

## MESSAGE FROM THE CABINET SECRETARY

### Best Waiting Times Ever

Recently-published waiting times show the best ever performance by NHSScotland and I would like to congratulate you all for the commitment, hard work and determination you have shown in achieving such an excellent result.



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

Under the banner of the Quality Strategy, the top priority now is to ensure that the way people are treated becomes as important as how quickly they are treated, and as a result make the quality of care across NHSScotland truly world-leading.

Waiting for diagnosis or treatment can be an anxious time for patients and their families and that's why we have put such a priority on cutting waiting times. The NHS has shown once again that it is in a strong position to meet the 18 weeks referral to treatment target set to be introduced at the end of 2011.

The quarterly figures, published by ISD Scotland at the end of August, show that:

- 99.8 per cent of patients in Scotland were waiting less than nine weeks for inpatient and day case treatment – maintaining early delivery of the target which is not due to take effect until the end of March 2011;
- 99.8 per cent of patients received one of the eight key diagnostic tests within four weeks – a 2 weeks shorter wait than the current waiting time standard;
- 99.9 per cent of all patients waited less than 12 weeks for a first outpatient consultation; and
- NHS Boards also continued to deliver on all of current waiting time standards for heart disease, cataract surgery and Accident and Emergency.

### Have Your Say

A key feature of the Quality Strategy is about making measurable improvements in the way we work and the way we deliver health services in Scotland.

By taking part in the NHSScotland Staff Survey 2010, you can help us to identify where improvements need to be made.

In this month's Bulletin, Kevin Woods talks in detail about the importance of the staff survey and how you can get involved.

I would like to encourage everyone to have their say, to help identify the changes needed and to deliver the best possible healthcare for people in Scotland.

### UK-wide Review of Consultants Distinction Awards

At the beginning of this year I wrote to the Prime Minister and Health Ministers in the other UK Health Departments seeking their agreement to a four nation review of the Consultant Distinction Awards Scheme.

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Shona Robison MSP  
Minister for Public Health  
and Sport

# UK-wide Review of Consultants Distinction Awards

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At the same time, I wrote to NHS Boards and all Consultants directly to inform them of my actions. My letter conveyed my acknowledgement and appreciation of the significant contribution that Consultants make to the NHS over and above their day to day contractual duties and explained my reasons for seeking a review of the scheme.

I have remained resolute in my wish to see a substantial reform of the awards and I again wrote to the new Government in June requesting a major review to be undertaken. Our current financial circumstances underpin the need for a fair system of rewarding excellence that is cost effective and aligned with our NHS objectives. I therefore welcomed the announcement last month from the Secretary of State for Health, Andrew Lansley, that the Doctors' and Dentists' Review Body (DDRB) are to undertake a UK-wide review.

The DDRB will be working closely with a range of external stakeholders including NHS Employers, the British Medical Association and the independent committees which make awards in the Devolved Administrations. The Scottish Government will be submitting evidence in due course and DDRB has been asked to submit observations to Ministers in all four countries by July 2011. It is for each Health Minister to accept or reject in full, or in part, the recommendations of the DDRB.

## Alcohol Update: Minimum Price

Earlier this month I announced my intention to bring forward a specific minimum unit price for alcohol of 45p. Introducing a minimum price of 45p per unit would have significant health and social benefits including, in the first year:

- 50 fewer deaths from alcohol-related harm;
- 1,200 fewer hospital admissions;
- A £5.5 million reduction in healthcare costs; and
- 22,900 fewer days absence from work.

After 10 years, benefits would increase to:

- 225 fewer deaths from alcohol-related harm annually;
- 4,200 fewer hospital admissions annually; and
- A total reduction of £83 million in healthcare costs over the 10 year period.

The benefits from a 45p minimum price are estimated to be roughly double those of a 40p minimum unit price in terms of lives saved, acute and chronic illnesses prevented and reduced crime.

Labour's Commission on Alcohol, published on 31 August, recognised the important role price can play in helping to tackle alcohol problems. Unfortunately, rather than supporting action by the Scottish Parliament they recommend that the Scottish Government should press the UK Government to establish a 'floor price' for alcohol based on the cost of production plus duty plus VAT.

