

Bulletin

News from inside the Scottish Government Health Directorates

November 2009

MESSAGE FROM THE CABINET SECRETARY

Scottish Health Awards 2009

The Scottish Health Awards, a key event in NHSScotland's calendar, provides us with the opportunity to say thank you to some of the most dedicated and innovative staff, who go that extra mile to care for the people of Scotland.

With over 300 nominations received this year across 17 award categories, many of these from patients and the public, there is no doubt that there is a great affection for NHSScotland and those who work in it. All nominations showcased excellent examples of personal commitment, innovation and excellence.



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



The award winners having received their awards at the prestigious ceremony.

Held at the Edinburgh Corn Exchange, the evening's host was Jackie Bird. I joined the Minister for Public Health and Sport and Dr Kevin Woods in announcing the 17 award winners. The event, run in partnership by the Daily Record and the Scottish Government, provides an opportunity to recognise the remarkable commitment and devotion of NHSScotland staff and those who provide services that ultimately improve the health and wellbeing of the people of Scotland.

Finalists came from across the length and breadth of Scotland and were recognised for a range of services. I would like to congratulate all those nominated, the finalists and the winners for delivering high quality, patient-centred services.

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Shona Robison MSP
Minister for Public Health
and Sport

For more information visit: www.scottishhealthawards.com



Influenza A(H1N1) Update

NHSScotland has now received just under 1,069,000 doses of the H1N1 Pandemrix vaccine. This is around 82 per cent of the total required for the 1.3 million people in the priority groups. Additionally, NHSScotland has received just under 167,000 doses of the Celvapan vaccine and this vaccine is currently reserved for people with egg allergies.

Recent figures on the incidence of influenza A(H1N1) in Scotland have shown a generally upward trend in the number of people consulting their GP with flu-like symptoms as well as an increase in the number of positive samples.

This rise is not unexpected as we move further into the winter season and we must prepare for further increases in H1N1 cases until the effects of the vaccination programme are evident. People must continue to do everything they can to protect themselves. This means maintaining good hygiene practices; taking advantage of the vaccination programme if they are in the priority groups; and seeking medical advice where necessary. The vaccination programme is now well underway and I am urging everyone in the priority groups to get the vaccine when invited to do so by their GP. This is a rolling programme and we expect that everyone in the priority groups will have been offered the vaccine by Christmas.

As announced on 19 November, the H1N1 vaccination programme will be extended to offer vaccination to all children aged between six months and up to five years old, for protection against the virus. This means that approximately 260,000 children across Scotland will be vaccinated in the next phase of the programme.

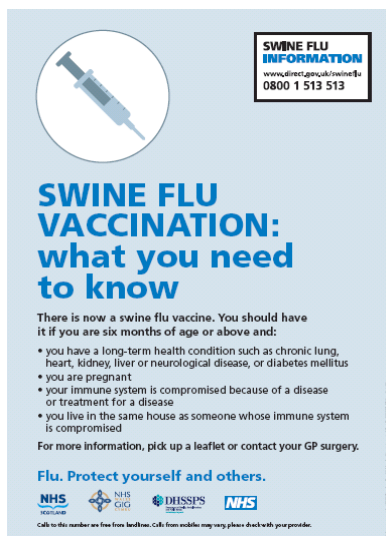
It is expected children will be invited to attend their local GP practice to receive the vaccination and negotiations are currently underway. Vaccination of this group will start in December, once the initial priority groups have been vaccinated.

Consideration is also being given to vaccinating carers of elderly or disabled people. This is to protect the welfare of those being cared for as they could be more at risk from suffering influenza complications. A decision on this will be announced at a later date.

Discussions will take place over the next few weeks about future phases of the vaccination programme and will take into account the latest scientific advice, epidemiological evidence and modeling predictions about the development of the pandemic.

The seasonal flu vaccination programme is running in tandem with the swine flu vaccination programme. It is important that people who are entitled to receive both vaccines do so because the seasonal flu vaccination will not give protection against swine flu or vice versa. Pandemic flu is certainly not another seasonal flu. The virus is new and, unlike seasonal flu, its attack rate appears to have a much higher in children and young people.

