

Bulletin

MESSAGE FROM THE CABINET SECRETARY

National Scrutiny Group Meets for First Time

We are all well aware of the financial challenges facing Scotland and its NHS. Whilst funding for the health service in Scotland is at record levels, I have acknowledged that NHS Boards will need to deliver efficiency savings over the coming period and, at the same time, maintain and improve the quality of healthcare they offer.



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

Against that background, we published in June the workforce projections produced by Boards for this year. I gave an undertaking to Parliament that in order to ensure that the commitment to quality is delivered in practice, I would establish a National Scrutiny Group, comprising unions, NHS employers and the Scottish Government.

The group's role will be to subject Board workforce plans to ongoing scrutiny to ensure that they are the result of genuine partnership working and that they do not impact adversely on the quality of patient care.

I convened the first meeting of the Scrutiny Group on 4 August, and I was very much encouraged by the collective commitment shown by the group to partnership working.

We agreed that Area Partnership Forums (APFs) would play a crucial role in providing data to the group, and at our next meeting in September we will define more closely the information APFs will provide. As the work of the group progresses, and issues of concern emerge, they will be raised with the Scottish Partnership Forum and directly with me.

Hand Hygiene Compliance Remains High

Statistics published by Health Protection Scotland on 28 July 2010 confirmed that national compliance with hand hygiene is 94 per cent. This result is consistent with their previous two bi-monthly audit reports.

Whilst high standards of compliance are being maintained, there is no room for complacency and I would encourage all staff to maintain a zero tolerance approach towards non compliance with local hand hygiene policies.

Good hand hygiene is recognised as one of the most effective ways of preventing the spread of infections in our hospitals. Patients and visitors also have their part to play in ensuring a good clean environment for everyone – if hands are clean then the risk of patients contracting an infection is significantly reduced.

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*Shona Robison MSP
Minister for Public Health
and Sport*

New Health Information Service Launches

This month I welcomed the introduction of a new service that provides the public, patients and carers with a wide range of quality-assured health information.

NHS inform is a new national health information service for Scotland that was launched at the NHS 24 Annual Review on Tuesday 3 August 2010.

This is the first time this information has been brought together in one place for Scotland and is available now online and on the telephone, with the introduction of a face-to-face service planned for a later date.

The online and telephone service, provided by NHS 24, is an excellent example of partnership working that benefits the public, patients and carers.

NHS 24 has been working closely with NHS partners, as well as with charities and other groups, to identify and agree content for the new service. Among the many partners involved in the programme are Macmillan Cancer Support, Minority Ethnic



Carers of Older Peoples' Project (MECOPP), the Scottish Consortium for Learning Disabilities and a range of other voluntary sector partners.

NHS partners include NHS Education for Scotland (NES), Health Scotland and NHS Boards throughout the country, as well as NHS Choices.

The website includes a Health A-Z, common health questions, links to local health and support information across Scotland, dedicated information on health and welfare topics and a 'behind the headlines' feature – looking at the health issues making the news and the truth behind the claims.

NHS inform is available online at www.nhsinform.co.uk and by telephone on 0800 22 44 88.

Board Annual Reviews

The Minister for Public Health and Sport and I are now well into this year's round of Annual Reviews with NHS Boards.

We started back in May with the National Waiting Times Centre and will continue through to November when I'll be visiting the north-east to Chair NHS Grampian's Review.

We don't underestimate the huge amount of work that people at all levels in the NHS Boards put into making sure that the Reviews and the associated meetings and visits run smoothly. We're very grateful for that, because we see the Reviews as being central to the way we hold Boards to account for the money they spend and the services they deliver.

It's very important that we do this in a public forum and also give people the opportunity to question us and the Boards directly about any aspects of national

policy or local services that may be concerning them. The open question and answer sessions that we've been holding at the end of each Review meeting have so far been challenging and stimulating - and rightly so.

A central theme in all this year's Reviews and in the separate meetings we've had with Area Clinical and Partnership Forums has been implementation of the Quality Strategy and how efficiency savings programmes, workforce planning and service redesign can support that. We'll be continuing to focus strongly on this during the remaining Reviews.