It is disappointing that the Commission has overlooked the opportunity offered by the Alcohol Bill to deliver a policy with real benefits in favour of a system that the UK Government has shown little inclination to pursue and which in practice is likely to create a price so low it would have no impact on consumption and harm.



**Shona Robison**  
Minister for Public Health & Sport

## Supporting Scotland's Young Carers

The Young Carers Strategy, launched in July, recognised the important role of the NHS in identifying and supporting children and young people who are carers. So I was delighted to attend the third Scottish Young Carers Festival last month with the Minister for Children and Early Years, Adam Ingram.

As well as providing 450 young people with a break from their caring responsibilities, the festival allows them to meet other young people in the same situation, to try out new activities and to have some fun.

It also provides opportunities for the young carers to give their views on the policies that affect them, the services that support them and to suggest improvements.

As a result of the success of this year's event, we are providing further funding so that the festival can be staged again in 2011.

This will provide an excellent opportunity to hear from young carers about the impact that *Getting It Right For Young Carers* has had, one year on.

Young carers at this year's festival highlighted that it is often the little things that can make a big difference to their lives. In the current economic climate, it is significant that much of the support that they would like does not depend on additional resources.

For example, young carers highlighted how they benefit when professionals take time to understand their situation and to recognise the demands being a young carer might be placing on them as children and young people.

Staff in the NHS are well placed to assess the impact that a relative's illness or disability might have on children in the household and to consider whether they might be young carers.



In doing so, NHS staff will be sensitive to the demands that caring has on the young person's own physical and emotional health and wellbeing and in response they can provide information, advice and support - often in partnership with education or social work services - to address this.

# Diabetes Action Plan Launched

More than 228,000 people in Scotland have been diagnosed with diabetes and we know that figure continues to rise each year.

In 2009, I launched a consultation process, which highlighted recent improvements in care, but also drew attention to the challenges that continue to face us.

Following the consultation, I was delighted that we were able to publish the Scottish Diabetes Action Plan last month. It is designed to reduce the adverse impact the condition has on people's lives and wellbeing, both physical and psychological.

The plan aims to build on the success of our previous diabetes strategies by:

- Promoting self management of the condition through effective education, better access to psychological support and the use of information technology;
- Minimising the impact of the potentially serious complications associated with diabetes;
- Increasing the availability of intensive insulin treatment for people with Type 1 diabetes, including insulin pump therapy; and
- Creating a stronger emphasis on screening and prevention of diabetes.

I was also pleased that so many people have come together as the diabetes community in Scotland to deliver the Action Plan, including people with diabetes, healthcare professionals, research groups, NHS managers, the voluntary sector and industry. The Scottish Diabetes Group will advise us on progress in implementing the Action Plan.

This approach reflects the principles of our Quality Strategy, making sure that our healthcare solutions are centred around the patient's needs and that we provide effective and efficient services that will help realise our aim to be a world leader in healthcare quality.

## Good Practice on ME Published

This month we published our Scottish Good Practice Statement on ME-Chronic Fatigue Syndrome (ME-CFS). This represents the culmination of more than five years' work, a reflection of the uncertainties associated with the causes, diagnosis and management of this complex neurological condition, which affects more than 20,000 people in Scotland.

Along with the Statement is a Quick Reference Clinical Guide, with a useful one-page care pathway for GPs, and a Patient Guide. There is a pressing need for guidance on this condition, and the main aim of the Statement is to assist GPs in the safe and effective diagnosis of ME-CFS, and in its best management.

I am very grateful to those who contributed to the development of the guidance, particularly Professor Lewis Ritchie and Dr Greg Purdie.

These documents represent the approach we set out in our Quality Strategy. They blend the evidence on clinical effectiveness with the evidence drawn from the direct experience of those living with ME-CFS, their families and carers. The documents also reflect the principles of empathy and working in partnership with patients that underpin all our work on long term conditions. Real progress in the recognition and management of ME-CFS depends on collaboration between patients and health professionals. I hope the work undertaken means Scotland will be able to take a lead internationally in moving forward the principle of mutual working.



**Kevin Woods**  
Director General Health and Chief  
Executive, NHSScotland

## Seeking Fresh Challenges Abroad

After six years as Chief Executive of NHSScotland, I have decided to seek a fresh challenge, taking up the post of Chief Executive and Director General for Health at the Ministry of Health in New Zealand.

