MESSAGE FROM THE CABINET SECRETARY

Patients’ Rights Bill

The launch of the Patients’ Rights Bill consultation provides opportunities for patients, staff and communities to debate what rights and responsibilities are important in a mutual NHS and what we need to do to make them a reality.

The Patients’ Rights Bill will be an important piece of healthcare legislation, which will reinforce and strengthen our commitment to place patients at the very centre of the NHS in Scotland. The Bill will introduce some new rights however it’s important that we communicate clearly to patients what existing rights they have and make sure they are able to access these. It will put patients firmly in the driving seat, giving them more say in how services are delivered and providing a straightforward system of redress if things go wrong.

A central part of the Patients’ Rights Bill consultation is a guarantee of a maximum 12 week wait for inpatient or day case treatment, from the point that the treatment has been agreed between the patient and healthcare staff. This will be set within the existing 18 week referral to treatment guarantee, which will provide patients with additional assurances at a time when they can often be anxious or worried.

Every household in Scotland will also receive an annual NHSScotland ownership report which sets out information on the rights and responsibilities of patients and carers and how they can get involved in the design and delivery of local health services.

<table>
<thead>
<tr>
<th>Patient rights and their associated responsibilities should apply wherever and whenever care is provided and should include entitlements to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Equity of access to NHS care;</td>
</tr>
<tr>
<td>• Respect, dignity and consideration for patients and staff;</td>
</tr>
<tr>
<td>• Safe and effective care and treatment;</td>
</tr>
<tr>
<td>• Communication which is clear and appropriate;</td>
</tr>
<tr>
<td>• Easily understood information about services and care and treatment options;</td>
</tr>
<tr>
<td>• Participation in decisions about health and services;</td>
</tr>
<tr>
<td>• Privacy and confidentiality of personal information; and</td>
</tr>
<tr>
<td>• Independent support and redress through commenting on care and having concerns addressed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Patients’ Rights Bill will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinforce and strengthen our commitment to place patients at the very centre of the NHS in Scotland. Set out the range of existing rights and responsibilities of patients in a clearer way, rather than introducing a number of new rights, leading to improved patient experience.</td>
</tr>
</tbody>
</table>


View the consultation at: [www.scotland.gov.uk/Publications/2008/09/22091148/0](http://www.scotland.gov.uk/Publications/2008/09/22091148/0)
**Drop in Hospital Superbug Rates**

I am pleased to see that MRSA and C.difficile rates are falling in Scotland, according to the latest quarterly figures published by Health Protection Scotland.

The latest figures showed that between April-June 2008, C.difficile cases fell by seven per cent on the previous quarter (from 1,861 to 1,732), meanwhile, MRSA cases fell six per cent over the quarter (from 197 to 185).

However there is no room for complacency, regular hand washing is widely acknowledged as the simplest and most effective way of combating infection in hospitals. Hand hygiene compliance across Scotland as a whole, has now hit the 90 per cent target required by November this year. This is a very welcome increase and I applaud the efforts of all NHSScotland staff in reaching this high level of compliance.

This initial target will be superseded by a ‘zero tolerance’ approach to non-compliance with hand washing regulations and this will be backed with an even harder hitting hand hygiene campaign early next year.

We have also seen a decline in MRSA infection numbers, with a 14 per cent decline since the same time last year. This is the fifth consecutive quarterly decrease and the lowest quarterly result for MRSA since December 2003.

In recognition of the paramount importance we place on tackling all Healthcare Associated Infections, the Scottish Government is investing a record £54 million in combating them. This includes the establishment of a national MRSA screening programme to help NHS Boards meet our target of a 30 per cent reduction in infections by 2010.

---

**Don’t Let Flu Turn on You**

The flu season has come around again and Scotland’s annual seasonal flu vaccination programme commenced on 1 October 2008.

This year, a new communications campaign has been launched which aims to remind people at risk of the flu that they are entitled to a free flu vaccination.

The two groups of people at risk are:

- Those aged 65 years of age and older
- Those with a medical condition which puts them in an ‘at risk’ group

Recent research indicates that some people in the ‘at risk’ groups do not even realise that they are at risk and therefore eligible for the free jab.

This year’s campaign uses new television and radio advertisements, posters and leaflets to communicate messages designed to encourage this group to get vaccinated.

The vaccination programme is due to begin in surgeries and medical centres across Scotland from the beginning of October 2008. I would urge all those eligible to get their vaccine.

In addition to targeting members of the public, NHS healthcare workers are also encouraged to get vaccinated in order to protect themselves and their patients. Healthcare workers can obtain the vaccine via their occupational health service.

View the flu website at:  
[www.infoscotland.com/flu/CCC_FirstPage.jsp](http://www.infoscotland.com/flu/CCC_FirstPage.jsp)
Eight Pharmacies Across Scotland Test out a range of New Walk-In Services

As part of NHSScotland’s commitment to providing the public with better, faster and more local healthcare, a range of new walk-in services called Pharmore is being tested in eight community pharmacies across Scotland.