We are experiencing a second wave of the H1N1 virus and must not underestimate the potential risks. With your help we will continue to be fully prepared to deal with this flu pandemic over the winter months.



Hospital Inspection Report

It is vital that the public have confidence in the care they will receive if they ever need hospital treatment and the unprecedented level of rigorous independent scrutiny provided by the new Healthcare Environment Inspectorate will help to instil that confidence.

The Inspectorate has a mandate to ensure that the correct procedures are followed to prevent the spread of Healthcare Associated Infections (HAI) such as MRSA and Clostridium difficile. Every acute hospital will receive at least one announced and one unannounced inspection within the three year inspection cycle, with extra visits as required.

Based within NHS Quality Improvement Scotland, the Inspectorate operates independently of the Scottish Government and the NHS Boards it inspects.

On 23 November 2009, Dr Kevin Woods wrote to all NHS Board Chairs and Chief Executives following the publication of the Healthcare Environment Inspectorate's reports for NHS Forth Valley and NHS Grampian to set out the actions which all NHS Boards must take in response to inspection reports to ensure significant improvements in the healthcare environment.

The published reports identify a number of areas for improvement which are already being acted upon by the NHS Boards concerned, as well as areas of good practice.

It is clear that the findings raise substantive issues which all NHS Boards must reflect on and take immediate action to provide themselves with full assurance. NHS Boards must ensure there is an absolute focus on these emerging points. These issues should be considered in the context of the range of strategic actions already in place to tackle healthcare associated infections; and to improve the nature and quality of care provided to patients.

I made a statement to the Scottish Parliament on 26 November 2009 with regard to the Healthcare Environment Inspectorate's report for Aberdeen Royal Infirmary. I underlined the important role that the Healthcare Environment Inspectorate has in providing assurance and improving public confidence; and that there can be no let up in the fight to drive down infection rates.

Infection Rates in Scottish Hospitals Continue to Fall

The latest data produced by Health Protection Scotland on the numbers of avoidable infections in Scottish hospitals has revealed that as in previous quarters, we are continuing to see a decrease in the number of cases of Clostridium difficile. The cases for the April to June 2009 quarter have decreased by an impressive 42 per cent on the same quarter last year. In Scotland, infection rates are now at a record low, almost halving over the past year, and MRSA rates are now at their lowest level since records began.

The sustained reduction in infection rates proves that our efforts to tackle avoidable infections are effective and this can only be good news for patients throughout Scotland.

I congratulate NHS Boards on their efforts to reducing avoidable infections at a local level, but there can be no room for complacency. Indeed, the recent Clostridium difficile outbreak at Ninewells hospital in Dundee, where sadly five patients died, brings into sharp focus the real need for every NHS Board to ensure they are focused on improving the patient care environment.

Every member of staff continues to have a vital part to play in keeping MRSA and Clostridium difficile at bay so that members of the public can once again be confident that our hospitals are clean and safe. These include simple but effective tasks such as regular hand hygiene and a regular and thorough cleaning of wards – both of which are key to safeguarding patients from infections.

Tackling hospital infections continues to be the Scottish Government's top priority for NHSScotland and we will continue to build on the good progress that has been made to date and do our utmost to ensure that we eliminate avoidable infections from our hospitals



Shona Robison
Minister for Public Health & Sport

A Games Legacy for Scotland

At the launch of *A Games Legacy for Scotland* the First Minister, Alex Salmond and Deputy First Minister, Nicola Sturgeon outlined how the Scottish Government and its partners aim to deliver long lasting benefits from the Commonwealth Games.

The legacy sets out the initial Scotland-wide plans for building a lasting and positive legacy from the Glasgow 2014 Commonwealth Games and other major events, such as the London 2012 Olympic and Paralympic Games and the Ryder Cup in 2014. It will be delivered by the Scottish Government and its many stakeholders across the public, private, and third sectors.



A Games Legacy for Scotland has identified health as a unifying theme and the plan focuses on getting people more physically active. The supporting campaign, entitled *Active Nation* will be officially launched in 2010. The Community Sports Hubs programme, which links in with the active theme, aims to make the most of new and existing facilities by creating a space for the community to come together and take part in activities.