I have very much enjoyed my time as Chief Executive of NHSScotland and would like to thank colleagues throughout the health service for all the help and support they have given.

It has been my privilege to oversee a number of successful initiatives that have benefitted staff, patients, carers and families across the country.

Programmes such as Better Health, Better Care, Equally Well and the Scottish Patient Safety Programme are making a real impact in improving the health of our nation and the care they receive.

This impact can be seen in the great improvements in waiting times for diagnosis and treatment, in hospital acquired infection rates and in access to dental registrations.

There have also been challenges over and above those usually faced by the health service, for example pandemic flu. By working in partnership across NHS Boards and with the Scottish Government, we were able to respond quickly and handle the situation efficiently and effectively.

I have been greatly impressed by the hard work, dedication and professionalism of NHSScotland staff at all levels. The Scottish Health Awards and the Military and Civilian Health Awards recognise just a few of the many extraordinary and talented people we have working in the health service today. However, there are many, many thousands more who work day in, day out to deliver world-leading healthcare.

As a result of the great work that goes on up and down the country each and every day, I am able to leave in the sure knowledge that NHSScotland is in a strong position and will continue to thrive in spite of the many challenges we face in the current climate.

NHSScotland has a clear direction for the future, outlined in the Quality Strategy, which highlights the importance of delivering care that is based around the patient, care that is safe and clinically effective. This is about ensuring the way people are treated is as important as how quickly they are treated.

I look forward to working with you over the next few months before I leave, to ensure we are well-placed to deliver the Quality Ambitions and our vision to be among the best in the world.

# Building on Success: Progress in Unscheduled Care

Last month saw the publication of the *Building on Success: Examples of Progress in Unscheduled Care* guide, which shares good practice in unscheduled care highlighted by NHS Boards at the Unscheduled Care Conference held in Dundee in June.

The guide is designed to share examples of good practice that NHS Boards and other healthcare providers have put in place across NHSScotland. I hope that Boards will find it helpful in developing and informing good practice models in their area.

Examples of good practice in the guide include: NHS Ayrshire & Arran's pilot to redirect patients from Accident & Emergency to more appropriate health care providers; and NHS Tayside's pilot of clinical forensic medicine, which has helped to reduce the number of admissions to Accident and Emergency by 18 per cent and the number of call-outs for the Forensic Physicians by approximately 75 per cent.

Other highlights are NHS Grampian's *Know Who To Turn To* marketing campaign; NHS Lanarkshire's MINTS (Minor/ Major Injury/ Illness Nurse Treatment Service) pilot where no clinical incidents were recorded over the pilot's duration; and the increased use of rapid response initiatives such as the Scottish Ambulance Service's *see and treat* model and the extension of the Emergency Medical Retrieval Service to remote and rural Scotland – all excellent examples of the hard work that is being done to improve unscheduled care practice across the country.

The guide can be found at: <http://www.shiftingthebalance.scot.nhs.uk/downloads/1281522053-USC%20-%20Building%20on%20Success%20-%20August%202010.pdf>

## Staff Survey Launches in October 2010

NHSScotland's staff survey is set to launch next month, giving all staff the chance to tell us what we do well and where we could do better.

Representatives from across NHSScotland have helped to identify a set of questions that allow for year on year comparisons. The questionnaire this year remains quite short and you will be asked for your views on a range of issues relating to being kept well-informed, appropriately trained, involved in decisions that affect you, treated fairly and consistently and provided with a safe working environment.

Your feedback and ideas are essential both for NHSScotland as a whole and each individual NHS Board as collective feedback will influence plans at both a national and local level.

The last staff survey took place in October 2008 and around 37 per cent of staff took part. Following feedback, which suggested some of the questions were too ambiguous, we have made changes to make them clearer.

Initial results will be published around mid-December 2010 with local findings for individual Boards available in January 2011.

I hope that you will take time to complete this year's survey, which will be available online and in paper format, because your views can help us to improve and to deliver truly world-leading healthcare.