The pharmacies, located in Glasgow, Dundee, Edinburgh, Aberdeen and Lanarkshire will operate extended hours and offer a selection of additional services. These will include nurse-led minor injury and illness clinics, sexual health treatment and testing, smoking cessation, immunisation and access to simple diagnostic services such as checks to determine heart disease risk.

These walk-in pharmacy services will make a range of services available right in the heart of communities. Some services are already up and running with others due to come online between now and the end of the year.

The eight pharmacy walk-in centres will be monitored closely to establish their effectiveness locally. The pilot programme will run until March 2010.

The eight pharmacies involved in the pilot are:
- Bairds Pharmacy, Clifton Road, Aberdeen
- Boots, Bon Accord Centre, Aberdeen
- Boots, Central Station, Glasgow
- Boots, Braehead Shopping Centre, Glasgow
- Alliance Pharmacy, Airdrie
- Boots, Shandwick Place, Edinburgh
- The Inch Pharmacy, Edinburgh
- Alliance Pharmacy, Albert Street, Dundee

Children Travel Forward in Time to see NHSScotland in 60 Years

Young people across Scotland have been given more time to enter the NHS 60th Anniversary competition which asks children from P6 through to S2 what they think the NHS will look like in another 60 years.

The contest, which will now close on 17 November 2008, encourages youngsters to take a leap through time to tell us what Scotland’s healthcare services will look like in 2068.

The competition is part of this year’s programme of national and local activities celebrating the 60th Anniversary of the NHS in Scotland. It gives youngsters the chance to learn about the enormous advances in healthcare in Scotland and I am looking forward to hearing what they have learned and, importantly, their vision for the future.

The competition will invite imaginative stories, poems or factual essays and will be judged on pupils understanding of healthcare issues and creativity. Developed in partnership with Learning and Teaching Scotland, a judging panel will select two winners who will each scoop a top prize for themselves and for their schools.

The deadline for entries is 17 November and winners will be announced on 24 November 2008. A selection of the best entries will feature on the official NHSScotland 60 website www.60yearsofnhsscotland.co.uk. Teachers and children should visit the NHSScotland 60 website for information on how to apply.
Gaun Yersel

_Gaun Yersel_, the self management strategy for Long Term Conditions in Scotland is a unique document, in that it has been developed not, as you might expect, by the Scottish Government, but by the Long Term Conditions Alliance Scotland.

This was a deliberate decision, in keeping with our overall approach to long term conditions management, where we want to learn from people's own experience of living with these conditions. The strategy is, as it says, driven not by policy makers but by people themselves. The challenge was taken up by the Long Term Conditions Alliance Scotland, the organisation that represents a range of voluntary sector organisations dedicated to helping people with conditions such as diabetes, epilepsy, arthritis and mental health problems.

The new strategy was promised in _Better Health, Better Care_ as part of the Scottish Government's commitment to designing and developing services to better meet the needs of people with long term conditions. Amongst other things it calls for improvements in the information available to support patients at each stage and for a new self management fund to support self management in communities.

If you are wondering, the phrase “Gaun Yersel!” is most common in the “West of Scotland” to cheer a person as they embark upon a challenge. The title was recommended by the Long Term Conditions Alliance as a very visible way of demonstrating that this was not a conventional policy document but in my view this is its strength.

View the strategy at: [www.ltcas.org.uk/fileadmin/ltcas/PDFs/LTCAS__gaun_yersel_.pdf](http://www.ltcas.org.uk/fileadmin/ltcas/PDFs/LTCAS__gaun_yersel_.pdf)

Delayed Discharge

Although we have made real progress in tackling the number of people who are inappropriately delayed in hospital, I was disappointed to see that the number of patients delayed for more than six weeks had risen from zero to 44 between April and July 2008.

I appreciate that several years ago we counted such patients in thousands but the remarkable achievement at April 2008 of delivering the zero target showed what can be done. That zero level must now become the standard so that no patient is inappropriately delayed in our hospitals for longer than they have to be. I expect all NHS Boards, along with their local authority partners, to make sure that the zero position is not just regained to but is sustained at all times.

It is also important that the accepted six week discharge period is the maximum timeframe allowable. I would expect delays up to that time in only the most difficult situations. All agencies involved need to work together to ensure that each individual is discharged as soon as possible after their treatment is complete.

Unnecessary time spent in hospital can affect a patient’s health and wellbeing and lead to lower life skills, confidence and independence. Furthermore, occupying vital hospital beds might prevent someone else in need of care from receiving treatment.
New Picture Warnings on Cigarette Packs

Significant progress has been made in recent years to shift cultural attitudes to smoking including through firm legislative action such as the introduction of the smoking ban on 26 March 2006 and the rise in the age for sale of tobacco from 16 to 18 on 1 October 2007.