As well as having great ambitions for Scotland's sporting stars at the 2014 Commonwealth Games, the Scottish Government has great aspirations for the event to be a catalyst for physical, economic and social regeneration. Our ambitions are about individuals and communities right across Scotland getting involved. They are about everyone being able to benefit from the wide range of opportunities before, during and after the Commonwealth Games.

For more information visit:

<http://www.scotland.gov.uk/Topics/ArtsCultureSport/Sport/MajorEvents/Glasgow-2014/Commonwealth-games>

Steps for Stress

The *Steps for Stress* campaign, which I launched earlier this month, aims to help people recognise the signs of everyday stress, and offers advice and information on how to take action to help stop it in its tracks - such as being more active, talking to someone or helping other people. Three quarters of people surveyed as part of the campaign research admit to experiencing stress, but only one in four feels happy to talk about it.

Stress can affect everyone. We all have busy lives, juggling work and family commitments, but by knowing how to spot the signs we can help ourselves feel better. *Steps for Stress* shows us that even small steps like going for a walk, talking to a friend or doing something for someone else can make a big difference to how we feel.

One highlight of the campaign is a six-part prime-time STV series, *Make Me Happier*, sponsored by the Scottish Government. Using a TV series is an exciting new way to help spread the message and together with the rest of the *Steps for Stress* campaign, we hope it will make a real difference to people's wellbeing.

For more information visit: www.infoscotland.org.uk/stepsforstress



Kevin Woods
 Director General Health and Chief
 Executive, NHSScotland

New NHSScotland HEAT Targets for 2010/11

HEAT targets have been invaluable in helping NHS Boards to make major improvements to healthcare in recent years including cutting waiting times, abolishing hidden waiting times and reducing hospital infections.

The Scottish Government's Health Delivery Directorate consults extensively with NHS Boards across Scotland to review these targets each year, to ensure that they are focused on delivering lasting change to healthcare in Scotland.

This year, for the first time, waiting times relating to drug misuse and Children and Adolescent Mental Health Services (CAMHS) have been introduced, which will undoubtedly improve the lives of many people throughout Scotland.

Other new targets include:

- At least 60 per cent of three and four year olds in the most deprived areas of Scotland to get fluoride teeth varnishing to improve their oral health by March 2014; and
- An annual three per cent reduction in CO2 emissions over the period 2015/16 (This reflects the Scottish Government's wider policy position to reduce our environmental impact).

Performance Management Principles

We have also developed 10 performance management principles to help improve the understanding of how HEAT Targets contribute to the Scottish Government's National Outcomes and Purpose. These principles should also be used to guide the future development and delivery of healthcare to help support accountability and embed good practice.

HEAT Targets: what are they?

HEAT targets are a core set of Ministerial objectives, targets and measures for NHSScotland. The targets are set each year after extensive consultation with stakeholders. Progress is measured throughout the year and NHS Boards are held to account during their annual review with the Cabinet Secretary for Health & Wellbeing.

The key targets for NHSScotland fall into four areas. Described as HEAT, they are:

Health Improvement for the people of Scotland - improving life expectancy and healthy life expectancy;

Efficiency and Governance Improvements - continually improving the efficiency and effectiveness of the NHS;

Access to services - recognising patients' need for quicker and easier use of NHS services; and

Treatment appropriate to individuals - ensuring patients receive high quality services that meets their needs.

HEAT Performance Management Principles

1. Support Government Outcomes	6. Be Flexible in Delivery
2. Improve Quality	7. Support Diversity, Reduce Inequalities
3. Deliver a Wider System Approach	8. Engage Staff
4. Respect Individuals	9. Share Best Practice
5. Support Clinical Outcomes	10. Be Performance Measurable

For more information visit:

www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets

For further information on the HEAT targets contact Robert Williams on 0131 244 3568.

Be Ready For Winter

This year's *Be Ready for Winter*, campaign which was launched by the Cabinet Secretary for Health and Wellbeing on 17 November 2009, promotes the key message of *Don't let an illness ruin your winter.*

It also encourages people to prepare ahead for winter by re-stocking their medicine cabinet, using their local pharmacy for advice and planning ahead for repeat prescriptions.

