable and anxious about their health and welfare from time to time. But even when they are ill or low, people form very clear impressions of the quality of the service they are getting. People want:

- better, clearer information about treatment options at the right time
- care provided as close to home as possible
- easy access to services and better public transport
- shorter waits to get an appointment at a local GP surgery or at a hospital
- convenient GP appointments that take account of working and other commitments
- longer consultation times
- quicker test results
- fewer referrals around the health system
- a cut in the number of times people are asked for the same information.

People say:

44% of people we asked thought it should be easier to get a GP appointment.

32% of those visiting their GP surgery said they wanted more time with their doctor or nurse.

NHS staff and their representative bodies echoed these themes.

There is an appetite for change among both patients and staff.

Now is the time to bring about that change.

“At least I can get to the GP. My husband never goes. The only time the surgery is open is when he is at work and there is no way he would take time off to go to the doctor unless he was really ill. Why can't you go to the doctor in the evening or at the weekend? They have a Saturday morning surgery but that is only for emergencies.”

Improving the patient's journey

Extending access, reducing waiting and improving the way the NHS responds to the needs of patients must be a key priority for every part of the NHS.

Investment must be matched with reform to deliver change. Each local NHS Board will be required to demonstrate to the Scottish Executive and to local communities how it is using resources to improve service delivery.

The NHS at every level must work to transform the patient's experience: from first contact through primary care, out-patient clinics, in-patient stay if necessary, and back home.

This means looking at each service from the patient's point of view, making best use of the skills of all members of the healthcare team, adopting a 'whole system' approach and challenging traditional ways of working to improve the speed, responsiveness and quality of care.

“WE WILL WORK NOW TO MAKE GOOD PRACTICE THE NORM”

“The different professionals should work together, to get an idea of the whole person.”

People suffering from complex chronic diseases need care from many different specialists. This often means that patients have to attend many different primary care and hospital appointments.

“Over a 12-month period I not only attended hospital three times a week for dialysis treatment and had a further 31 separate out-patient clinic appointments with other doctors for tests in diabetes, hypertension, ophthalmology, ENT, cardiology, dermatology and chest disease. I’ve had more than 180 separate appointments in a year.”

Change can be achieved, as our 44 National Health Redesign Demonstration Pilot Projects are showing.

IT’S HAPPENING ALREADY...

In the Highland Health Board area, redesign of the Colorectal Cancer Service led to the introduction of a one-stop clinic. The time people have to wait for diagnosis or staging has dropped from 19 weeks to 4. The number of visits that people have to make to hospital has been cut from four to one. As a result, 50% of patients can be reassured and discharged on their first visit.

We will work now to make good practice the norm. Successes in one part of Scotland must be rolled out across the country.

→ **every unified NHS Board will be expected to set out a programme of service redesign**

Information and communications technology

The effective use of information and communications technology has the potential to transform the patient’s experience and is doing

so in many parts of the country. We are investing £50 million over this year and the next two years specifically for this purpose.

Over the next few years, we will speed up this work. We want to see integrated patient records in GP practices and health centres, electronic transmission of prescriptions between GPs and pharmacists, all primary care staff connected to NHSnet, and electronic clinical communications (ECCI) to support booking of in-patient appointments from the GP surgery, faster test results, protocol-based referrals and timely discharge information.

Harnessing information management and technology to improve people’s experience of public services is at the heart of the Executive’s work towards a digital Scotland.

→ **we will update our Strategic Programme for modernising information management and technology in the NHS by early 2001**

On a typical day in the NHS in Scotland:

- *over 60,000 people visit their family doctor*
- *188,000 prescriptions are dispensed by pharmacists*
- *3,900 people receive treatment in accident and emergency departments*
- *24,700 people are seen as outpatients*
- *2,500 operations are carried out including 80 heart operations and 10 kidney operations*
- *150 babies are delivered*
- *2,700 people receive a free eye test*
- *8,500 people go to the dentist for a check-up*
- *district nurses make 12,600 visits.*

People receive care and services from over 130,000 staff, including:

- *11,500 doctors*
- *1,600 ambulance personnel*
- *32,600 nurses*
- *3,000 midwives*



- 1,200 radiographers
- 2,400 tradespeople
- 1,100 occupational therapists.

Improving access

Illness is no respecter of the time of day or the day of the week. It strikes those who are remote from population centres just as it does those in our cities. So the challenge is to provide excellent services all round the clock and all across the country. Technology and teamwork are key to achieving this.

The introduction of GP out-of-hours co-ops in many parts of Scotland has improved access to services in many areas. The NHS Helpline has been extended and is being used by a growing number of people seeking information and advice over the phone.

We want to build on these developments to ensure that people across Scotland can get access to services, advice and support any time of the day or day of the week.

→ we are investing in NHS24 to provide 24-hour access to health advice and healthcare services by telephone from trained health professionals

This new service, developed jointly with health professionals and those who will use it, will provide people across Scotland with the support and reassurance of 24-hour access to advice about symptoms or to the care they need. The first **NHS24** pilots will be launched in 2001.

Public attention on the NHS often focuses on what goes on in hospitals. Yet 90% of contacts with the NHS begin and end with primary care – GPs, health visitors or other community-based health professionals – with only a small proportion of people needing hospital care. Effective and timely provision of community-based care can also play a major role in avoiding unnecessary or inappropriate hospital admissions.

IT'S HAPPENING ALREADY...

The City of Aberdeen Rapid Response Team provides intense short-term help to older people when their need is greatest. It has a dedicated joint budget from the Local Authority and the NHS to purchase simple equipment and adaptations and install them quickly. It can also purchase services, including access to independent home care providers.

The team includes a social worker/care manager, home care organiser, district nurse, physiotherapist, occupational therapists, and one occupational therapy technician/assistant. It has access to a dedicated budget for equipment and services including those provided by independent care providers.

This service, which handles about 60 cases a month, helps people go home from hospital earlier.

“ILLNESS IS NO RESPECTER OF THE TIME OF DAY OR THE DAY OF THE WEEK”

We want to see a fundamental change in the quality and accessibility of people's contact with the NHS. This means greater flexibility in both thinking and working. For example, traditionally, GPs have been seen as 'gatekeepers' to the NHS. In future, we want to provide people with 'gateways' to the NHS. Making best use of the skills of the whole healthcare team is key.

There are over 1,100 community pharmacists in Scotland. We can promote better access by making better use of pharmacists and pharmacies. Model schemes for pharmaceutical care in the community are already in place for palliative care, older people and people with mental ill health. We want to build on these.

→ **we will extend the model schemes for pharmaceutical care to include chronic conditions and will support arrangements to allow pharmacists to prescribe a broader range of medicines, conduct medication reviews and monitor certain treatments**

→ **we will improve the provision of repeat medication and support this by developing electronic transmission of prescriptions and better information exchange**

There are many other community-based services including those provided by dental practitioners, optometrists, physiotherapists, speech therapists, occupational therapists, chiropodists and others and those provided by Local Authority care services. Making best use of the skills of all these professionals is key to providing patients with a more accessible, more responsive service.

We will work to make better use of the whole healthcare team, expanding the role of nurses and freeing up GPs to spend more time with those who really need their clinical skills. People's desire to spend longer with the nurse or doctor came through strongly in what people said to us.

"A good GP takes time to look at you, talk to you, take your mind off what's bothering you."

"He doesn't even look up, he's writing a prescription before you're through the door."

"The time the doctor spends with you, that makes all the difference. It makes you feel like a human being."

We will support patients in caring for themselves, give people better information and advice, streamline information management and develop the whole team approach at LHCC and practice level. For example:

→ **we will work with the NHS and with professional bodies to ensure that patients in every part of Scotland can get access to an appropriate member of the primary care team in no more than 48 hours**

→ we will develop and invest in new contractual arrangements for GPs, building on pilots already underway, to allow NHS Trusts to employ GPs directly to work in socially deprived areas and some rural areas

→ we will support the development of primary care professionals to expand roles and responsibilities and build integrated teams, freeing up GPs to spend more time with those who really need their clinical skills

→ we will increase the number of nurses trained to prescribe and the range of what they can prescribe

→ we will enhance training and leadership programmes for primary care nurses and pilot new ways of providing professional care, for example the Family Health Nurse

→ we will work with the professions to identify the workforce planning, training and job content implications of changing roles in primary care and intermediate care

IT'S HAPPENING ALREADY...

In Lanarkshire, more than 25% of all male deaths are men under 54. Younger men are increasingly at risk due to their lifestyle choices and are less likely to access routine health services for advice.

In January 2000, Coatbridge Local Healthcare Co-operative (LHCC) started a men-only evening clinic lasting three hours a week and offering open access, drop-in facilities, lifestyle checks, health examinations and education. The clinic has been widely and imaginatively advertised and staff numbers have doubled to cope with demand.

The clinic has reached a significant number of people with potentially serious conditions. Around 28 men, aged between 27 and 79, have attended on each occasion. A quarter had not seen their GP in the last 5 years. Heart disease, diabetes, high blood pressure and mental ill health were among the problems identified.

Our aim is to take the NHS to people rather than just people to the NHS. This is consistent with our desire to promote health in a range of settings.

In many parts of the country, the NHS is offering services outside traditional times and settings and is going to where people are – in the workplace, in schools and in community centres. We will encourage this approach.

→ this year, we have made available around £1 million to enhance occupational health services in workplaces concentrating on small and medium sized enterprises

“OUR AIM IS TO TAKE THE NHS TO THE PEOPLE RATHER THAN JUST PEOPLE TO THE NHS”

IT'S HAPPENING ALREADY...

Lanarkshire Workplace Assessment Service (LWAS) is a service specialising in promoting health, safety and wellbeing amongst small and medium sized enterprises (SMEs) in Lanarkshire. A team of two specialists, a Health and Safety Adviser and Health Promotion Adviser – visits the workplace where they offer a free and confidential assessment concerning health and safety, occupational health and health promotion. This gives people who work in smaller companies access to occupational health services which companies could not otherwise afford.

Providing health services to sparse populations dispersed over many hundreds of miles of land and sea is one of the distinctive features of the NHS in Scotland. The need for effective partnerships with other agencies, the flexible use of all members of the healthcare team, the creative use of modern technology and the

need for effective patient transport are even more vital in rural Scotland.

We recognise that services can and must be organised differently in rural Scotland as distinct from urban Scotland. We will continue to work with the NHS and with professional bodies to ensure that the needs of rural Scotland are addressed effectively.

We are already investing £2 million a year in the Remote and Rural Areas Resource Initiative (RARARI), which is implementing 14 projects this year. The proposals in *Fair Shares for All* will enhance those resources allowing faster roll-out of RARARI successes.

