NHS Bulletin

Issue 4: July 2006

News & events from inside the Scottish Executive Health Department

Andy Kerr MSP
Minister for Health & Community Care

"We believe good communication is essential to providing the highest quality of healthcare for the people of Scotland. The intention of this Bulletin is to keep NHS employees informed about what is happening in the Scottish Executive Health Department and how it will affect them. It will also provide an opportunity to share examples of good practice from around Scotland and keep you updated on the progress being made on implementing *Delivering for Health".*

Lewis Macdonald MSP
Deputy Minister for Health & Community Care

NHS BOARD ANNUAL REVIEWS

We have already highlighted the importance of the Annual Reviews of Scotland's NHS and Special Health Boards and given an overview on how they are carried out. They are now underway, and are offering an important opportunity for Boards to account publicly for their performance and to show how well they have fulfilled the commitments they gave last year. We also value them as a chance for Boards to celebrate their successes and developments.

So far we have held reviews with NHS Shetland and NHS Dumfries and Galloway as well as with the Scottish Ambulance Service. We have been impressed by how NHS Boards are responding to our priorities, including the policies set out in *Delivering for Health.* They are expanding health improvement programmes, further reducing waiting times for hospital services, expanding community facilities, including dentistry, and investing in better diagnostics.

Their innovative approach to shaping services to meet local needs is outstanding, and at the same time they are meeting national policies on ensuring fairness and consistency.

Another important area of success is the willingness Boards are showing to engage with patients and the public. The comments we have had from patients' groups are very encouraging, and, although there is no room for complacency, we are pleased by what we are being told.

As working in partnership with staff is so important across NHS Scotland, at each Annual Review we meet with both the Area Partnership Forum and the Area Clinical Forum to discuss their contributions to service change and development – we want to see staff engaged with the decisions of Boards as they move forward on *Delivering for Health*. We also discuss with Boards their progress in delivering important workforce changes – this includes implementing Agenda for Change, delivering good staff governance and meeting workforce targets such as reducing staff absence. So far, in the Boards we have visited, the progress on these issues has been positive.

Partnership with local authorities, the voluntary sector and other agencies is also improving. We are delighted that these stronger links are helping resolve issues such as reducing the number of patients whose transfer from hospital is delayed.

During our visit to Dumfries and Galloway we met five Polish dentists now working in that area. Dentistry was highlighted as a major issue for this Board at last year's review and we are glad to find there has been such good progress. Meeting the Polish dentists reminded us that NHS staff come from varied backgrounds and places and we would like to take this opportunity to welcome them all to NHS Scotland.

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We are delighted to have had such an encouraging start to the Annual Reviews and are very much looking forward to visiting the other NHS Boards during the course of the summer. We will keep you updated on how the discussions are going.

DELAYED DISCHARGE TARGETS EXCEEDED

We are very pleased by the progress revealed in the latest set of delayed discharge figures, which have just been published. They, overall, show Scottish NHS Boards and local authorities more than met the national target of achieving an annual reduction of 20% by April this year.

About 670,000 patients are discharged annually from hospitals in Scotland. Managing this well is an important goal. The detailed data shows that:

- 498 patients had been ready for discharge for more than six weeks in April 2006 compared to 636 in April 2005 – a decrease of 21.7%
- A total of 1,046 patients were ready for discharge in April 2006 compared to 1,332 in April 2005 – a 21.5% drop

It is worth noting too that since the start of the Delayed Discharge Action Plan in March 2002 the number of patients waiting to leave for more than 6 weeks has declined by 73% and the total by 63%.

These statistics show that without doubt partnerships are continuing to benefit patients and those responsible deserve credit for all their hard work. We believe it is vital that this excellent trend is sustained and reductions continue. No-one in Scotland should have to remain in hospital for longer than is necessary, and it is not acceptable that people who need hospital beds should be deprived of them simply because others, through no fault of their own, are unable to move on.

We want even more effective co-operation and that is why we have, in full consultation with our partners, set challenging targets for 2007 and 2008. Our aim is to cut the number of patients delayed more than six weeks to zero by 2008, with no-one being delayed in short stay specialties.

We will continue to liaise closely with NHS Boards and local authorities to ensure fewer people are having to stay in hospital longer than they should have to. And the Scottish Executive's investment of £30 million will continue until 2007-08 to help achieve this.