The campaign has been co-ordinated by NHS 24 and representatives from local NHS Boards and the Scottish Ambulance Service.

The campaign links in and supports local NHS Boards' own winter plans for their specific areas. It also aims to drive patients to the correct and appropriate services available to them over the busy winter months, especially over the festive period, helping to alleviate pressure across the out-of-hours services.



The *Be Ready for Winter* roadshow, with a giant medicine cabinet at its centrepiece, will travel to several locations throughout Scotland over the coming weeks bringing home the message to prepare ahead, whilst also reminding people how to access the most appropriate service available to them during the out-of-hours period.

The simple three-step guide underpinning the campaign is:

- Step One** Self-care and visit a pharmacist;
- Step Two** If you have an illness or injury that won't go away, make an appointment with your GP practice for healthcare advice; and
- Step Three** For urgent care when your GP practice is closed, use out-of-hours services, accessed through NHS 24 on 08454 24 24 24.

For more information visit: www.nhs24.com



Military and Civilian Health Partnership Awards 2009

Two out of six Scottish shortlisted nominees triumphed as winners at the 2009 Military and Civilian Health Partnership Awards held at the end of October.

The award ceremony, held this year at Hopetoun House, was an opportunity to honour all the dedicated men and women who provide outstanding care to the armed forces, their families and veterans.

Attended by HRH The Duke of Gloucester, the evening provided an opportunity to honour the diverse and dedicated military staff, the NHS, voluntary and private sector medical professionals from across the UK who provide first-class care to our armed forces personnel.

The evening was attended by Defence and Health Ministers, prominent military and health representatives from across the UK, and more than 24 shortlisted teams and individuals.

The two Scottish winners were: **Sealladh** – The Neuro Vision Training and Rehabilitation, a Glasgow team treating troops blinded by injuries on operations; and **Scottish Association for Mental Health (SAMH)** – A Practical Guide to Working with Veterans. Life Force is a guide targeted at community agencies that provide first contact and ongoing support to people, many of whom will be veterans.



Left: Sealladh receive their award from HRH the Duke of Gloucester for their work on Neuro Vision Training and Rehabilitation.



Right: Scottish Association for Mental Health (SAMH) receiving their award.

Thanks to these doctors, nurses and other healthcare staff, our armed forces and veterans benefit from the outstanding healthcare they deserve. The awards celebrate the partnerships that make this possible. It is an honour to meet these truly remarkable people and I congratulate each and every one of them.

View the shortlisted nominations and winners at:
<http://militarycivilianhealthawards.org>



Harry Burns
Chief Medical Officer

Health For Work, Work For Health

The Scottish Government's *Healthy Working Lives Strategy* has, for the last five years, been promoting the benefits of policies and practices in the workplace that support and encourage staff to be fitter and healthier.

Through the Scottish Centre for Healthy Working Lives, a network of advisers offer information, access to tools and workplace visits to help employers get the benefit of a healthy working lives approach. Over 1000 organisations have achieved or are working towards the Centre's Healthy Working Lives Awards.

During 2009, the *Healthy Working Lives Strategy* underwent a review in light of the latest evidence and practices in working age health and wellbeing. As a result, the refreshed strategy *Health Works* identifies a programme of action to ensure that the working age strategy remains relevant to the needs of the modern workplace.

NHSScotland has already been set the challenge of attaining Healthy Working Lives award status through the Health Promoting Health Service approach. *Health Works* will spread this message more widely.

A partnership including representatives from the Scottish Government, Convention of Scottish Local Authorities, employers, employees and NHSScotland is working with the Scottish Centre for Healthy Working Lives to help it develop its services so that as many workplaces can benefit as possible.

In addition, we recognise that people become ill or injured and may not be able to do their job. *Health Works* sets out actions to develop and improve services that will allow employers to obtain advice if they are worried about an employee. It also encourages individuals worried about their health to seek advice and, if necessary, onward referral to appropriate services.

We will also be developing measures to improve the awareness and understanding of the links between health and work for healthcare professionals so that they can incorporate work outcomes into patient recovery plans.

Supporting people with health conditions to remain in or return to work and helping people to remain healthy at work and improve their wellbeing is good for the individual, the employer and the economy of Scotland and continues to be a key priority for the Scottish Government.