→ **by April 2002, we will require NHS Boards in rural areas to draw up plans for rolling out good practice from RARARI projects across all rural areas, making use of up-to-date technology and telemedicine techniques wherever appropriate**

Telemedicine ('medicine at a distance') is a rapidly developing

field with great potential to improve access to high quality care irrespective of distance. This is particularly important given Scotland's geography.

→ **the Scottish Executive is investing £5 million to promote telemedicine schemes across Scotland and has established a Scottish Telemedicine Action Forum to co-ordinate this work. Evaluation of these projects will provide evidence about which telemedicine applications are sufficiently effective, efficient and robust to deserve wider implementation**

IT'S HAPPENING ALREADY...

A Telemedicine link between the Western Isles Hospital in Stornoway and the Dermatology Department at the Raigmore Hospital in Inverness has reduced the need for patients to travel to the mainland and has reduced waiting lists.

A joined-up approach

Many people and organisations contribute to the development of health and to the delivery of health services. The quality, speed and responsiveness of the patient's journey is determined by how effectively these different people and organisations work together. A patient-centred approach means thinking first about the needs of the person and thinking second about who can best meet those needs.

It is not just the NHS which provides health care services. Local Authorities, voluntary organisations, independent providers and community health groups all have key roles to play. We expect the NHS to adopt a holistic approach to the delivery of healthcare and to work closely with a range of others to meet local needs effectively.

In particular, we will expect the NHS to give renewed support to local voluntary organisations where these are best placed to meet local need.

→ **we will expect the NHS to follow the principles, set out in *The Scottish Compact*, on how Government and the voluntary sector should work together.**

Access to hospital care

Our approach is to provide care at home where possible, in hospital where needed. A growing amount of treatment and care can now be delivered outside the traditional hospital setting.

Many of our current hospital buildings are outdated and inflexible. Many are in the wrong place to meet current population needs. We need to change the configuration of hospital services. Buildings and bed numbers must be right – but they are only a part of the picture. The aim must be to provide individuals and communities with access to the range of health services they need.

Advances in medicine such as keyhole surgery have meant dramatic reductions in the proportion of treatments which require a stay in hospital and in

length of the hospital stays. For example, over 60% of all non-emergency surgery is now performed as day cases, and the average stay in hospital for an acute operation dropped from ten days in 1981 to six days in 1999. The average stay of a woman in maternity hospital is now 2.8 days compared to 4.1 days nine years ago.

Achieving the right balance between hospital and community based health services is key. This balance will vary across the country reflecting the different needs of local populations and the existing pattern of services.

Eight new major hospital developments are now being built across Scotland and will be completed by 2003. We are also committed to creating a new generation of Walk in/Walk out Hospitals. These will deal only with planned treatment and not emergencies, benefiting patients through ease of access and speedy diagnosis and treatment.

“ACHIEVING THE RIGHT BALANCE BETWEEN HOSPITAL AND COMMUNITY BASED HEALTH SERVICES IS KEY”

In addition:

→ **we are investing £11 million in the redesign of Accident and Emergency Departments to make the patient's journey from admission to treatment better and faster. Lessons learned from these projects will be shared across Scotland**

Transport

Good transport links help people get access to the right care in the right place at the right time. This applies in both emergency and routine situations. The Scottish Ambulance Service is currently undertaking a wide review of its operations which will be completed in 2002. This review will help to ensure that both Patient Transport Services and emergency ambulance services are provided effectively across Scotland. It will also evaluate the case for introducing priority-based dispatch.

→ **we will work with the NHS and in particular the Scottish Ambulance Service to take**

forward its forthcoming review and will expect the NHS locally to ensure that ambulance services are fully involved in the development and delivery of health services

→ **we will expect the Scottish Ambulance Service to work with other local service providers to achieve effective, integrated local patient transport services**

"If the Council can arrange transport at the right time every day for travel to the Day Centre why can't the NHS do the same for hospital visits twice a year?"

Ambulance paramedics play a key role in delivering emergency and often life-saving treatment and care. Investment in and development of their skills means that many patients can get urgent treatment as soon as they are attended to and before their arrival at hospital. Increasingly, it is the ambulance response time not the time taken to arrive at hospital which matters.

Public transport and transport links are also vital. We expect the NHS to work closely with Local Authorities and with local transport providers to ensure patient transport needs are met effectively. The NHS should work co-operatively with these other organisations to ensure that patient-friendly and environmentally-friendly transport schemes are in place.

Tackling waiting

Minimising delays and reducing the time patients have to wait for treatment and care must be a major priority for the NHS in Scotland.

Many of the changes taking place in the NHS in Scotland are already delivering results:

- there are now 200 one-stop clinics across Scotland offering fast diagnosis and treatment for specific conditions
- 43% of patients in Scotland are seen immediately and so do not go on to a waiting list



- 83% of patients in Scotland receive inpatient treatment within three months of referral, the best performance in the UK
- the NHS in Scotland is treating more patients, more quickly – 50,000 more operations were performed in the NHS this year than last.

But more needs to be done. Too many people still wait too long for treatment. And too many people experience delays between different stages of their diagnosis, treatment and care. In addition, too many people are still being cared for in an inappropriate setting.

Our objective is to improve and speed up the patient’s whole journey of care – not just one part of it. This requires action on a number of fronts. Many of the measures elsewhere in this Plan will contribute to this goal. Many parts of the NHS in Scotland are already delivering improvements.

We want to ensure that fresh impetus is given to the drive to



“THERE ARE NOW 200 ONE-STOP CLINICS ACROSS SCOTLAND OFFERING FAST DIAGNOSIS AND TREATMENT FOR SPECIFIC CONDITIONS”

reduce waiting. There must be a clear, comprehensive and transparent picture of performance in the NHS across Scotland. This will assist the NHS locally to benchmark its performance against others and will enable the public to see how their local NHS is performing.

→ **we will expect the NHS across Scotland to work to ensure that, by 2003, no patient will be required to wait more than nine months for inpatient care (instead of the current maximum of 12 months)**

→ **during 2001, waiting targets in key specialities and at different stages of care will be reviewed with the NHS and set out explicitly**

→ **we will place fresh emphasis on the patient's whole journey through the system to ensure that this is made as responsive and smooth as possible. This means improving communication as well as services**

→ **we will review and improve information on waiting provided by the NHS in Scotland to provide a clearer, more transparent picture of performance across the NHS in Scotland and will make this information available on the Internet**

We want to ensure that older people are discharged from hospital as soon as proper arrangements are in place for their care at home or in their local communities. Currently about 10% of hospital beds are occupied by patients who are clinically ready to be discharged.

→ **we will ensure that the NHS and Local Authorities identify improved processes and share good practice across Scotland to reduce unacceptable delays in discharging patients from hospital to more appropriate care**

→ GIVE PATIENTS A STRONGER VOICE

→ INVOLVE PEOPLE AND COMMUNITIES
IN THE DESIGN AND DELIVERY OF
HEALTH SERVICES

Involving people

Core aims

→ give patients a stronger voice

→ involve people and communities in the design and delivery of health services

We value the NHS as a public service which belongs to the people. Patients, staff and communities have a right to be involved in decisions which affect them. Involvement can and should take place at a number of different levels:

- involvement of an individual patient (or carer) in their own care
- involvement of patients in monitoring and improving the quality of care in an existing service
- involvement of patients and the public at an organisational level
- involvement of patients and the public in planning changes in service provision.

Developing effective, meaningful ways for people to become involved in the NHS at each of

these levels is key to developing a modern, accountable NHS in Scotland.

Why do we need to change?

People tell us that, in their experience, the NHS continues to provide high quality treatment and care. But there is a clear view that the NHS still does things *to* people rather than *with* them. People want to be more involved in decisions about their treatment and care. They want more information and to feel valued throughout their whole journey of care.

"You need to know the pros and the cons."

We also know that people who use services, people in communities and people involved in the voluntary sector all want to contribute their ideas, their energy and their commitment to make their NHS a truly modern, responsive health service. But they find it difficult to influence the development of the NHS.

Previous policy statements have encouraged the NHS to put

people, their views and experiences at the centre of the planning and delivery of services. But we know that this does not happen routinely. There are some very good examples across Scotland – some of them are illustrated in this Plan – but these stand out because they are not the day-to-day reality for all patients.

This must change.

A patient-centred NHS must not just be a slogan: it must become a way of life. We want to work with the NHS to ensure that a patient focus is embedded in the culture. To make this happen we will ensure that listening, understanding and acting on the views of local communities, patients and carers is given the same priority as clinical standards and financial performance.

Changing the culture

More than any other area, change here depends on a wholesale shift in the culture of the NHS. That will take more than words in a Plan; it will take commitment and involvement from staff at all levels. Staff have made clear that

they want to respond to this challenge. We will work with them to enable them to do so.

The vast majority of people who work for the NHS do so because they care about people. Staff themselves want to be able to respond effectively to people's needs and, where necessary, learn the skills they need to make this change happen.

"My health visitor makes you feel you can ask questions, or ask to be shown how to do something, go over something again. You're not just shown once, or told once and then left to get on with it."

Many health professionals and healthcare teams are involving patients in the design and delivery of services. Many parts of the NHS are harnessing patient feedback and translating that into improvements in the delivery of care. Many staff are responding to patients' and carers' wish to be more fully involved.

We want to build on that good practice and to make it universal across Scotland:

→ we will invest £14 million over the next three years to build the capacity of the NHS to communicate with, listen to and work in partnership with individuals and communities

This work will extend across all sectors of the NHS, and will provide a focus for a series of wide-ranging initiatives which will be set up to demonstrate how patients, users and communities' views can make a real impact on NHS service planning and development.

→ we will provide training and development for NHS staff and managers to enable them to acquire the skills and expertise they will need in order to provide the leadership and support to deliver a patient-centred approach

Patient information

Time and time again people say they want more information. They want to know how and where to

access services. They want to know more about their illness or about their health more generally. They want to be involved in decisions affecting their treatment and care and to be able to exercise informed choices.

"The nurses I asked didn't have the information... eventually, they found some leaflets, dusted them down and gave them to me..."

Information is crucial in determining people's access to health care, and to ensuring that they can contribute as equal partners to decisions about their health. It is therefore vital that the NHS provides equal access to information while taking account of the diversity of people's social, cultural and ethnic backgrounds. This is about more than issuing leaflets; it is about ensuring that staff at all levels in the NHS become more skilled in communicating with the people they serve. We recognise this and the following commitments will help to make this happen:

“ WE VALUE THE NHS AS A PUBLIC SERVICE WHICH BELONGS TO THE PEOPLE.”