Harry Burns  
Chief Medical Officer

## Lessons from Equally Well: Our Communities Assets

We have been focusing on reducing health inequalities in Scotland with the *Equally Well* programme and some key themes are emerging. Many people now recognise the need for us to alter our perspective on tackling inequalities.

Most of the ideas and actions are not new, but it seems their time has come. Often at times of hardship and financial pressures, we reach a point whereby we either prop up the old system and view of the world, or we take a leap of faith and turn things on their head.

Within the eight test sites, and from lessons learned elsewhere in the UK, we are seeing the strength that comes from community assets. Not what a community does not have, but what they do have that can be used to change things for the better. This assets approach can have dramatic effects, and works to support the development of a strong sense of coherence – for individuals, families and communities.

I highlighted Sense of Coherence in an earlier NHS Bulletin, but put simply, this is a way of viewing life, of knowing that you have control, with skills to deal with life and its challenges. Communities which have assets strengthened, feel more control and as a result can manage life better – improving their social circumstances and their health.

In Scotland, we have become accustomed to a 'deprivation' model and language. What communities do not have. Viewing the challenge through this lens, often leads us to 'do to people' and create a culture of dependency on public services. Language is also powerful on its own. People in such communities can internalise this language, 'I'm deprived' and this can be a self-fulfilling prophecy.

Maybe, the time has come to change - to see the strengths in the people and communities we have in Scotland. The *Equally Well* test sites are working hard on this approach and achieving some real results (see <http://equallywell.ning.com>).

### Health Assets Approach – what it does?

- Identifies and makes viable the health assets in a community;
- Sees citizens as co-producers of their own health rather than passive recipients of services;
- Supports individuals' health and wellbeing through enhancing skills for resilience, relationships, knowledge and self esteem; and
- Promotes community networks that can provide caring and empowerment.

### The Asset Model in Practice – what to do:

- Map the assets in the area (physical, people, time etc);
- Build relationships and connections between residents and between residents and agencies (Who?);
- Mobilise by sharing knowledge and resources (might be their won resources as people – e.g. time banking and helping each other);
- Allow the inspiring vision to emerge; and
- Lever in outside resource only to do what residents cannot do for themselves.



Ros Moore  
Chief Nursing Officer

## Midwifery 2020: Delivering Expectations

*Midwifery 2020* sets out a vision to help midwives across the UK fulfil women's health and social needs and expectations. The aim is to consolidate the achievements that midwifery has made and to identify changes needed to the ways midwives work, their role, responsibilities, and the education, training and professional development needed to achieve these outcomes.

*Midwifery 2020* has been a unique UK-wide collaborative programme of work with the full and active involvement of the four UK Chief Nursing Officers and carried out in partnership with the Royal College of Midwives (RCM), the Nursing and Midwifery Council (NMC), and with key stakeholders in maternity care, professional bodies, higher education, user organisations, employers and commissioners of service and education across all four countries.

The key messages in *Midwifery 2020 – Delivering Expectations* underpin the vision of how midwives can lead and deliver care in a changing environment.

The work is already underway in Scotland through various initiatives, for example Keeping Childbirth Natural and Dynamic (KYND). Our aim is to continue to build on this to ensure the highest quality and safest experience for all women.

Further information and details of the report can be found on the Midwifery 2020 website at [www.midwifery2020.org](http://www.midwifery2020.org).

For further details on KYND, visit [www.scotland.gov.uk/Topics/health/NHS-Scotland/nursing/naturalchildbirth](http://www.scotland.gov.uk/Topics/health/NHS-Scotland/nursing/naturalchildbirth)



Margie Taylor  
Chief Dental Officer

## Caring for Smiles

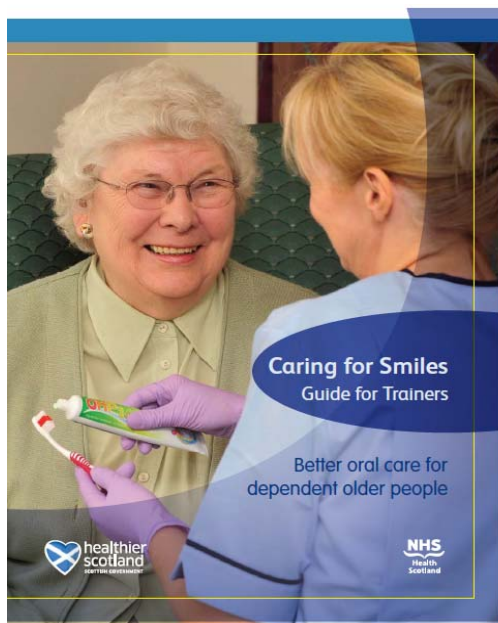
Key national policy documents, including the *Dental Action Plan*, *Better Health Better Care* and *Equally Well* clarified the Scottish Government's commitment to improve the dental health of vulnerable groups such as older people, the homeless and prisoners.