CHILD PROTECTION

NHS staff have a vital role in protecting and supporting vulnerable children, those who have experienced abuse or neglect, or are at risk of maltreatment. Unfortunately there have been recent occasions when a child has sadly died or been seriously harmed. Although this happens infrequently, like all Ministers in the Scottish Executive, we are committed to ensuring that we keep Scotland's youngsters free from harm.

Through the child protection reform programme, introduced by the First Minister in 2003, we have put in place strengthened structures and guidance, as well as advice about sources of assistance. Since 2003, child protection advisers and specialist nurse consultants have been appointed in some NHS Boards and multi-agency Child Protection Committees have issued local guidance. Special training has been started across the NHS and senior staff, both clinicians and managers, have full responsibility for child protection in each NHS Board.

Much has already been done to ensure that NHS employees are better equipped to protect children, but we need to go further. We want and expect that all children and young people who become known to the NHS - either directly or through contacts with their families and carers - receive the best possible attention; and that NHS staff work with whomever is necessary to make sure this happens. It is by working together that we can provide the care crucial to ensuring Scotland's children and young people are kept safe from harm.

Kevin Woods
Chief Executive NHSScotland & Head of Scottish Executive Health Department

Community Health Index (CHI) Programme

The Community Health Index (CHI) number is the unique patient identifier within NHS Scotland. Everyone registered with a Scottish GP has one. As people increasingly receive care from different parts of the service it is important that they are identified in a consistent way.

Universal use of CHI is vital because it reduces the risk of misidentification, helps to ensure that clinical staff see a more complete picture of relevant information; reduces the need to repeat tests because the results cannot be found; saves time spent looking for missing details and is a fundamental part of many strategic initiatives such as the Electronic Health Record and PACS (digital x-rays).

The Health Department Delivery Group CHI programme is supporting NHS Boards as they work to achieve the ministerial target of universal use of the CHI number. Our focus is on the "bread and butter" clinical details used in the NHS: test requests, reports and letters.

The programme started in September 2005 and now staff in every NHS Board are actively using CHI. Use of CHI numbers across NHS Scotland increased from below 70% last September to about 90% in May this year.

Priority areas for further improvement include laboratory and radiology requests. Significant progress has already been made, and efforts are continuing to fill those gaps that remain.

So what can you do to help? Use patient labels wherever possible. Use electronic requesting wherever it is available. Use CHI as part of your everyday procedures, thus contributing towards the NHS providing the best of care.

Community Justice Authorities

In Scotland the criminal justice system deals with many people who also have acute health problems. Many offenders tend to have chaotic lifestyles and, along with the 7,000 people currently in Scottish prisons, a high proportion have mental health and addiction problems. 95% of prisoners have partners and about 13,000 children are affected by having a parent in jail, with big repercussions for the health and mental well-being of these youngsters.

NHS Scotland has a responsibility to ensure that services are provided for everyone in Scotland irrespective of where he or she is. If the well-being of offenders and prisoners, and their families can be improved it will help meet the objective of tackling health inequalities.

Now NHS Boards have been designated as key partners of the new Community Justice Authorities (CJA) that have been established.

These Authorities will be responsible for distributing funding for criminal justice social work, and for monitoring and reporting on the effectiveness of joint efforts by local agencies to reduce re-offending. They will also have to liaise with a range of partners including NHS Boards, police forces, voluntary organisations, the Court Service, the Crown Office and Procurators Fiscal.

CJAs are now in place and are preparing area plans which will take in advice from NHS Boards. Through co-ordination the CJA and health services will support better a part of the population whose health needs have been difficult to meet in the past.

GMS Contract Arrangements - 2006/07

The most recent revision to the GMS contract came into effect on 1 April 2006. It secures greater value for money through a range of efficiency measures while also supporting the core principles of *Delivering for Health.*

A significant element in the new arrangements in Scotland is the £12.6m investment supporting four new Directed Enhanced Services (DES) covering cardio-vascular disease (CVD); learning disabilities; cancer and support for carers. The aim of each DES is to:

- Compile a CVD risk dataset, to identify risk factors for all patients aged between 45 and 65 years.
- Ensure access to GP services for adults with learning disabilities, and links between GP practices and community organisations
- Produce and maintain a register of carers and refer them to outside organisations
- Build on current good practice to ensure patients who are suspected of having cancer are referred, with appropriate urgency, for specialist medical support.