Smoking remains one of the principal preventable causes of illness and premature death in Scotland. On the first anniversary of raising the legal age of sale for cigarettes, which also coincided with the appearance in the UK of new graphic picture warnings on cigarette packs, I pledged that there will be no let up in the Scottish Government’s drive to make Scotland smoke-free.

To illustrate this and following hot on the heels of the publication of the Smoking Prevention Action Plan “Scotland’s Future is Smoke-free” in May 2008, NHS Health Scotland has launched innovative plans to showcase a fresh approach to promoting the stop smoking message.

As well as successful television adverts, new online activity will be displayed on popular websites such as STV.com, MSN Hotmail and the Daily Record’s website.

Reaching young people is vital. In fact, research suggests 30 per cent of 16-24 year olds in Scotland are smokers and it’s a statistic which the Scottish Government and health agencies are taking seriously. Reducing this rate to 22.9 per cent by 2012 is a key target for the Government, outlined in this year’s Smoking Prevention Action Plan.

It isn’t just the way the ‘stop smoking’ message is delivered that’s changing; Smokeline is also embracing new interactive approaches which will see the introduction of new Smokeline web chat, to enhance the existing telephone based service. Interactive SMS – or text messaging will follow later in the year.

NHS Health Scotland has also re-vamped its approach to the distribution of stop smoking resources. From the middle of October, GP surgeries, dental surgeries, libraries, community pharmacies, NHS Health Promotion Departments and a number of other community settings will all receive copies of a stop smoking DVD, Aspire to stop smoking magazine, passive smoking leaflets and other resources.

From 1 October 2008 these picture warnings will begin to appear on cigarette packs and by 1 October 2009, all cigarette packs sold in the UK will feature the warning. The pictures will start appearing on other tobacco products from 1 October 2010.

For further information about any of NHS Health Scotland’s tobacco work contact: katherine.beattie@health.scot.nhs.uk or tel: 0131 536 5550.

View the Smoking Prevention Action Plan at: www.scotland.gov.uk/Publications/2008/05/19144342/0.
Winter Planning

It is that time of year again. Winter brings its own pressures for the Service however learning from recent years has demonstrated the benefits of planning well in advance.

Earlier this year the Emergency Access Delivery Team was reconstituted. The Team is Chaired by Tim Davison, Chief Executive, NHS Lanarkshire. As a key component of Shifting the Balance of Care agenda, the Team will provide direction and support to NHS Boards to deliver local improvement trajectories for reducing rates of attendances at Accident and Emergency (A&E) departments, sustain the maximum four hour A&E wait and co-ordinate whole systems winter planning.

Regional winter planning workshops were held earlier this year and these provided an opportunity for NHS Boards and partners to share good practice and discuss development of their local plans. The National Conference held in September was extremely well attended and I am pleased that the Emergency Dental Services were represented. Some of the key messages which came from the National Conference included:

- The importance for NHS Boards, colleagues from mental health partnerships and social care to work together to develop and deliver winter plans.
- Key members of clinical and non-clinical staff will be requested to cover additional shifts over the festive period and their support in the delivery of high quality care is much appreciated.
- NHS Boards should ensure that local planning and escalation procedures identify any pressures over the festive period.
- New software has been made available to GP practices which will increase Health Protection Scotland’s ability to estimate and feedback to Boards on the flu vaccine uptake.
- NHS24 is leading on the development of the national media campaign for winter.

Contact Jackie.Britton@scotland.gsi.gov.uk for more information on winter planning.

Technical Advisory Group on Resource Allocation (TAGRA)

A new group has been established to oversee the maintenance and development of the Arbuthnott/NHSScotland Resource Allocation Committee (NRAC) formula. The formula aims to provide a transparent and fair mechanism for dividing resources for hospital and community health services and GP prescribing between NHS Boards.

When the Cabinet Secretary announced her acceptance of NRAC’s proposed changes to the formula, she also accepted NRAC’s view that a group should be established to advise on future development of the formula. The group, chaired by John Matheson, Director of Health Finance, includes members from seven NHS Boards (representing different perspectives) plus academics and analytical support from the Health Directorates and Information Services Division. TAGRA is a technical group whose members have expertise in resource allocation and financial matters.

For more information contact Keith MacKenzie, Health Analytical Services, Tel: 0131 244 2762.
Promoting Professionalism and Excellence in Scottish Medicine

NHSScotland provides a very different service today from when it was established in 1948. We face new and diverse challenges in a world that is increasingly complex, changing ever more rapidly and where the role of health professionals, including doctors, is being widely scrutinised in the media and questioned by the public.