→ early in 2001, we will take the next steps to develop the Patients' Project, a systematic assessment of patient information across Scotland which will capture and disseminate best practice and will provide a national source of patient information and advice

→ as part of that work, we will ensure that relevant high quality information (including on how to stay well) is available where and when needed in a suitable format

→ we will establish a network of information access points to help people find the information they need about their care and treatment options and about the services which are available to them

→ we will increase the use of patient-held records and, by April 2003, we will pilot and evaluate patient-held smart cards in areas where they will be most likely to promote patient involvement and better co-ordination of care

→ all clinical guidelines will have a version specifically written for people who use services

IT'S HAPPENING ALREADY...

People who are due to have elective surgery in Grampian are given a chance to find out more about their surgery and what to expect whilst in hospital and at home. People who are having a hip replacement operation are offered a video. People scheduled for less common operations are invited to a meeting with the surgeon and other key members of the health care team, including nurses, physiotherapists and occupational therapists. All patients are actively encouraged to get in touch with the health care team if they have questions or concerns.

NHS24 will be a distinctive Scottish service which will provide in one telephone call, information on health and other healthcare services, advice, an assessment of symptoms by a trained nurse and, where appropriate, direct access to care.

→ we will explore extending NHS24 to create NHS24 Online, a single gateway to information on health and health services on the internet and digital TV services

"Sometimes you just don't know what to ask."

"Once you get to know, it's easier but it's very hard, you don't know who to contact, or telephone, or which forms to fill in."

Partners in change

IT'S HAPPENING ALREADY...

Allies in Change is an educational programme designed to help people who use mental health services and people who provide them to work together more effectively at all levels, from joint planning with individuals to joint planning at NHS health board level.

Partners in Policymaking is a leadership development programme for adults with disabilities and parents of children with disabilities.

We know that people who live and cope with a chronic disease or long-term disability acquire a great deal of expertise and insight about their condition. *Allies in Change* has shown that when health care professionals and people who use services come together to plan and develop services, strong partnerships are created which lead to positive change in service culture and practice. These changes can only come about because of the depth of understanding which patients and users of services can bring to the process. We want to build on the approach successfully demonstrated by *Allies in Change*:

→ **by April 2002, we will require every NHS Board in Scotland to have set up at least one ‘Partners in Change’ programme which will put the experience of patients and users of services at the heart of service change**

Support for those who lack a voice

We must pay particular attention to support those groups in society who are excluded, who are vulnerable and who come from

ethnic minority communities. While most people who need to use the NHS can speak for themselves, many people from these groups cannot. For some people, we know that independent advocacy services can provide the one-to-one support many vulnerable, excluded people need. We will therefore work with the existing network of independent advocacy organisations across Scotland to ensure that they can deliver high quality, independent advocacy support to nationally agreed standards.

→ **by December 2001, we will require all NHS Boards to work in partnership with Local Authorities to ensure that integrated independent advocacy services are available to those who most need them**

→ **we will require NHS Boards to ensure that NHS staff are professionally and culturally equipped to meet the distinctive needs of people and family groups from ethnic minority communities**

Listening and acting on complaints

A modern, person-centred healthcare system is one which listens to and acts on complaints from those who feel let down by the service they have received. It must also be quick to learn from what patients say has worked well for them.

→ **by 2002, we will set out proposals in response to the independent evaluation of the NHS Complaints Procedure, to ensure that we create a system that is credible, easy to use, demonstrably independent and effective**

→ **we will raise the profile of the NHS complaints system with the message that “it’s OK to complain” – because we want to put it right**

In order to encourage good practice which has proved to be particularly effective from the patient’s perspective:

→ **we will set up a telephone and internet-based positive feedback system**

“ WE MUST PAY PARTICULAR ATTENTION TO SUPPORT THOSE GROUPS IN SOCIETY WHO ARE EXCLUDED ”

This system will be well advertised throughout the NHS. Patients, their carers and relatives will be encouraged to use it.

Our vision is to support the NHS and to put people, their views and experiences at the centre of the planning and delivery of local services. We will build on the NHS's strengths to tackle the shortcomings that concern service users and staff alike.

A process of modernisation is already underway, and this Plan has outlined a number of key areas where the pace of improvement will be accelerated. We will work with patients, community representatives and NHS staff to develop and implement the commitments outlined above. We will make a significant real investment in resources to match the investment of time and energy people in Scotland willingly give to their NHS. We will use these partnerships for change to create local healthcare systems that are designed with and for the people who use them.



Involving communities

The NHS is a vital part of the fabric of our nation. It is a part of every community. The NHS is at the heart of towns, villages and communities across Scotland – both as an employer and as a provider of services. People value the NHS. They care about it.

People want to know what is happening in the NHS and how it affects them. Many want to have the chance to influence the shape of their local NHS. Many more want simply to know more about changes and decisions which affect them.

At a time when the NHS is changing, communication with local people and communities is important. There must be dialogue with local communities and their representatives. It is ultimately the responsibility of local NHS boards to decide how local services are to be delivered. Sometimes that will involve hard decisions. These will not always be popular. But communities have a right to be involved and to have their views heard.

At a local level the NHS will be expected to involve people and communities routinely and effectively in the planning and delivery of health services. Elsewhere in this Plan, we have set out how new Local Health Plans will be an integral part of Community Planning. In addition:

→ **we will expect all parts of the NHS to make explicit commitments to systematic assessment of the needs and to capturing the experiences and views of the people and communities they serve**

→ **from April 2001, we will require NHS bodies to give an annual account of how they are involving the public, and how that is impacting on services**

→ **we will review statutory guidance on formal consultation to ensure that it meets the needs of modern healthcare systems, and takes into account the changes to NHS planning announced elsewhere in this Plan**

→ **we will provide guidance, training and support to local NHS leaders to enable them to involve the public effectively in the management of changes to local services**

We recognise the often excellent work of Local Health Councils across Scotland. But Health Councils themselves are keen to modernise and reform. They have made clear they wish to work with us to devise modern public involvement structures which will support patients and communities and have direct influence on local NHS decision-making; influence which will lead to real changes on the ground.

→ **we will work with Health Councils, the Scottish Consumer Council and other key stakeholders to develop proposals for improved local public involvement structures which will play a key role in our revised accountability mechanisms for the NHS**

“ PEOPLE WANT TO KNOW WHAT IS HAPPENING IN THE NHS AND HOW IT AFFECTS THEM ”

- A NEW PRIORITY FOR THE HEALTH OF CHILDREN AND OLDER PEOPLE
- GIVE CHILDREN THE BEST POSSIBLE START IN LIFE BY IMPROVING CHILD HEALTH AND CHILDREN'S SERVICES
- PROVIDE ALL CHILDREN AND THEIR FAMILIES WITH EQUAL AND EASY ACCESS TO COMPREHENSIVE, COMBINED AND INTEGRATED SERVICES
- ENABLE OLDER PEOPLE TO MAXIMISE INDEPENDENCE, DIGNITY AND GOOD HEALTH
- PROVIDE OLDER PEOPLE WITH ACCESS TO RESPONSIVE, INTEGRATED SERVICES

A lifetime of care

Core aims

→ a new priority for the health of children and older people

→ give children the best possible start in life by improving child health and children's services

→ provide all children and their families with equal and easy access to comprehensive, combined and integrated services

→ enable older people to maximise independence, dignity and good health

→ provide older people with access to responsive, integrated services

For most of us, for most of our lives, the NHS is a reassuring presence and a service we can call on. Some of us rely heavily on the NHS, and the next section of this Plan looks at some specific needs. Each of us needs the NHS most at the beginning of our lives and as we grow older and may

become more frail and dependent. We want to make the health of children and older people a new priority for the NHS.

Children and young people

Our children are our future. We want every child in Scotland to get the best possible start in life. This commitment is reflected across the work of the Scottish Executive, for example in our policies to create social justice, to improve early education and to provide childcare, as well as in our health policies. The early years of development, particularly from conception to age three, influence learning, behaviour and health throughout life. Tragically, children who do not get the best start can show clear differences in both health and development by age three compared to those who do. The life circumstances of the expectant mother and young child influence the chances of developing cardiovascular diseases, diabetes, obesity, cancer and mental health problems in later life. Too often, poverty is the underlying cause.

Action must also be taken before birth to make sure that all children have a healthy start to life. Breastfeeding, nutrition, dental health and accident prevention are major focuses for health improvement.

Yet we will not improve the health of our infants without also looking to support parents. Every child deserves to be wanted by parents who themselves feel valued and supported, to be born safely and to be nurtured from the very beginning. Special measures are needed to support the most vulnerable families.

Preparing for healthy pregnancies

Pregnancy is a normal process for women, but it is also a significant life experience and this must be reflected in the way that women are cared for during pregnancy, childbirth and postnatally. Pregnancy is not an illness.

→ we will offer information and support to all women of child-bearing age, and their partners, so that they can make the best

choices about diet, alcohol, lifestyle, smoking and drugs to help them prepare for healthy pregnancy

Services must be women and family-centred, providing a whole package of care throughout the pregnancy. Women and their families must be allowed to make fully informed choices about their care and be given the opportunity to choose the location in which they give birth. Choice in childbirth should not be the preserve of the privileged – it should be the standard for every woman.

→ in January 2001, we will publish a national Maternity Services Framework. It will ensure choices for women and their families – while recognising the need for clinical safety – and assist decision – taking on the design of maternity services across Scotland

Supporting parents

Parenting is demanding. Parental influences and choices are key to children's development.

→ we will support parenting, by ensuring each NHS Board has in place effective, local antenatal and postnatal parent education and support programmes to make sure that women and their partners are well prepared for the emotional and physical changes that occur in pregnancy, childbirth and parenthood

→ we will develop better parental support through initiatives such as Starting Well and Sure Start Scotland

→ we will increase the health input into family centres, with links between LHCCs and Family Centres

Good nutrition is vital for a healthy start to life. Our target is that by 2005 50% of mothers should be breastfeeding at six weeks. To promote breastfeeding we will:

- support local NHS Board breast feeding strategies
- implement the joint WHO/UNICEF initiative on breastfeeding

- raise awareness of its benefits, by promoting support by professionals and peers
- enhance the opportunities for women to continue breastfeeding on their return to work.

IT'S HAPPENING ALREADY...

North Lanarkshire Social Inclusion Partnership's award-winning "You can't get better than a breastfed nipper" campaign is giving practical help for mothers to continue breastfeeding, and promoting breastfeeding as the normal choice. Trained members of the Wishaw initiative offer practical help to support mothers with babysitting, ironing and equipment lending services.