In May this year, NHS Health Scotland in partnership with the National Older People's Oral Health Improvement Group launched the resource *Caring for Smiles* in Dynamic Earth in Edinburgh, with 13 of the 14 NHS Boards in Scotland represented. Other partner organisations, such as Scottish Care and the Care Commission were also present.

The Guide for Trainers is for oral health professionals to deliver training for staff in care homes in order that they can provide a high standard of oral care for dependent older people. The training highlights to care staff that good oral health is important for overall general health. It also encourages them to consider that oral care should be an integral part of personal care.

The make-up of the Scottish population is changing, with a significant increase in the number of people over the age of 75. This is likely to have a significant impact on demand for dental care, resources and services in future. Older, dependent and disabled adults face more constraints on health and mobility which can make attending the 'family dentist' within their community more difficult.

Therefore, NHS Boards and local authorities must work in close partnership to develop high quality services for those older people with particular difficulties in accessing mainstream dental services, making best use of the skills available.



The Guide has seven units, including the core oral health messages, and also covers topics such as 'how to teach', overcoming barriers in providing oral care, the need for a practical session, and specific information on dementia and other patient groups requiring special care. A CD is also included in the Guide, which gives trainers easy access to materials to enhance their training sessions.

The Community Dental Service plays an invaluable role in delivering training to care home staff who have responsibility for the day to day care of frail older people and those with special care needs. This resource will play a valuable part in supporting dental professionals who deliver essential training to front-line care home staff.

The Guide and CD content can be found on the NHS Health Scotland website at: <http://www.healthscotland.com/documents/4169.aspx>.



Jacqui Lunday  
Chief Health Professions Officer

## Update on the National Falls Programme

A workshop is set to take place next month which will focus on understanding measurement for improvement and aligning measurement in falls and fracture prevention with other key targets, policies and programmes.

Registration is open for the event which takes place on Thursday 28 October 2010 at the Beardmore Conference Centre in Clydebank, Glasgow.

Aimed at Community Health (and Care) Partnerships Falls Leads, Rehabilitation Co-ordinators, Osteoporosis Leads and others involved in developing measures in falls prevention and management and fragility fracture prevention, the workshop will also explore national and local measures and provide peer support and networking opportunities for the Falls and Osteoporosis community.

Work is ongoing in a number of areas as part of the 2009/10 programme. This includes:

- A training resource to support the provision of falls and fracture prevention training for health and social care staff working with older people;
- A Care Homes Self Assessment Resource which will provide an electronic Falls and Fracture Prevention Self-assessment Resource Pack. This will support staff in care homes for older people to implement a systematic, person-centred approach to falls prevention and management, based on best practice and the current evidence base;
- Improving pathways for Scottish Ambulance Service (SAS) patients who have fallen, which aims to improve outcomes for older people who fall and are attended by the SAS, by creating pathways for further assessment and rehabilitation; and
- Improving links between telecare and health services for falls prevention, which aims to explore the potential role and benefits of using telecare in the prevention and management of falls and fractures in older people. It is the intention that the experiences and materials developed during this initiative will be widely shared with others to promote the exchange of knowledge, ideas and good practice.

For further information on any of the above, please contact Ann Murray at [ann.murray3@nhs.net](mailto:ann.murray3@nhs.net).

### DVD Available Online

Last month we brought you news of a new DVD that helps Allied Health Professions support people with mental health problems. The DVD – *Realising Potential: An Action Plan for AHPs in Mental Health* - is now available online and can be found on the Scottish Government website at: <http://www.scotland.gov.uk/Publications/2010/06/15133341/0>.