Influenza A(H1N1)

It is now over 6 months since rumours from Mexico suggested an outbreak of a new type of flu, with high mortality, was sweeping across the country. The world was facing the 4th flu pandemic of the past 100 years.

The lack of Primary Health Care in Mexico meant that those admitted to hospital were the very sick, and the Mexican Authorities were effectively blind to the many with relatively mild flu like illness. This resulted in an overestimation of mortality. These initial suggestions were soon corrected by the World Health Organisation (WHO) which investigated the spread. Since then we have learned a great deal about this virus and how prepared we were to respond to this threat.

We now know that the virus is Influenza A H1N1(v). The media initially latched on to the term 'Mexican flu' and then 'Swine flu', but this is incorrect as the initial source of the virus is still unknown.

The European Centre for Disease Control (ECDC) based in Stockholm and the Centre for Disease Control (CDC) in the USA have been vital to the world-wide surveillance of the pandemic. The UK Health Protection Agency (HPA) and Health Protection Scotland (HPS) provided in depth information on the first cases in the UK (the 'first few 100'). This told us about virus spread, average length of illness and risk of complications and hospitalisation.

The UK Scientific Advisory Group for Emergencies (SAGE) which assembles information from across the UK and World advises UK governments on the progress of the pandemic and, more challengingly, tries to predict the future. As the information improves predictions for the future improve.

Initial assumptions were, in retrospect, overly pessimistic. The 'worst case' estimate of infection has fallen from 30 per cent to 12 per cent of the population. However this is still very significant and cases in the peak weeks are expected to put severe pressure on the NHS, public and private sectors.

Pandemic flu is certainly not 'another seasonal flu'. The virus is new and, unlike seasonal flu, its attack rate has been much higher in healthy children and young people. While the vast majority have an uncomplicated but unpleasant illness, H1N1 can cause severe illness and death in these groups. Those over the age of 65 are much less likely to get it but those who do are likely to have a stormy course of illness.

As increasing numbers of people have been hospitalised, other groups of clinicians have been assembled to provide advice on how H1N1 presents and is best treated. Examples include the Pandemic Influenza Clinical and Operational Group (PICO) that advises the four Chief Medical Officers. The UK 'FLU-CIN' is another network of clinicians sharing knowledge about the patterns of presentation, treatment and outcomes of those admitted to hospitals across the UK. A Scottish Clinical Guidelines group has also developed and cascaded guidance for A&E and medical admissions units.

Key messages include the need to test for H1N1 in patients with pneumonia. The diagnosis can be missed if there has been little history of flu-like illness. The reverse message has also been that diseases such as meningococcal meningitis, streptococcal disease, legionnaire's disease and malaria can be missed if there is too ready a diagnosis of H1N1. It is essential that all clinical staff continue to use their clinical judgement in both diagnosis and treatment of all patients with flu-like illness.

We are now on the second wave of the pandemic and a number of questions are still to be answered. The UK research community has kicked into action with over 30 research projects now running. Many of them may answer questions for the present pandemic but they will all help to provide a better understanding for future pandemics.

Unpredictability is a recognised feature of flu pandemics. We must not underestimate the potential risks and continue to be fully prepared for the evolution of this flu pandemic.



Dr Mags McGuire
Acting Chief Nursing Officer

Health for All Children

Health for All Children (Hall 4) is the programme of screening, surveillance and health promotion contacts which every child should receive. The Scottish Government, in partnership with the Hall 4 Implementation Network, has reviewed aspects of the implementation of Hall 4 and a CEL will be issued in late 2009 offering further advice on implementation.

The new World Health Organisation (WHO) Growth Charts have been adopted for use and a series of *Train the Trainers* events are taking place across Scotland. The new charts will be implemented for use for all children born on or after 1 January 2010. In addition, the new Scotland-wide *Red Book* will also be introduced at the same time as the growth charts. Guidance on the use of the *Red Book* will be issued prior to implementation.