→ each local NHS Board will have systems to promote early detection, referral and treatment of postnatal depression, involving midwives, health visitors, GPs and other agencies

→ we will develop guidelines to help health professionals recognise when women – whether mothers or not – are experiencing domestic violence and to ensure that they are given sensitive support and advice

Health in early life

Very young children can of course be vulnerable to disease. So we must tailor services to their needs. One in five patients in Scotland is a child. But they should not be treated as small adults. Early identification of health problems is especially important for very young children.

→ the NHS in Scotland will refresh and update its screening programmes, focusing on the health of women and children

→ we will seek to improve lifestyle education, raising awareness of the lifestyle issues that will affect children’s future health. Health promotion and health education in schools, including HEBS campaigns, will help pupils to make healthy choices for themselves on alcohol, smoking and drugs



“OUR CHILDREN ARE OUR FUTURE. WE WANT EVERY CHILD IN SCOTLAND TO GET THE BEST POSSIBLE START IN LIFE”

→ we will revolutionise the school nursing service, building on the experience of nursing roles in New Community Schools to develop a service that focuses on identifying and addressing the health needs of the whole school community

→ we will develop a new model of public health nursing, bringing health visitors and school nurses into a single discipline focused on addressing the health needs of communities

Joint working

Joint working between the NHS in Scotland and other agencies is essential if we are to provide all children and their families with integrated services. This will require inter-agency strategic planning and investment in children's services in Children's Service Plans and Local Health Plans. At all levels we will ensure that parents and children are wholly involved in service design and delivery.

"My boys suffer from bed wetting, no-one thinks this is a problem. All I'm asking for is a plastic cover for the mattresses."

→ the Scottish Executive will allocate over £70 million over 2002-04 to provide integrated children's services. We will expect the NHS at a local level to work closely with Local Authorities, voluntary sector and other partners to make best use of this resource

Child health services

We recognise the need for a long term strategy to promote improved, combined and integrated children's services.

→ in early 2001, the Child Health Support Group (CHSG) will produce a Child Health Service Template that will provide a framework for all agencies involved in providing a combined, integrated and co-ordinated child health service

The template will be used to monitor and drive up standards and will ensure that children's services are prioritised throughout the NHS in Scotland.

The template will provide a platform for the development of a National Child Health Information Plan.

Local Healthcare Co-operatives play a pivotal role in the co-ordination of children's services, and we will ensure that their plans are fully integrated with community services planning. Across child health services as a whole, the development of child and adolescent mental health services must be a priority.

When children are seriously ill and require hospital treatment, their needs are different from those of adults. We must ensure that care they receive is appropriate to children's needs, in both specialist and general hospital environments.

Being separated from parents adds to the trauma of illness

"JOINT WORKING BETWEEN THE NHS IN SCOTLAND AND OTHER AGENCIES IS ESSENTIAL"

for children. Parents must be considered a vital part of the care and treatment provided to children in a clinical environment. They must be given the opportunity to be with their child during a hospital stay. They must be given the information they need to participate fully in decisions about their child's care.

→ **as part of the performance management arrangements put in place by this Plan, NHS Boards will have to demonstrate that the treatment and facilities they provide for children meet both clinical and emotional needs of the child and parents**

We will continue to develop provision for children in line with the recommendation of the Acute Services Review.

For many children, particularly in remote and rural areas distant from specialist children's services, the first contact with hospital services may be through Accident and Emergency Departments or other adult services.

→ **we will require NHS Boards to ensure that they have appropriate training and systems in place to ensure that treatment given to children in the general hospital environment recognises and addresses their needs and those of families**

Children with special needs

All children are special – but the NHS and partner agencies must work harder to support vulnerable children with special needs. We will ensure that children with special needs have access to multi-disciplinary medical, nursing, educational and social care.

→ **the Executive is committed to improving the provision of services for children with special needs**

Wherever possible and appropriate, we will deliver this care at home, under the direction of specially trained community children's nurses, or in schools rather than in other institutions.

These children will receive respite care, jointly commissioned by health and social care services, when they or their families need it.

IT'S HAPPENING ALREADY...

The Diana Princess of Wales initiative will provide training for up to 23 Community Children's nurses. These nurses will co-ordinate local packages of care, bringing together all relevant agencies to meet the complex needs of children and families.

The recent reviews of services for children and adults with learning disabilities recognise the need for better and more flexible health and social care services: services that are organised and delivered around the needs of the child. The emphasis must be on joined-up thinking and joined-up action, both nationally and locally, to deliver innovative services that promote inclusion.

→ the Executive is acting on the recommendation of the Riddell Committee and reviewing how we provide speech and language and other therapies for children with learning disabilities

→ the Executive will issue guidance on the education of children who are too ill to attend school

→ by summer 2002, children, young people and adults with learning disabilities will have access to local area co-ordinators who will co-ordinate services to provide information, family support and funding

Young people

As they grow, young people also begin to exercise greater personal choice. This means that many young school leavers, particularly in areas of disadvantage, become very hard to reach. Health-related services need to be attractive and accessible to meet the needs of these young people. We need to talk to young people about their health needs in a language they understand. And when they respond, we must show we are listening.

“As if you’re even going to need to understand all these long names.” (About sex education at school)

→ we will encourage the NHS to work with and listen to young people to make sure that local services are shaped in ways that effectively meet their needs

→ we are investing £1 million from the Health Improvement Fund in the Walk the Talk initiative to underpin this work, developing a network of services to meet young people’s health needs

As they grow older, children who suffer from enduring illness are particularly vulnerable as they go through the often difficult transition from specialist children’s services to those provided for adults.

→ We expect the NHS to work with partner agencies to ensure that this transition is managed sensitively and with attention to young people’s needs.

Sexual health

Advice and information on sexual health and contraception is of

particular importance to young people.

→ we are providing £3 million over three years for the ‘Healthy Respect’ national health demonstration project that seeks to develop and share best practice in the promotion of sexual health, prevention of unwanted teenage pregnancies and reduction of sexually transmitted diseases

→ we will expect each local NHS Board to work in partnership with Local Authorities and voluntary sector organisations to ensure that young people have access to a range of sexual health support and services

IT’S HAPPENING ALREADY...

The Castlemilk health project contributes to the ‘Health Spot’, an information and advice service provided by and for young people. This provides a sexual health service for young people on an outreach basis.

Older people

We live in an ageing society. Today, one in five people in Scotland is over 60. Life expectancy continues to increase and in the next 20 years the number of people over 80 will increase significantly. To this Executive, that is a challenge to be met, not a burden to be endured.

We all have a responsibility to help older people lead full and independent lives: to add life to years as well as years to life. The Executive has demonstrated its determination to do this by placing older people at the heart of its social justice agenda.

We know there is still a clear feeling that the NHS in Scotland could do much better in the way it delivers services and cares for older people. Care of older people accounts for 40% of social work and 40% of health service budgets in Scotland. We need to ensure that these resources are managed effectively to deliver effective, integrated services. We need to demonstrate by our actions that people will get the care and treatment they need,

when they need it and where they want it, irrespective of their age. There is no place for ageism – real or perceived – in any part of the NHS in Scotland.

“When my dad needed dialysis, he got it. The fact he was 79 did not matter.”

Preparation for healthy older age should begin early in life. We must make sure that people have ready access to information and advice that helps them take informed decisions about their wellbeing.

→ **the Health Education Board for Scotland (HEBS) is currently developing a campaign tailor-made to the health education needs of older people**

Older people must have full access to modern services, skills and technology as and when they need them. Better care at home will help them stay there: living independently wherever possible, cared and supported at home, not in homes. And their special needs in acute hospital care, rehabilitation and support after hospital

discharge must be met, by health and social work working better together.

→ **the Chief Medical Officer will lead an Expert Group to improve the care of older people in NHS acute and primary care services. This will include action to reduce delays in discharging patients from hospital**

→ **the Chief Medical Officer will be asked to produce proposals for more effective screening of older people’s health needs**

This screening should be carried out in the home to ensure that it addresses the physical and social needs experienced by older people in their everyday lives. It must be carried out in a way which respects older people’s needs and views on how care should be provided.

→ **we will ensure that a single shared needs assessment is carried out by a health or social care professional to avoid duplication and additional burdens on older people**

“THERE IS NO PLACE FOR AGEISM – REAL OR PERCEIVED – IN ANY PART OF THE NHS IN SCOTLAND”



We are providing Local Authorities with over £200 million additional funding over the next three years to deliver:

→ a local service in every part of the country for shopping, laundry and minor household repairs, helping 10,000-15,000 people to preserve their independence at home

→ fast, flexible rapid response teams in every part of Scotland to support up to 18,000 older people at home: for example, when a short period of help for an older person who falls ill might prevent hospital admission

→ action to tackle delayed discharge from hospitals

→ free home care support for people who need it for up to four weeks following discharge from hospital

In addition,

→ older people in Scotland will be the first to benefit from joint



“PREPARATION FOR HEALTHY OLDER AGE SHOULD BEGIN EARLY IN LIFE”

resourcing and joint service management locally, from 2002

→ by October 2001, we will introduce, in advance of other care groups, a single shared assessment for older people and people with dementia

Wherever care is provided, it should be of the highest possible standard.

→ by April 2002, we will set up a Commission for the Regulation of Care to regulate care homes and support services such as home care and day care in both the public and independent sector, to standards devised from the perspective of users of services themselves

When an older person needs continuing hospital care, it must be provided in an environment and in a way that promotes independence, choice, dignity and wellbeing. We recognise that too often old buildings and old-fashioned hospitals leave older people sharing ward areas with members of the opposite sex.

New hospitals and targeted capital investment are providing modern facilities that recognise patients' feelings – as well as their clinical needs.

→ we are investing £4.8 million to make sure that mixed wards will be eradicated by April 2002.

We will continue to develop our policies to meet the needs of older people both now and in the future.

- DEVELOP HIGH QUALITY SERVICES, IN PARTICULAR THE THREE CLINICAL PRIORITIES: CORONARY HEART DISEASE, CANCER AND MENTAL HEALTH
- ENSURE THE NEEDS OF SPECIFIC GROUPS ARE MET

Meeting specific needs

Core aims

→ **develop high quality services, in particular the three clinical priorities: coronary heart disease, cancer and mental health**

→ **ensure the needs of specific groups are met**

Why do we need to change?

All of us need the NHS – but some need it even more than others. We now have a very sound body of medical and scientific evidence, as well as patient feedback, on how best to care for and treat people with particular conditions. We must ensure that such knowledge is applied to the way services are delivered.