In addition it has been agreed that 166 points from the existing Quality and Outcomes Framework (QOF) will be re-distributed with 138 points going to new clinical indicators and 28 being shared amongst existing indicators. The new points will be shared between:

- Dementia
- Depression
- Chronic kidney disease
- Atrial fibrillation
- Palliative care
- Mental health
- Disease register: Obesity
- Disease register: Learning disability
- Organisation indicator – recording patient ethnicity

Previous arrangements for 48 hour GP practice access paid for through the QOF have now been transferred to a DES.

Guidance has been published providing more detail and giving an overview of the changes. *Revision to the GMS Contract 2006/7 – Delivering Investment in General Practice: Scottish Guidance* is available at http://www.show.scot.nhs.uk/sehd/pca/PCA2006(M)08Ann.pdf.

These arrangements represent phase one of the GMS contract review process. Phase two covering 2007/08 will commence later in 2006.

NHS 24 Annual Review and Strategic Plan for the 3 Year Period to 2009

Over the past six months John McGuigan with his team at NHS 24 and with support from NHS partners have secured significant improvements to the service it provides for patients, especially during the out of hours periods. Access is greatly improved and more and more calls are being dealt with at first contact without the need for call-back. Where call-back is used in clinically appropriate circumstances then the time-frame for the return call is continually reducing.

It is this enhanced service performance which has provided a secure foundation for NHS 24 to develop its strategic plan for the period to 2009. The plan which is currently out for consultation may be found on-line via the NHS 24 website - www.nhs24.com. The document sets out the vision for the further development of NHS 24 and for closer ties with NHS Scotland, all designed to benefit patients.

I am taking a keen personal interest in the strategic direction of NHS 24 and in what its partner Boards do in the context of sustaining and improving out of hours services. I would encourage you to do the same and to take the opportunity to send your comments on this consultation document to Paula Speirs, Directorate of Planning and NHS 24 in Glasgow by 31 July 2006 (by e-mail to strategyconsultation@nhs24.scot.nhs.uk).

Pandemic Flu

A Pandemic Flu planning day has been held in Edinburgh. The event, organised by the Health Department, was the second of its kind and was very successful.

Within the Scottish Executive Health Department the threat of a flu pandemic is being taken very seriously and that is why consultations have been underway with Health Departments across the UK for sometime to help prepare fully for a possible outbreak. The UK Health Departments' Pandemic Influenza Contingency Plan was issued in October 2005. All NHS Boards have prepared their own Pandemic Flu strategies based on the Contingency Plan. These have been scrutinised by the Scottish Executive Health Department.

More than 80 people attended the planning day demonstrating the seriousness with which Boards are taking their preparations. They included representatives of all the territorial Health Boards, along with NHS 24 and the

Scottish Ambulance Service. The Royal College of General Practitioners, the Scottish General Practitioners Council and the Scottish Pharmaceutical General Council were also represented and Professor Lindsay Davies, the new Department of Health Director of Pandemic Influenza Preparedness, was able to be present.

Workshops discussed four pandemic flu responses. These proposals prompted healthy debates about how, during an outbreak, services could best serve communities. The comments made during these discussions will be extremely useful to those responsible for taking this forward.

The key challenge now is to make sure that they can be converted into practice and are not just operational theory. Primary Care, NHS 24 and Out of Hours are of central importance.

A new Pandemic Flu Co-ordination Team has been set up in the Health Department to oversee efforts to forge closer links with the NHS. Its members have already started a process of engaging with Pandemic flu co-ordinators in Boards and with clinicians.

For more information contact Jacqueline Campbell at Jacqueline.campbell@scotland.gsi.gov.uk or 0131 244 2104

The Planned Care Improvement Programme

The Centre for Change and Innovation has begun development of its latest national initiative, The Planned Care Improvement Programme. This is one of a number of projects being designed and put into practice to support the NHS in Scotland in implementing *Delivering for Health.*

The programme will help NHS Boards to:

- Make progress towards, and sustain their 2007 access and delivery targets.
- Understand capacity and demand for their services in order to improve referral and diagnostic planning.
- Identify opportunities to achieve better day-case rates and make day surgery routine.
- Work out how to cut the length of a patients journey by redesign, through the use of pre-admission services, active discharge management and by avoiding unnecessary follow-up appointments.
- Increase their awareness, and use, of clinical systems to contribute to improving services.