Child Protection

NHS Education for Scotland is currently working on the development of a *Core Competency Framework for the Protection of Children*. This educational resource is intended to support all health and social care staff across NHSScotland. The Core Competency Framework team at NES is seeking to ensure strategic alignment with key workstreams including the ongoing *Scottish Government Review of Guidance (Child Protection)* and *Getting It Right for Every Child* principles and practice model. The Core Competency Framework will be available for wider consultation prior to dissemination in 2010.

Vulnerable Families Pathway

The aim of the project is to ensure that vulnerable pregnant women and young children (0-3 years) receive equitable evidence-based care in all parts of Scotland.

The project will:

- Recognise that need is the central focus within the programme of work;
- Design a framework for a multi-agency pathway for vulnerable pregnant women and children (to age three years);
- Develop a common language and agree a consistent approach to assessment;
- Develop evidence-based guidance to support the pathway; and
- Work with stakeholders to develop the framework, ask for their feedback and comments.

The project will not:

- Duplicate any work that has already been completed in this area; or
- List vulnerable groups.

Standards for Healthcare Support Workers

The recently launched Induction Standards, the Code of Conduct for Healthcare Support Workers (HCSWs) and the Code of Practice for Employers will be made mandatory across NHS Boards in late 2010. This framework will help to support and reinforce the quality of service that patients and the public deserve to receive and experience.

The decision to make the standards and codes mandatory follows recommendations from the independent evaluation report of the HCSWs' pilot which took place in NHS Lothian, NHS Ayrshire & Arran and NHS Lanarkshire. The overarching aim of the pilot was to see whether the employer-led model of standards and codes, as tested, had the potential to enhance patient safety and public protection. Patient safety was identified as a strong motivator for both HCSWs and workplace supervisors.

Support workers include all support staff with a direct service delivery role, ranging from those who keep the environment clean through to those who transport patients or directly assist healthcare professionals. These employees provide essential support and services to ensure that NHSScotland can function safely, effectively and efficiently.

Following implementation, every new support worker will be expected to meet the required standards, normally within three months or the part-time equivalent, of taking up employment. Healthcare Support Workers will also be required to show that they comply with the Code of Conduct for the duration of their employment. The standards and codes will help equip them to do their best to protect patients and members of the public in every way they can during the course of their duties.

For more information visit:

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/paper/HCSWPilot>



Margie Taylor
Chief Dental Officer

Scotland's Oral Health is Improving

It is widely acknowledged that Scotland's oral health is poor in comparison with many other European countries and that the many factors that lead to poor general health within Scotland's population, such as diet, poverty and tobacco use, contribute to this. Scotland's poor dental health is largely attributed to the high level of sugar in the nation's diet and, if combined with poor oral hygiene and irregular dental attendance, the problems are made worse.

The Dental Health chapter of the 2008 Scottish Health Survey, which was published in September 2009, has provided an interesting insight into the state of Scottish adults' dental health and shows distinct signs of improvement.

In 2007 the *Better Health, Better Care Action Plan* set out plans for a new dental school in Aberdeen which opened in autumn 2008 and built on the programmes already established as a result of the 2005 Dental Action Plan, such as bursaries for dentistry students who commit to five years of NHS practice after qualifying.

This year a wider set of questions in the dental health section were introduced to provide more information on the dental health of adults.

These covered the following areas:

- ◆ the number of natural teeth
- ◆ what people thought of their teeth
- ◆ whether they had any pain or problems eating
- ◆ if they had bleeding gums
- ◆ if they think they need treatment

In 2008 we have learned that more men than women had some natural teeth and that the target for 2010 (90 per cent to have some teeth) was nearly met. People living in areas of deprivation were less likely to have their own teeth than those in better off communities.

Although some people (13 per cent) reported having toothache in the previous month up to the survey, more common was the reporting of bleeding gums with men more likely to complain of this (30 per cent) than women (27 per cent). This is usually caused by poor oral hygiene and if gum disease takes a hold the person can suffer from bad breath, increased bleeding and ultimately loss of teeth.

As the amount of available dental health data increases over time we look forward to seeing a fuller picture and this will help NHS Boards with their local planning and monitoring. The rest of the UK are carrying out a similar survey and they have used some of the questions that we formulated so that the UK comparisons should become available once the results have been analysed.

For more information visit:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Publications>