The NHS has three agreed clinical priorities – coronary heart disease, cancer and mental health. These priorities have been established for good reason. They must be translated into practical effect both in national policy and investment and in local action and change. To help achieve this:

→ **we will introduce National Services Frameworks in the three clinical priority areas**

In addition to the three clinical priorities, there are specific conditions and groups whose needs we can and must address better. This section is not a comprehensive list, but seeks to highlight some of the main areas in which changes and improvements can be made.

Coronary heart disease

Coronary heart disease (CHD) affects 500,000 people in Scotland and is one of the main causes of death and disability. At any one time, about 180,000 people suffer symptoms.

Much has already been done to tackle the effects of the disease and reduce waiting times, but reducing the impact of heart disease on Scottish life needs greater focus on primary and secondary prevention to ensure this disease is detected early.

For example, up to a third of men have high blood pressure, but only a third of them are receiving the treatment they need. Progress is being made:

- the Scottish Intercollegiate Guidelines Network (SIGN) has produced guidelines for implementing primary prevention before heart attacks and secondary care prevention after heart attacks
- the Clinical Standards Board is setting standards for secondary prevention
- recent drug developments such as Zyban and NRT can contribute to the crucial step of stopping smoking
- Scotland now has almost 70 cardiologists
- we have 11 cardiac catheterisation laboratories
- a new cardiac catheterisation laboratory is being built in Lanarkshire
- coronary angiography facilities are being upgraded in Lothian

These initiatives will continue to improve access to diagnostic services and reduce waiting times for treatment. For example, the waiting time for treatment for a coronary artery bypass graft is now an average of 20 weeks.

Following the Acute Services Review, the National CHD Task force was set up to conduct a comprehensive review of services in Scotland. Key issues identified in the review are:

- the number of people with heart failure or angina is increasing
- there is a serious lack of information about the incidence of CHD in the community
- there are inequalities in access to services
- cardiac rehabilitation services are patchy.

To tackle these issues:

→ by 2001, the CHD Task Force will produce a National Plan. Encouraging a healthy lifestyle, and tackling smoking, high blood pressure and high cholesterol will be key parts of the plan

→ by 2002, the maximum wait for angiography will be 12 weeks from the time of seeing a specialist

→ by 2002, the maximum wait for surgery or angioplasty will be 24 weeks from the time of angiography

→ lessons from the Have a Heart Paisley national health demonstration project will be rolled out across Scotland, following evaluation

→ we will create a national database on CHD

→ rapid access chest pain clinics will be further developed

→ the Task Force, in conjunction with the Clinical Standards Board, has set standards for secondary prevention after a heart attack

→ more investment will be made in cardiac rehabilitation services throughout Scotland

→ managed Clinical Networks will be developed at local level

for investigation and diagnosis, linked to a national network for intervention

IT'S HAPPENING ALREADY...

Paisley has one of the worst heart disease records in Scotland. The Have a Heart Paisley national health demonstration project will lead efforts to prevent CHD and identify lessons for the rest of Scotland. It has been awarded £6 million by the Scottish Executive. Over a three-year lifespan, Have a Heart Paisley will create opportunities within the community that will lead to a long term, sustainable reduction in the town's rate of heart disease. Community health organisations are already working locally, and by linking with these and other groups, Have a Heart Paisley can make a real impact on the causes of heart disease.

Cancer

More than 26,000 people in Scotland are diagnosed with cancer every year and more than 15,000 die. But survival from cancer has improved significantly over the last 20-25 years and we want to maintain that improvement:

- more than half of people with cancer are alive for more than five years after diagnosis
- more than 90% of men with testicular cancer and 75% of women with breast cancer are surviving longer than ever before
- cancer prevention could significantly cut cancer death rates.

Continued improvements in cancer survival rates require continued effort on a number of fronts. Better awareness and prevention, earlier diagnosis and better, faster treatment all have a part to play in reducing both the incidence of cancer and the deaths it causes.

We are investing more than ever before to secure the very best care

for everyone, and we must make sure that our cancer services continue to respond to the challenges ahead.

“My daughter had cancer, the nurses and doctors in the hospital and the hospice were excellent.”

We are well aware that waiting, whether to confirm a diagnosis of cancer or for subsequent treatment, adds considerably to the anxieties and worries experienced by patients, their relatives and carers. We are determined to alleviate these concerns and to improve our diagnosis and treatment services by driving down waiting times for everyone with cancer. To deliver these pledges, a significant programme of work will be undertaken by the Scottish Cancer Group:

→ **by March 2001, we will publish a comprehensive Scottish Cancer Plan which will include new national targets for maximum waiting times**

→ **by October 2001, women who have breast cancer and are referred for urgent treatment will begin that treatment within one month of diagnosis, where clinically appropriate**

“The worst thing is worrying and not knowing.”

During 2001, our investment in new equipment and additional staff is expected to improve waiting times for diagnosis for patients with symptoms suggestive of bowel cancer and lung cancer.

→ **by April 2002, this investment will be further supported by a major service redesign initiative aimed at improving the patient journey from referral to treatment**

→ **by October 2001, the maximum wait from urgent referral to treatment for children’s cancers and acute leukaemia will be one month**

→ **by 2005, the maximum wait from urgent referral to treatment for all cancers will be two months**

“MORE THAN 26,000 PEOPLE IN SCOTLAND ARE DIAGNOSED WITH CANCER EVERY YEAR”

People can do much to prevent cancer by adopting a healthy diet, stopping smoking and exercising more.

Tobacco is responsible for around 33% of all cancer deaths. Our commitment to encourage adults to stop smoking and persuade young people not to start is confirmed elsewhere in this Plan.

→ early detection is vital and we will continue to expand and improve screening programmes throughout Scotland

We have recently invested £16 million in new equipment to fight cancer from a £30 million allocation announced in July 2000.

- £5 million for dedicated magnetic resonance imaging (MRI) scanners at each of Scotland's five specialist cancer centres
- £11 million for vital cancer imaging equipment for Scotland's 15 NHS Health Boards.

This is in addition to a £13 million package of investment to replace ageing linear accelerator

equipment. We have also announced an extra £8.4 million to be used to recruit 320 specialist staff for the NHS, including 10 new consultant doctors, mostly for cancer services.

→ by 2002, fully functional Managed Clinical Networks will be established for all cancer services

People say:

Between a quarter and a third of the people we asked thought improvements were needed to speed up test results.

We are committed to quicker, better diagnosis and quicker, better treatment for patients.

IT'S HAPPENING ALREADY...

One-stop breast clinics allow women in a single appointment, to see a doctor, have many of the essential screening tests and get the results the same day. This reduces waiting lists and the anxiety caused by the wait between tests and results.

→ where it is practical, we will continue to develop one-stop clinics and rapid investigation and diagnosis systems

Better information and better communication can significantly reduce worry and anxiety but, patients and their families are often unable either to access information or receive the support they need to gain most benefit from it. This situation must be addressed:

→ we will set up an Information Task Group to develop better access to the information that cancer patients and their families need

"What I really needed was information all through the process which I could understand and which made me less scared."

Mental health and learning disability

Poor mental health can come at any time and affect anyone. One in five adults in Scotland is affected by mental health

problems in any one year, and at least 30% of GP consultations have a psychological component. A high proportion of people who sleep rough suffer from mental health problems, and these may be associated with drug or alcohol misuse.

People want modern mental health services that make a difference by improving the speed, responsiveness and the quality of care through:

- an assessment process to find out what is needed with the clear intention of early delivery
- better and quicker decisions made together with the people using the services and their carers
- more flexible responses to needs
- resources put to better use through efficient working
- better information for people on how and where to access services, particularly for people who are hard to reach
- services and agencies working in partnership.

We will accelerate the

implementation of the *Framework for Mental Health*.

→ we will expect NHS Boards to work jointly with other organisations to improve and develop mental health services and will monitor progress through new performance management arrangements

We will look for ways to overcome the stigma that can attach to poor mental health and will develop a national framework to address unacceptably high rates of suicide – especially among young men. We will continue to support and encourage positive initiatives already being taken forward at local level. In particular:

→ we have provided an extra £2 million in 2001-02 for projects directly linked to the *Framework* agenda for improved care and access to care

→ we have increased the Mental Illness Specific Grant

→ we acknowledge that severe and enduring mental illness is only the tip of the iceberg

Anxiety and depression contribute to a much wider community health problem. We will support further development of extended mental health services in primary care settings and encouraging the development of crisis services and community mental health initiatives

→ we acknowledge the evidence to support the significant role of liaison psychiatry and will support further development in this area

→ the Mental Health and Well Being Support Group has been established to help agencies deliver improved co-ordinated mental health services by the 2004 timetable set out in the *Framework*

→ we are investing £4 million over three years in a campaign to promote positive mental health and wellbeing

→ we are investing £5 million to improve facilities in mental health hospitals

“WE WILL ACCELERATE THE IMPLEMENTATION OF THE *FRAMEWORK FOR MENTAL HEALTH*”

One priority will be the needs of women suffering from post-natal depression, which can have profound consequences both for women themselves and their children. Another priority will be addressing the mental and other health needs that result from the experience of sexual abuse and male violence more generally.

Standards are being developed to ensure that mental health services across Scotland are consistently of the highest quality.

- The Scottish Health Advisory Service (SHAS) has already published quality indicators for mental health services
- The Clinical Standards Board is developing standards for the care and treatment of people with schizophrenia
- The Scottish Intercollegiate Guidelines Network (SIGN) has published guidelines on the care of people with a head injury.

We will continue to monitor and apply national standards as they are developed and will expect the NHS to ensure these standards are met locally.

We are reviewing the legislation on mental health in Scotland and await the recommendations of the Millan Committee. These will inform the development of a modern legislative framework to meet the needs of people with a mental illness who need care and support both in hospital and the community.

Some people with mental health problems come into contact with police and the courts. Many of these people do not present a risk to the public or to themselves, but in every case that risk is assessed before care responses are agreed.

→ **we will publish an audit document that will help all agencies identify their role in the care and custody of this group and identify any gaps in current provision**

→ **we will ensure that the Care Programme Approach (CPA) is widely used to ensure that all the services people need are well co-ordinated and agreed between health and other agencies**

People with a learning disability

For too long, people with severe mental health problems and learning disability have been kept in the shadows – often in institutions. We are determined to change that.

In May this year, we launched the learning disability review report *The Same as You?*. The report is the first in-depth analysis of services for people with learning disabilities in Scotland for over 20 years. It offers a framework for the next 10 years.

The report puts people first. It will improve their lives by promoting social inclusion and changing public attitudes, improve the way professionals work, give services a new focus and improve how they are delivered. It recognises the important contribution of housing, employment, leisure and recreation to helping people with learning disabilities lead full lives.