Some testing times lie ahead for NHSScotland, but we're determined to work closely with the Boards to drive up standards at all levels and give the people of Scotland the kind of high quality service they have every right to expect.



Shona Robison
Minister for Public Health & Sport

Carers and Young Carers Strategy Launched

On Monday 26 July, I was pleased to launch the new Carers and Young Carers Strategy for Scotland: 2010-2015, respectively called *Caring Together* and *Getting It Right For Young Carers*.

This strategy has been produced in partnership with COSLA and had significant input from a wide range of stakeholders, including NHS Boards, National Carers Organisations and carers and young carers themselves.

There are an estimated 657,000 unpaid carers in Scotland, looking after a relative, friend or neighbour affected by illness, disability or substance misuse. Unpaid carers make an important contribution to the person they care for, to local communities and to wider society – it is estimated that Scotland's unpaid carers save health and social care services over £7billion each year.

Caring Together presents a range of action points for government, local authorities, the NHS and the third sector, which will ensure that carers are identified, assessed and supported more effectively, in order that they can continue to care, while being able to enjoy a good quality of life outwith caring.

Caring Together builds on the good work that is currently being done across NHSScotland in acknowledging unpaid carers as partners in care, whose contribution supports people with long-term conditions at home, prevents avoidable hospital admissions and facilitates discharge.

Caring Together sets out a vision for a society where carers are:

- recognised and valued as equal partners in care;
- supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside caring;
- fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support and are not shoe-horned into unsuitable support. The same principle applies to carers' involvement in the services provided to the people they care for; and
- not disadvantaged, or discriminated against, by virtue of being a carer.

Getting It Right For Young Carers recognises that young carers are different from adult carers and their needs are also different. It acknowledges that many young people enjoy and benefit from caring for a family member.

However, *Getting It Right For Young Carers* also highlights the key role that NHS staff can play, along with social workers and teachers, in ensuring that young carers are relieved of detrimental caring roles and are able to be children and young people first and foremost.

I am confident that the implementation of *Caring Together* and *Getting It Right For Young Carers* by key partners will build on current good practice to deliver positive improvements and better outcomes for unpaid carers and young carers in Scotland over the next five years. The Carers and Young Carers Strategy for Scotland: 2010-2015 is available online at: www.scotland.gov.uk/Topics/Health/care/Strategy/cycss

NHSScotland Set To Tackle Gender-based Violence

Gender-based violence is a major public health issue which causes immense pain, injury and suffering.

Scotland is the first country in the UK to embark on a dedicated programme to improve the NHSScotland response to gender-based violence. We have a coordinated national strategy to identify and help more victims, most of whom are likely to be women, but men also suffer this abuse.

Gender-based violence is associated with physical injuries, greater rates of anxiety and depression, problems in pregnancy, higher levels of alcohol and drug misuse, and elevated suicide risk. Often the consequences are long-term. We know, for example that early childhood trauma can have a devastating impact on health that continues into adulthood.

NHSScotland has a crucial role in addressing the situation. We are often the first, or indeed only, service that victims will use either for themselves or their children. Early detection and a sympathetic response will help ensure that we understand the impact of abuse on their health and are able to intervene effectively. It will also help to protect women and children and offer them the opportunity to access other community support services.

Frontline staff in maternity, mental health, substance misuse, sexual health, health visiting and A&E services are being trained to increase their confidence and skills in dealing with abuse. An important part of the change is the introduction of routine enquiry about abuse as part of initial assessment, which provides an opportunity for patients to disclose.

A national gender based violence team is supporting local NHS Boards to implement the initiative by developing specialist training packages for staff, highlighting

best practice and issuing national guidance.

Scotland is leading the way on tackling gender-based violence and we need to continue to drive home the message that it will not be tolerated.

A series of good practice guides are available online at: www.gbv.scot.nhs.uk.

DVD Supports AHPs Action Plan for Mental Health

In July, I outlined plans to help Allied Health Professionals (AHPs) support people with mental health problems.

A new DVD is available that takes an in-depth look at service users' experiences and the impact of their diagnosis on them, their families, social networks and the wider community.

The DVD demonstrates in a powerful way how highly service users and carers value the person-centred approach adopted by AHP's, the contribution AHP's make and the creative partnerships fostered by AHP's and service users throughout their journey of care.