Against this background, I convened a meeting of medical Specialty Advisers earlier this year, focusing on the promotion of excellence and professionalism in Scottish medicine. This was followed up by a questionnaire to the Specialty Advisers which asked the following questions:

- What would you highlight as current success stories in your specialty?
- What do you find most frustrating about working in NHSScotland and how might such problems/hurdles be overcome?
- What specific actions are required and by whom to promote and encourage excellence and professionalism in Scottish medicine?
- How would you summarise your hopes for the future of your specialty and how these could be best realised?
- What is the relevance of longstanding NHS values for your specialty and the emerging concept of mutuality?

The questionnaire received an enthusiastic response with over 40 specialties represented in the final replies. A report has now been drafted which analyses and considers these responses and offers a “state of Scottish medicine” critique as the NHS enters its seventh decade.

The report captures the Specialty Advisers’ clear aspirations for greater engagement of doctors in the future planning and service delivery of NHSScotland. Advisers recognise a compelling need to plan ahead to meet the healthcare needs of an ageing population, with an increasing prevalence of long term conditions. There is a strong desire to ensure that NHSScotland continues to provide an equitable service, avoiding expedient or overtly “political” short term measures, and fostering a longer term planning approach. The need to achieve health outcomes that compare favourably to other European countries is regarded as fundamental.

The picture that the profession paints in this survey is a positive and encouraging one – of a developing and improving NHS – but also recognising the significant challenges that lie ahead. Specialty Advisers are strongly committed to NHS founding principles and future development, and offer a growing number of examples of professionalism and excellence in practice.

In the first instance these will be the subject of further discussion in the Scottish Medical and Scientific Advisory Committee (SMASAC). I believe that the themes and suggestions emerging from this survey are likely to echo the views of other healthcare professional groups in Scotland.
The International Medical Workforce Conference held every 18 months and hosted on rotation by USA, Canada, Australia and UK was, for the first time in its 12 year history, hosted by Scotland on behalf of the UK.

The aim of these conferences are to promote the exchange of policy approaches across countries and the understanding of global trends and international collaboration. It was attended by around 100 of each of the country’s leading policy and workforce colleagues, economists and clinicians, World Health Organisation (WHO) and OECD.

The event has taken about 18 months to organise by the Scottish Government Health Workforce Planning Team and the NHS Education for Scotland Events Team. The unique dimension to this conference was that the topics to be discussed are generated at the previous conference.

Held at the Royal College of Surgeons in Edinburgh, delegates also had the opportunity to attend a pre-conference day in Glasgow consisting of a range of visits to The Beatson West of Scotland Cancer Care Centre, South Glasgow Stroke Service, Gartnaval Royal Hospital, Edinburgh University Medical Museum and a walking tour of medical sites around Edinburgh.

The Scottish event was hugely successful with a full programme of events, presentations and discussions developed to provide the opportunity for discussion and debate around a range of issues including career structure, equity, poverty and access, the morale of physicians and trainees and emerging scientific evidence and research.

Further details including the papers, presentations and speeches used at the conference are available at: http://rcpsc.medical.org/publicpolicy/imwc.php.
Official Openings:

Aberdeen Dental School

At the beginning of October 2008, the Minister for Public Health officially opened the new Aberdeen Dental School. This new school will be a centre of excellence for the North of Scotland and an important asset for the whole country.

A new extension linked to the existing Aberdeen Dental Education Centre will house the new dental school and clinical facilities for NHS Grampian. While this building programme will not be completed until next year the first intake of students in October 2008 will be based in existing facilities with some minor modifications to accommodate clinical teaching for year one students only. The project will be jointly financed between the Scottish Government and NHS Grampian.

In the first year of operation, a maximum of 15 students will be trained however the school will be built with an intake capacity of 20 students per year. A graduate entry programme is being introduced which will reduce the period of study from five to four years. The curriculum has been approved by the General Dental Council.

Bonnyrigg Dental Centre

The new Bonnyrigg Dental Centre was officially opened on 30 September 2008. The Dental Centre received funding of £932k from the 2006/08 tranche of Primary and Community Care Premises Modernisation Programme (PCCPMP) to relocate from the old Bonnyrigg Health Centre, to new purpose built premises. The new dental centre which contains five dental surgeries will provide local access for patients not registered with a NHS dentist and an increased availability of NHS dental services within the area.

Dental Decontamination Receives an Extra £5million Funding

In September, an additional £5 million pounds of funding was announced to help dentists improve decontamination facilities in their surgeries.

The additional money covering 2008/2009 will be split among NHS Boards according to their population size and will go towards improvements to practice premises and facilities for the cleaning and decontamination of instruments.

Dental practices must ensure that all decontamination and cleaning of instruments is done in a separate, designated area of the practice and these funds will help all practices achieve this. NHS Boards will be expected to consult with dentists in their areas and agree improvement priorities.