→ **we are investing £36 million over the next three years to change for the better the lives of people with a learning disability and those who care for them**



People with a physical disability

All care journeys should reflect individual circumstances, but this is particularly important for people with physical disabilities, their families and those who care for them.

→ people with disabilities and organisations such as the Disability Rights Commission will be fully involved in work to take forward this Plan

→ as part of the new performance management framework, we will monitor the training and awareness of NHS staff about existing good practice on disability issues

→ we will improve physical access to health services, meetings and offices, by carrying out an accessibility audit of all NHS premises

→ we will ensure that the NHS complies with the provisions of the Disability Discrimination Act

Removing the barriers that confront people with impairments will also promote the inclusion of others.



“THE REPORT PUTS PEOPLE FIRST.
IT WILL IMPROVE THEIR LIVES”

For example, installing a ramp may help people with young children, and accessible information using clear simple language will benefit most people.

Excluded groups

Many people suffer from exclusion from society by virtue of their wider circumstances. This exclusion can extend to healthcare services. It is important that the NHS acts in partnership with other agencies to ensure that the health needs of excluded groups are met effectively.

→ we will expect each NHS Board to demonstrate that it is working with partner organisations to meet the healthcare needs of excluded groups and, where appropriate, providing specific services to meet those needs. In particular, we will expect the NHS to address the needs of people who sleep rough and drug users

Palliative care

Palliative care deals with the total care needs of people including relief from pain and other distressing symptoms, and with

social and spiritual issues. Family and carers are also involved. People need this care when illness cannot be cured. Specialist palliative care is provided through voluntary hospices and through specialist units in NHS hospitals, supporting the palliative care offered by primary care teams.

Palliative care has been associated almost exclusively with cancer, and is regarded as applicable only in the terminal phases of an illness. In fact palliative care has much wider application, including heart failure and many progressive conditions, such as motor neurone disease, Parkinson's Disease, Multiple Sclerosis, HIV/AIDS and now CJD. Good palliative care must be available to all those who need it regardless of diagnosis.

Palliative care involves a wide range of professions and disciplines, especially as it is provided in a range of settings, including people's homes.

→ we will ensure that effective palliative care services are supported

In particular:

→ the Managed Clinical Network approach to palliative care will be developed, building on current pilot studies including the management of pain

→ the CHD Task Force will highlight in its report the palliative care needs of those with end-stage heart failure

→ we will expect NHS Boards to work closely with hospices to ensure that people's care needs are met

→ the Clinical Standards Board for Scotland and the National Care Standards Committee will develop standards for both palliative care and specialist palliative care

Chronic medical conditions

People with chronic conditions such as diabetes, asthma and neurological conditions may access health and social services, especially in the acute or later stages of illness. Acute hospital services provide vital diagnosis and treatment, but the



management of chronic conditions is largely the responsibility of patients, their families and supporters. People need easy access to the care and treatment they require as their life changes over time. Although people may require regular hospital services, the majority of people with chronic conditions look after themselves, supported by carers, family and community based health professionals. People with chronic conditions want to be provided with the support to enable them to lead as full and active a life as possible. They want to control their conditions rather than let the conditions control them.



There are well-organised, well-informed patient support groups for most chronic conditions. These groups possess a powerful and valuable insight into the spectrum of needs of people suffering from enduring health problems. We want to ensure that these support groups are closely involved in service design and delivery at both a local and national level.

“THE MAJORITY OF PEOPLE WITH CHRONIC CONDITIONS LOOK AFTER THEMSELVES, SUPPORTED BY CARERS, FAMILY AND COMMUNITY”

→ we will ensure that the Scottish Executive Health Department and the NHS take steps to work closely with patient support groups to ensure that the needs of those with chronic conditions are met effectively

People want support and recognition for the key role of those who support them, often their own family, or neighbours, helped by their GP practice. However, that vital and practical help from therapists and others is not always available. Specialists do not always adopt a ‘whole person’ approach when identifying problems and providing solutions.

→ we want to change the system so that it serves people across the span of their needs

Elsewhere in this Plan, we have made a commitment to set up ‘Partners in Change’ programmes in each NHS Board area. These programmes will be developed initially with chronic disease groups.

Much of this can be achieved by adopting a Managed Clinical Network approach which crosses traditional boundaries between primary, secondary and tertiary care. In addition, Managed Clinical Networks ensure a co-ordinated approach which involves patients’ groups, social work, voluntary organisations and other key partners.

The value of MCNs as an innovative and appropriate contribution to managing many neurological conditions has been recognised by many groups, including the MS Society in Scotland, the Scottish Partnership Agency for Palliative and Cancer Care, the Parkinson’s Disease Association and the Epilepsy Association.

→ we will take forward the development of Managed Clinical Networks for other chronic conditions

Diabetes is a major underlying cause of heart disease in Scotland. It is a chronic disorder

which can lead to a number of serious complications, not only affecting the heart and circulation but also the nervous system, kidneys and eyes.

→ in 2001, we will launch a Scottish Diabetes Framework to draw together existing guidance and best practice in order to raise the standard of diabetes care. The Framework will include plans to establish a national screening strategy for diabetic retinopathy

Although there are SIGN guidelines already in place and much work being done in diabetes, we need to consolidate and build on this in order further to raise the standard of care.

- WORK IN PARTNERSHIP WITH STAFF
- ENCOURAGE INNOVATION AND CREATIVITY
- ACHIEVE CONTINUOUS IMPROVEMENT
- INVEST IN THE NHS BY INVESTING IN ITS STAFF

SECTION 8 | WORKING IN PARTNERSHIP WITH STAFF

Working in partnership with staff

Core aims

- work in partnership with staff
- encourage innovation and creativity
- achieve continuous improvement
- invest in the NHS by investing in its staff

Why do we need to change?

The NHS is about people: the patients and their families who rely on its services, and the people who provide those services, often in difficult circumstances.

People told us that they expect their NHS to provide effective and professional healthcare. In the vast majority of cases, that is what people experience. For those who work in the NHS, providing an effective, professional and caring service is a key part of their commitment. The consistently high regard in which the public hold NHS staff is a tribute to their commitment and dedication.

People say:

Overall, 81% of people receiving care in hospital were satisfied.

Overall, 84% of people using out-patient services were satisfied. Overall, 90% of people using GP services were satisfied.

The public values NHS staff, and the NHS must do the same. The capacity of the NHS to provide the services the public expect will depend on its continued ability to recruit and retain well-trained and motivated staff. With a workforce of more than 130,000, the NHS is Scotland's biggest employer. We are committed to help it become Scotland's best.

The internal market established NHS Trusts as separate employers with freedom to set their own terms and conditions. But most staff continue to think of themselves first and foremost as working for a National Health Service. The reality is that few NHS Trusts have used their

freedom to offer staff significantly different terms and conditions of service.

The abolition of the internal market and work on pay modernisation provides an opportunity to re-establish fairness and consistency across the NHS in Scotland. We want to encourage innovative and creative solutions to local problems, but we know that staff and their representative bodies place great store on ensuring that personnel policies are developed and implemented consistently across Scotland.

We have consulted widely with NHS staff, trade unions and professional bodies and the message is clear: they want to be involved in decisions that affect how they work. They want us to build on the good start we have made in establishing more inclusive working through partnership. And they want better communications within the NHS and with the Scottish Executive.

Partnership working is the cornerstone of *Towards a new way of working*, the human resources strategy for the NHS, launched in April 1998.

→ **we reaffirm the principle of partnership working, that all NHS staff in Scotland must have the opportunity to be involved and engaged in the decision-making process**

Government and NHS management must work with staff ‘around the table’ not ‘across the table’.

The Scottish Partnership Forum has led the way in the development of partnership working at national level and it will play a key role in the implementation of the proposals in this Plan.

The NHS has made a good start with partnership working at local level but we need to go further. In future, we will ensure that:

→ **each of the new unified NHS Boards will have a partnership**

forum which must be fully involved in the development of the Local Health Plan

→ **local staff partnership forums will be directly involved in assessing the performance of NHS Boards as employers, as part of the new accountability arrangements**

We intend also to raise the status of good people management in the NHS in Scotland, to emphasise its importance alongside corporate and clinical governance.

→ **we propose to establish a new Staff Governance Standard for the NHS in Scotland**

Under the Staff Governance Standard, staff will be entitled to be:

- well informed
- appropriately trained
- involved in decisions which affect them
- treated fairly and consistently
- provided with an improved and safe working environment.

Performance against the Staff Governance Standard will be assessed by the Scottish Partnership Forum and local partnership forums and form an integral part of the new performance and accountability framework described elsewhere in this Plan.

Protecting the health and well being of NHS staff must be a priority. Every NHS employee has a right to be protected from the risk of violence or infection in the workplace. As part of our commitment to providing a safe working environment for NHS staff:

→ **we will spend £3 million over the next three years to implement the occupational health and safety strategy, *Towards a safer, healthier workplace* and will extend occupational health services to staff working in general medical and dental practices**

The Partnership Information Network (PIN) Board has been established by the Scottish

“THE PUBLIC VALUES NHS STAFF, AND THE NHS MUST DO THE SAME”

Partnership Forum to produce best practice guidelines on people management. The guidelines address many of the issues of particular importance to staff. These include family friendly policies, equal opportunities policies, the management of employee conduct, personal development planning and review, dignity at work and facilities arrangements.

→ **the first six Partnership Information Network guidelines will be published in January 2001. We will expect NHS Boards to ensure that these are implemented**

Developing flexible employment policies is key to ensuring that the NHS retains and recruits the staff it needs. Enabling staff to balance their family and working lives must be a priority for all NHS employers. Caring is at the heart of the NHS – this must extend to the way the NHS cares for its staff and the way it enables its staff to care for others.

Nearly eight out of 10 NHS staff

are women, more than half of whom work 'part-time'. For the first time ever in Scotland more women than men are entering medical school. In Glasgow, for example, 58% of the 1998-99 intake were women. This has significant implications for future patterns of working and underlines the need for the NHS to develop flexible working practices.

The forthcoming guidelines on family-friendly policies will cover important issues such as flexible working arrangements, better workplace childcare facilities, breast feeding at work and career breaks.