For a copy of the Action Plan, visit: <http://www.scotland.gov.uk/Publications/2010/06/15133341/0>. The DVD will be available to view online from September 2010 on the Scottish Government website.



Kevin Woods
Director General Health and Chief
Executive, NHSScotland

NHS Boards Prepare to Lead on Prison Healthcare

The legislation that transfers the responsibility for primary healthcare services in prison from the Scottish Prison Service to NHS Boards progressed successfully through Parliament and received Royal Assent on 6 August 2010.

NHS Boards will now be responsible for the delivery of healthcare services in prisons when the legislation takes effect, which is expected to be in October 2011.

Delivering healthcare in secure settings is a new area of healthcare service delivery for NHSScotland. The transfer of responsibility complies with international standards, which state that penitentiary health must be an integral part of the health system of any country and that prisoners shall have access to the health services available without discrimination on the grounds of their legal situation.

The new legislation also means that we can address inequalities, protect public health and improve the continuity of care and throughcare after release from prison. It also aims to reduce re-offending as a result of improving health, such as reducing drug and alcohol addiction.

Local Implementation Groups (LIGs) across Scotland, led by NHS Boards and the respective Prison Governors in their areas, are preparing final plans to implement the smooth transfer of responsibilities.

NHS Boards without prisons in their areas are also participating in the most appropriate LIG to address issues of ex-prisoners who settle in their NHS areas on release from prison.

It will be a challenge to understand the constraints of delivering healthcare to people with very poor health and poor opportunities of good health.

Healthcare professionals will need to work closely with colleagues from the Scottish Prison Service and others to deliver the care required and link prisoners to appropriate community services on release. Some of the main areas of need include mental health, addictions and dental care, while particular attention will need to be directed towards women in prison, who have greater health needs than others, including those who are pregnant.

Fund for Volunteering Overseas

NHSScotland staff have a unique opportunity to volunteer overseas thanks to a scheme aimed at increasing the number and range of public servants who want to volunteer abroad.

A central fund is available so that on return from volunteering an employee can get a payment into their pension scheme that is broadly the same as the pension contributions they lose by going abroad.

Volunteering is hugely rewarding for both employees and employers: staff can learn new skills and gain memorable experiences; and the scheme can help employers retain highly trained staff who return with new skills and experience. The scheme has no cost for any individual NHS employer.

Some of the most sought after skills include those of doctors, nurses, health managers, mental health professionals, therapists, medical laboratory and scientific officers and those working in public healthcare.

Rules of the scheme are on the VSO website along with details of how to apply. The fund is available only to those who secure a volunteer placement before 31 March 2011.

Last Chance to Nominate in Health Awards

Nominations for the Scottish Health Awards, close on Monday 6 September 2010.

This will be the last possible date to submit an entry for the awards, which recognise the most dedicated and innovative staff who go that extra mile to provide the very best of healthcare to the people of Scotland.

Entries can be submitted online now at www.scottishhealthawards.com.





Harry Burns
Chief Medical Officer

Celebrating 30 Years of MRI

Thirty years ago, on 28 August, an elderly man from Fraserburgh with terminal cancer made history, when he became the first patient in the world to receive an MRI body scan.

In 2005, celebrating the 25th anniversary of this achievement, Dr Francis Smith, the clinician who carried out the scan said: "The development of MRI is as important to medicine as the discovery of x-rays was in 1895."

By 2005, it was estimated that there were more than 22,000 MRI scanners worldwide performing some 60 million scans annually, and the rate of growth in usage has continued to accelerate.

Fantastic as this Scottish innovation has been, we should also recognise that this is just one of the imaging techniques that have revolutionised medical diagnostics, to the point where it has now been dramatised for public amazement in the person of television's misanthropic, pill-popping, diagnostic genius Dr Gregory House MD.

The list grows annually, Ultra-Low Field MRI, Field-Cycled MRI, Continuous-Wave MRI, Ultrasonography, Computed Tomography (CT), Positron Emission Tomography (PET), PET-CT, Proton Electron Double Resonance Imaging (PEDRI), to name but some, and Scotland continues to maintain its place as an international centre of excellence in these technologies.