→ **we will ensure that, as part of the new Staff Governance Standard, all NHS employers are required to meet or exceed best practice guidance on family friendly policies**

→ **we will value and invest in the skills of all NHS staff to help them perform their roles and develop their full potential**

→ **we will invest in the personal and professional development of present and future NHS leaders to ensure that they have the skills needed to lead their teams and organisations**

→ **individual leadership capability will be enhanced through a new Leadership Development Programme, beginning in 2001 and closely linked to the implementation of this Plan**

→ **we are providing £6 million to help implement the Education, Training and Lifelong Learning Strategy, *Learning Together*. This will include emphasis on the need to equip NHS staff to work in multi-disciplinary teams and with staff from other sectors**

→ **the commitment of NHS bodies to implementation of *Learning Together* will become a core element of the new Staff Governance Standard**



→ as part of the Executive's commitment to lifelong learning, the Health Department will form a strategic partnership with the Scottish University for Industry to bring the advantages of electronic learning to all NHS staff in Scotland. This collaboration will greatly increase access to flexible learning opportunities and so support the key aims of the *Learning Together* strategy

In keeping with our desire to recreate a National Health Service:



→ we will develop induction materials to ensure that all new NHS staff understand the aims and values of the service

To support nurses and midwives and the professions allied to medicine throughout their careers:

→ we will publish a new **Nursing and Midwifery Strategy** in February 2001

→ we will develop a **Strategy for the Professions Allied to Medicine** in 2001

“NEARLY 8 OUT OF 10 NHS STAFF ARE WOMEN, MORE THAN HALF OF WHOM WORK ‘PART-TIME’”

Overall, Scotland does not have staff shortages on the scale experienced in other parts of the UK. But there are parts of the country and specific areas where capacity issues need to be addressed. We take workforce planning seriously and we have demonstrated our willingness to make targeted investment in additional staff where necessary.

→ we have funded 210 extra specialist nurses to be available this year to help the NHS manage winter pressures

→ over the next five years, 10,000 nurses and midwives will qualify in Scotland – 1,500 more than previously planned

→ we have already announced funding for an additional 110 doctors targeted to address key areas of need

→ we expect the total number of consultants in Scotland to rise by more than 600 over the next five years, and to see further increases in the numbers of

junior doctors and the professions allied to medicine

In general medical practice the future requirement for GPs is closely bound up with the primary care developments set out elsewhere in this Plan.

We need to improve the way we plan our workforce to match changes in the design and demand for services. Local Health Plans will include workforce plans and we will improve our support and co-ordination of those aspects of workforce planning which need to be done centrally.

Workforce planning for the supply of trained doctors is particularly complex. We think the time is right for:

→ a fundamental review of medical workforce planning, including our intake of medical students and the possibility of fast-track graduate-entry medical degree courses in Scotland

→ we have already published for consultation a fundamental review of dental workforce planning, including the needs for development of the whole dental team

→ we will work with the pharmaceutical professions in Scotland to address manpower issues and develop a strategy for pharmacy

We believe that an investment in staff is a direct investment in patient care. NHS staff are committed to providing high-quality patient care and we are determined that they should be rewarded fairly for the contribution they make.

In the past two years, all NHS staff covered by the independent Pay Review Bodies have received in full, and without staging, the recommended pay awards. This has resulted in total increases of at least 8.3% for all nurses, midwives and professions allied to medicine, and at least 6.9% for all doctors and dentists. We have



also agreed a three-year pay deal for non-Review Body staff which guarantees above-inflation increases for these important staff groups.

We are determined to go further. All of the staff organisations tell us that the current NHS pay system is outdated, inflexible and unfair. We share the view widely held in the NHS that pay modernisation is essential if staff are to be successful in creating more flexible roles reaching across traditional barriers.

→ we reaffirm our commitment to taking forward NHS pay modernisation on a UK basis with our partners in the other UK Health Departments. We will discuss in partnership with the NHS, staff and their representatives how best to implement any changes in Scotland

→ we will continue to address low pay issues in the NHS, both in the short term and in the context of our agenda for pay modernisation



“WE BELIEVE THAT AN INVESTMENT IN STAFF IS A DIRECT INVESTMENT IN PATIENT CARE”

We recognise the views of staff representatives that rewards are about more than pay:

→ we will develop other ways of showing that we value the commitment shown by staff

→ in particular, we plan to introduce schemes to recognise and value staff commitment through long service awards and good service awards for individual or team examples of outstanding patient care

Traditional working patterns for hospital doctors have been called into question for a range of compelling reasons. Developments in the NHS and new contractual arrangements will require new ways of working:

→ we will continue working in partnership with the Scottish Junior Doctors Committee and NHS Trusts (through the New Deal Implementation Support Group) to improve working practices and reduce junior doctors' hours

→ we will also continue working with the Scottish Committee for Hospital Medical Services (SCHMS) of the BMA, NHS employers, medical Royal Colleges and others to develop more flexible career and working patterns for consultants in Scotland

The introduction of annual appraisal for consultants, effective job planning and continuing professional development will provide the opportunity to match service demands with consultants' aspirations.

→ we will continue to work closely with other UK Health Departments and the medical profession to deliver a major overhaul of the consultants' contract

→ we will reform the current distinction awards scheme and discretionary points system to ensure that most of any new awards go to those consultants who make the biggest

contribution to delivering and improving health and healthcare locally

We believe it is important that commitment to the NHS in Scotland should be properly valued and rewarded.

While the amount of private practice in Scotland may be less than in other parts of the UK, the public are concerned that consultants' time and commitment to the NHS could be compromised by their work in private practice. We believe it is in the best interests of the NHS, patients and consultants themselves to ensure that such conflicts do not arise. This is an important aspect of the work now being taken forward at a UK level, which we support.

We will ensure that any changes to the consultants' contract are implemented in ways which are appropriate and proportionate to the needs of the NHS in Scotland.

Since the inception of the NHS, general practitioners have not been employed directly by the NHS but have worked as independent contractors to the service. While this arrangement has generally served patients and the Service well in the past, we believe it has growing limitations. The current career opportunities are less attractive to the younger generation of doctors, male and female. The existing GP contract is based on complex and inflexible fee-based arrangements.

We intend to explore other options for the employment of GPs including the development of salaried service direct to the NHS. This will enable us to address some of the gaps in provision which currently exist in some parts of the country and will provide different contractual options for those entering into general practice.

Subject to satisfactory evaluation of the existing Personal Medical Services (PMS) pilots, it will not

be necessary in future to undertake a pilot phase for new PMS practitioners. Our aim is to offer flexibility and choice, both to GPs and to patients.

→ **we will make the existing PMS pilots permanent by spring 2001, subject to satisfactory evaluation**

→ **we will support more local PMS initiatives to meet local needs**

→ **in parallel, we will seek to ensure a greater focus on quality by simplifying and streamlining the current GP contract**

“TRADITIONAL WORKING PATTERNS FOR HOSPITAL DOCTORS HAVE BEEN CALLED INTO QUESTION FOR A RANGE OF COMPELLING REASONS”

→ THIS PLAN MARKS THE START OF A MAJOR CHANGE PROCESS FOR THE NHS IN SCOTLAND.

SECTION 9 | TO MAKE THIS WORK WE
MUST WORK TOGETHER

Working together

Improving our health and ending health inequalities as part of Government action to promote social justice are among the greatest challenges and prizes for Scotland. With devolution, we can take decisions close to the people they affect. With the massive extra resources now available for the NHS, we can speed up our work. The money is there. The commitment is there: in Government, in the NHS, in Local Authorities, in communities, in voluntary and other organisations and across Scotland.

This Plan marks the start of a major change process for the NHS in Scotland. The proposals set out here have been formulated following many months of involvement and consultation with key stakeholders both within and outwith the NHS. We will build on this inclusive process to take forward the proposals set out in the Plan. Our commitment will be turned into practical action in every part of the NHS in Scotland. Over the coming

months, the Executive will work with key stakeholders to agree detailed actions to ensure the effective implementation of this Plan.

Roles

Many people and organisations will be involved in the work which lies ahead. Among them are:

- **individuals, whose experience as patients and whose wider health is the ultimate test of our plans**
- **Ministers, who lead the drive for change, ensuring a sense of common purpose and direction, creating and maintaining dialogue at all levels, listening, and accounting to Parliament**
- **the Health Department, which will help Ministers set national policy frameworks, allocate resources, manage the performance of NHS Boards, identify and remove barriers to more effective working and create and maintain learning and good practice networks. Within the Health Department, the barrier**

between the former NHS Management Executive and the former Public Health Policy Unit has been removed as part of the work leading to this Plan

- **the new local NHS Boards and their NHS Trusts, which will be responsible for the day-to-day planning and running of health services in their areas. They will draw up implementation plans to deliver many of the specific actions set out in this Plan. They will work with Local Authorities, voluntary organisations, independent providers and communities to ensure that they understand and respond to the needs of patients and communities**
- **Local Authorities, which will co-ordinate the work of Community Planning, to which Local Health Plans, prepared by NHS Boards, will contribute. They will work with the NHS to improve the health of their communities and deliver healthcare and other related services as well as articulating the views of their communities at NHS Board level.**

We want Local Authorities to be public health organisations in their own right, and we will help them develop that role

➔ **healthcare professionals at all levels, who will form the front line in delivering health care to patients and communities. They will have a vital contribution to make to improving those services. We will help them develop their skills and knowledge and give them the scope to innovate**

➔ **independent providers, which will work with the NHS and others to provide some additional services as an integrated part of the NHS**

➔ **voluntary bodies which, in addition to providing a range of important services, will have a key role to ensure the views and needs of those who use services can influence change**

➔ **carers, who are vital partners in providing care for countless people, and who need the better information and support**

promised in the first Carers Strategy for Scotland

➔ **individual volunteers, who will continue to provide direct support to complement the work of trained staff**

Next steps

➔ **early in 2001, we will publish detailed change programmes taking forward the proposals in this Plan**

These will cover the following areas:

‘Rebuilding our National Health Service’: This will be taken forward over the next 12 months with the NHS and other stakeholders, to address:

- streamlining local decision making and the composition of local NHS Boards and NHS Trusts
- integrated national, regional and local planning
- revising financial arrangements
- a new performance and accountability framework for the NHS

- the complementary roles of the Scottish Executive Health Department and local NHS Boards.

Increasing public and patient involvement in the NHS: This will be taken forward with the NHS and other stakeholders to agree a firm programme of improvement by 31 March 2002 to address:

- community and public involvement in NHS planning and service modernisation
- modern consultation procedures for major service change
- improved communication with the public and patients
- improvements in the NHS complaints procedure
- the development of Diversity Frameworks to ensure the NHS meets the distinctive needs of people from minority and ethnic communities.

Developing mechanisms with the NHS to support major service change and modernisation: We will consult widely with key groups as this detailed programme for change is developed.



Supporting strategic change: delivering the Health Plan

Our success in delivering the change described in this Plan depends on individuals, teams and organisations in the NHS and elsewhere. They must be supported through formal development activities to enable them to deliver real improvements in health and health services.

We are committed to sustained individual and organisational development and will support this activity through continued investment.



A range of development activities is currently driven by a number of departments and agencies. These include:

- leadership development
- management development
- organisation development
- service redesign
- best practice.

To accelerate the pace of individual and organisational learning:

“WE ARE COMMITTED TO SUSTAINED
INDIVIDUAL AND ORGANISATIONAL
DEVELOPMENT AND WILL SUPPORT THIS
ACTIVITY THROUGH CONTINUED
INVESTMENT”

→ we will establish the NHS Centre for Change and Innovation which will provide a framework for these development programmes

If the implementation of this Plan is to achieve a step change in the modernisation of health services, it will require effective leadership at all levels. We are committed to identifying and developing individuals who have the personal qualities required to lead, motivate and enable others to achieve.

→ we will launch the National Leadership Development Programme in March 2001

The challenge is one for all of us: for Scotland as a nation. Speaking to the NHS in Scotland Annual Conference on 28 June 1999, the Minister for Health said:

“Our success as an Executive – and as a Parliament – will be judged, as never before, not just on the policies that we develop – but on the way that policy is developed, and on the way it is delivered on the ground. As politicians, and as an Executive, we can lead that process and we will. But we need you – and people like you – to really make it work.

“I want to see us exploit the opportunities afforded to us by devolution. To use the powers and the processes of our new Parliament. To develop a modern NHS fit for the 21st century; to make a real impact on the health of the people of Scotland and to develop policies and to deliver services which meet – and are seen to meet – the needs of those they serve.

“I want to see us develop an NHS that cares as well as it cures. An NHS that informs as well as it operates. And an NHS that responds as well as it reacts.

“We must ensure that we improve the way the NHS talks to people.

“Yes, we need a high-tech NHS for the next century – and we are investing in that – but we must combine that with a ‘human touch.

“Our new Parliament is about bringing Government closer to the people. That means that decision making on healthcare must be brought closer to the people too.

“The Parliament is about increasing openness and accountability. That approach must permeate through to every Health Board, NHS Trust and to other public bodies also.

“The Scottish Parliament will seek to break down traditional barriers in policy making and in implementation – but that must happen at a local level as well as at the centre.

Together, we will make it happen.

ANNEX | PUBLIC ATTITUDES TO
THE NHS IN SCOTLAND

Public attitudes to the NHS in Scotland

On 11 September 2000, **MORI/System 3** were commissioned by the Scottish Executive to undertake a quantitative survey of the views and experiences of a statistically representative sample of the Scottish adult population (16+). The aim of the research was to investigate public attitudes towards, and experiences of, the NHS in Scotland. Respondents were asked to provide information on their recent experience of the NHS (primary care, out-patient and in-patient services); specifically, they were asked to report their experience of different dimensions of that experience, such as access to the service, information received, time available with the healthcare professional and so on. In addition, the survey sought to identify respondents' awareness of how to raise their concerns with the service, as well as the level of influence they had, and would wish to have, in the planning and development of local health care services.

The fieldwork for this piece of work involved 3,052 telephone interviews, undertaken between 28 September and 22 October 2000. Interviews varied in length depending on the breadth of each respondent's recent experience of the NHS. The average interview length was 18 minutes.

Main findings

- at least four out five NHS users were satisfied with the service they received. They were optimistic about the future with 44% thinking things will get better, but were less positive about current performance: 48% felt there had been no change in the performance of the NHS over the last two years while 13% reported some improvement
- the NHS is meeting the wishes of the public in relation to waiting times for home visits and in-patient care. 50% of users wanted a home visit within a day as compared to 54% who received one. For in-patient care, 86% wanted to be admitted within three months of being put on the waiting list as compared to 80% who reported waiting this period for admission
- there was a gap between what the public wanted and what it got in relation to waiting times for appointments for GP and outpatient services. For outpatient care, 73% of patients wanted an appointment within one month as compared to 49% who reported getting an appointment within this period. For GP services, 77% of patients wanted an appointment within two days or less as against 52% who reported getting an appointment within this timescale
- improvements in the service were considered 'essential' or 'important' by between 20% to 48% of users. Key areas of improvement were the provision of better information (including test results), faster and more convenient appointment times, more time with service professionals, more convenient access by car or bus and the provision of child friendly facilities

- just under one in four (23%) NHS users have or have wanted to make a complaint about the service they received. 5% actually went ahead and raised an issue or made a complaint. For the 5% who did make a complaint, around half were dissatisfied with the process and a similar proportion dissatisfied with the outcome. Reasons for dissatisfaction with the outcome included nothing being done or because not enough importance was placed on the issue
- the main barriers to complaining for the 18% of users who wanted to complain but did not do so included a feeling that it would not make a difference (38%) or that they did not want to make a fuss (20%)
- while at the moment 57% of NHS users believe that in reality they have ‘little’ or ‘no’ influence over the way the service is run and priorities are set, 93% believe the public should have influence. 64% believe the public should have a great deal of influence.

“93% BELIEVE THE PUBLIC SHOULD HAVE INFLUENCE OVER THE WAY THE NHS IS RUN”

“FOUR OUT FIVE NHS USERS WERE SATISFIED WITH THE SERVICE THEY RECEIVED.”

Key policy documents

The key policies referred to in this Plan are set out in more detail in the following documents, listed in reverse chronological order, many of which are available on the Scottish Executive website (www.scotland.gov.uk):

2000:

A Joint Future – Report of The Joint Future Group, December

A Power of Community Initiative – Community Planning, November

Social Justice, a Scotland Where Everyone Matters – First Annual Report, November

Working Together for Equality – Equality Strategy, November

Regulating the Independent Healthcare Sector – A Policy Position Paper, November

Response to Royal Commission on Long Term Care, October

Fair Shares for All – the Report of the National Review of Resource Allocation for the NHS in Scotland, September

An Action Plan for Dental Services in Scotland, August

Making a Difference – Effective Implementation of Cross-Cutting Policy, August

1999 Health in Scotland – Report of the Chief Medical Officer, August

The NHS plan – A plan for investment, a plan for reform, July

The Way Forward for Care – A Policy Position Paper, July

Best Value in Local Government – Next Steps, June

The Scottish Compact Good Practice Guides – Advice on the Scottish Executive's Relations with the Voluntary Sector, June

Scottish Integrated Workforce Planning Group – Stage One Report, April

The same as you? A Review of Services for People with Learning Disabilities, May

Drugs Action Plan: Protecting our Future, May

Social Inclusion – Opening the Door to a Better Scotland, March

Future Arrangements for the Regulation of Private and Voluntary Healthcare – A Consultation, March

Protecting Children, a Shared Responsibility – Guidance for Health Professionals in Scotland, January

1999:

Towards a Safer Healthier Workplace – Occupational Health and Safety Services for the Staff of the NHS in Scotland, December

Review of the Public Health Function, December

Learning Together – A Strategy for Education, Training and Lifelong Learning for all staff in the National Health Service in Scotland, December

Health Promotion, Issues for Councils and Schools (HMI Audit Unit), November

A Route to Health Promotion, Self-Evaluation Using Performance Indicators (HMI Audit Unit), November

Strategy for Carers in Scotland, November

A Scotland where Everyone Matters – Our Visions for Social Justice, November

Making it Work Together – A Programme for Government, September

Riddell Advisory Committee Report into the Education of Children with Severe Low Incidence Disabilities, September

Aiming for Excellence – Modernising Social Work Services in Scotland, March

Tackling Drugs in Scotland: Action in Partnership, March

Towards a Healthier Scotland – A White Paper on Health, February

Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland, January

1998:

National Health Service in Scotland Annual Report 1997-98, December

Smoking Kills – A White Paper on Tobacco, December

New Community Schools Prospectus, November

Modernising Community Care – An Action Plan, October

The Scottish Compact – The Principles Underpinning the Relationship between Government and the Voluntary Sector in Scotland, October

Priorities and Planning – Guidance for the NHS in Scotland 1999-2000, September

Towards a New Way of Working – The Plan for Managing People in the NHS in Scotland, April

Acute Services Review, June

1997:

Designed to Care – Renewing the National Health Service in Scotland, December

Framework for Mental Health Services in Scotland, September

1996:

Eating for Health – A Diet Action Plan for Scotland, December

NHS Health Board allocations 2001-2002

NHS Health Board	2000-01 Allocation £ million	2001-02 Allocation £ million	Increase %
Argyll & Clyde	364	384	5.5
Ayrshire & Arran	311	335	7.5
Borders	90	95	5.5
Dumfries & Galloway	131	139	6.5
Fife	271	289	6.7
Forth Valley	218	231	6.0
Grampian	387	409	5.5
Greater Glasgow	785	846	7.7
Highland	177	194	9.8
Lanarkshire	437	465	6.6
Lothian	579	611	5.6
Orkney	18	19	5.5
Shetland	21	22	5.5
Tayside	340	359	5.5
Western Isles	33	36	9.0
Total Budget	4,162	4,434	6.5

Set out here are the allocations to NHS Health Boards for hospital and community health services and GP prescribed drugs.

The rest of the health budget for next year will be spent on a range of other health and health-related matters, including:

→ **family health services provided by GPs, dentists, pharmacists and opticians**

→ **initiatives to improve the public's health (including the Health Improvement Fund)**

→ **the Special Health Boards such as the Scottish Ambulance Service, the State Hospital and the Health Education Board for Scotland**

→ **tackling drug misuse**

→ **NHS capital investment**

→ **research**

Glossary

- CHD** – coronary heart disease
- CMO** – Chief Medical Officer for Scotland
- CNO** – Chief Nursing Officer for Scotland
- CoSLA** – Confederation of Scottish Local Authorities
- CRAG** – Clinical Resource and Audit Group
- CSBS** – Clinical Standards Board for Scotland
- CSO** – Chief Scientist Office
- ECCI** – Electronic Clinical Communications Initiative
- HEBS** – Health Education Board for Scotland
- HTBS** – Health Technology Board for Scotland
- LHC** – Local Health Council
- LHCC** – Local Health Care Co-operative
- MCN** – Managed Clinical Network
- NHSiS** – National Health Service in Scotland
- NRT** – Nicotine Replacement Therapy
- RARARI** – Remote and Rural Areas Resource Initiative
- SAS** – Scottish Ambulance Service
- SHAS** – Scottish Health Advisory Service
- SHAW** – Scotland’s Health at Work Scheme
- SHOW** – Scottish Health on the Web: www.show.scot.nhs.uk
- SIGN** – Scottish Intercollegiate Guidelines Network
- SPF** – Scottish Partnership Forum
- UNICEF** – United Nations Children’s Fund
- WHO** – World Health Organisation