Amazing as all this may be, however, we must continue to recognise that patient safety is paramount.

Such has been the proliferation of CT scanning in the United States that medical radiation now accounts for more than half of the population's total exposure, and in 2007 researchers estimated that approximately 29,000 future cancers could be related to CT scans performed in the US that year, and that CT scans could cause as much as 2 per cent of all cancers in the United States in the next 20 to 30 years.

Medical exposures in the UK remain much lower, currently about 20 per cent of the total population dose, but the upward trend continues.

Regarding the diagnostic methods of the aforementioned Dr House, one US blogger has commented:

'I think physicians have an inner longing to be able to just order every possible test all at once, but this can be irresponsible, depending on the medical setting. A simple example of this is the difference between telling your family medicine doctor that you're having a headache and telling an ER physician the same. In the first case, you're likely to be treated for migraines, whereas in the second case, you're likely headed to the CT scanner for a head CT.'

Whereas extremely rare, high profile, radiotherapy incidents serve to remind us of the acute risks, we must be vigilant also to the risks associated with an increasing dependence on high dose CT scans.



Ros Moore
Chief Nursing Officer

Nursing and Midwifery Workload and Workforce Planning

In response to an Audit Scotland report, the Scottish Government set up the national Nursing and Midwifery Workload and Workforce Planning (NMWWP) programme to define workload and workforce needs, and to consider the effective use of bank and agency staff.

After extensive research, a systematic, national approach to nursing and midwifery workload and workforce planning was recommended. In 2008/9 a suite of seven workload and workforce planning tools that covered 80 per cent of service areas was approved by NHSScotland. The tools have been implemented at least once, with data collected at local level and aggregated at national level. In addition to demonstrating when tools are fit for purpose, this also highlighted some areas for refinement of tools or for a different approach to be pursued.

The information recorded on the workload tools is based on patient numbers in each ward or specialty area and their dependency level i.e. a measurement that indicates how ill or incapacitated the patient is; how many healthcare professionals are needed to provide that care; and/or the time taken to provide healthcare tasks.

This, combined with professional judgement (by means of the senior charge nurses assessing the skills level required for each shift in his/her ward/specialty area), provides information about nursing and midwifery workload and workforce planning alongside intelligence from other sources e.g. quality measures.

It would be considered good practice to use the tools to help inform annual budget setting and in the event of any changes to service delivery or when planning new services. This will provide a guide for workforce leads in each NHS Board area; recognising that good workforce planning is integral to high quality patient care.

The tools do not represent a 'magic wand', but the systematic, national approach being promoted, backed by strong leadership at local level and appropriate education and training, offers considerable advantages over what has existed before.

Further work to develop appropriate workload tools for other identified clinical priority areas is now under way.



Margie Taylor
Chief Dental Officer

NHS Dentistry Capital Developments

Since 2009, the Scottish Government has allocated significant capital funding to improve dental premises within all NHS Boards. These range from small projects to improve decontamination facilities in general dental practices through to large scale NHS Board dental centres.

One of our overarching principles in decontamination is to remove the process from within the clinical area. This allows staff to develop, implement and quality assure the decontamination process.



Larger projects have incorporated 'state of the art' dental units within a larger health and social care facility, for example, NHS Greater Glasgow & Clyde have opened a centre in Plean St, Yoker (pictured below) which provides dental services and currently allows final year undergraduate students to undertake clinical care on an outreach basis.



Plean Street, Yoker

One of the most recently completed facility is the Buchanan Centre in Coatbridge.



Buchanan Centre

This flagship partnership development between NHS Lanarkshire, North Lanarkshire Council and NHS Education for Scotland includes:

- dental outreach centre for final year students;
- Community Dental Service surgeries to include dental foundation programme trainees;
- two relocated general dental practices;
- two relocated general medical practices;
- Community Health Services
- Library;
- Consumer and Money Advice; and
- Registration Office and Ceremony Suites.

The official opening for the health facility is in September.

These projects are just two of many across Scotland and I would like to congratulate all NHS Board staff involved; clinical, managerial, planning, financial and estates in bringing these exciting building projects to fruition for the benefit of our patients.