The two-year programme, which is to start in September, is designed to complement successful projects such as the Outpatient Programme and to make the most of scientific developments worldwide. In addition care improvement will dovetail with existing national initiatives.

It will also be backed by a flexible education and support structure that will seek to balance the goals of system change with achieving demonstrable results.

For more information contact the programme manager, Robert Thomson at Robert.thomson@scotland.gsi.gov.uk or 0131 244 2084.

NHSScotland 2006 Staff Opinion Survey results

Employees of NHS Scotland have been revealing what they think about their jobs and the service in their area. A third of the people working in NHS Scotland took part, compared with 26% the last time a similar survey was carried out in 2003.

The survey reveals that staff in NHS Scotland feel most positive about the reviews of their work, with 84% believing that these accurately reflect their performance, and are content that they have a clear understanding of the expectations of their role. 76% of staff who responded still intend to be working in the NHS in a year's time, and are positive about the support they receive from their colleagues, as well as the information they are given to do their job well.

There are also areas that staff believe need improvement. There are concerns about the way NHS Boards manage change in the health service and a high percentage do not clearly understand the work of the Area Partnership Forum. Staff want to see communication improved and have concerns about their safety while travelling to work.

The full results and details of the survey will be published soon on the SHOW website. The results for your NHS Board can be obtained via your Partnership Forum and/or Communications Department.

We recognise the valuable information this survey provides and place a great deal of importance on your views and opinions. The results will be fully analysed and used to look at the effectiveness of our current policies to identify how they can be improved and benefit all staff working in the NHS .

Financial Outcome for Year Ended March 2006

NHS Scotland's financial results for year ended 31 March 2006 show that, subject to audit, we expect to end the year with a small surplus.

The Health Service has seen record investment, with spending rising on average by £741m a year. By 2007-08 it will have reached £10 billion.

NHS Boards are securing additional resources for patient care by meeting challenging targets requiring significant service change and additional investment.

As part of the three-year Efficient Government Programme (see below) the Scottish Executive Health Department has responsibility for eight cash releasing and seven time releasing projects which will deliver recurring efficiency savings over time by releasing further capacity. The Programme's targets represent huge challenges and everyone is working hard to achieve these.

Over all these financial results are pleasing and represent a lot of hard work by the staff of NHS Scotland. They provide a firm basis for the ongoing delivery of services and continued improvement.

Efficient Government Programme

As part of the Scottish Executive's three-year Efficient Government Programme launched last year, the Health Department has responsibility for 8 cash releasing and 7 time releasing projects which will provide recurring efficiency savings, over time, by releasing extra capacity. The Health and Community Care targets set for 2005-06 were £169.1 million in cash releasing savings and a further £54.7 million in time releasing savings. These savings are reinvested in NHS Services.

The cash releasing projects are varied and include targets of : NHS procurement (£33m); NHS efficiency savings (£88m); drug purchasing (£42m); and improved prescribing (£5m).

The time releasing projects cover: a reduction in NHS sickness absence (£16.3m); increased consultant productivity (£21.1m); and the electronic transmission of laboratory results to GPs (£4m).

We know the targets for 2005/6 were extremely challenging, and a huge amount has been achieved. Of the cash releasing projects, four well exceeded their goals. For example, the savings from improved prescribing was £21.6m, more than four times its target, an outstanding success. In the case of the time releasing initiatives, timing issues have meant that the true benefit of some initiatives will not be completely clear until later this year. We are however confident that over the remaining two years of the Programme objectives will be met. Indeed, with regard to increased consultant productivity, we are currently reviewing existing measures with a view to broadening them to reflect better the complexities involved.

The savings targets for 2006-07 are £240.5m for cash releasing projects, this represents recurring savings delivered in 2005/06 of £169.1m plus new savings of £71.4m and £111.5m for time releasing projects, an increase of £56.8m.

We know that to achieve these the NHS has to continue to change the way it works. The successes to date indicate that the Service has already embraced the need for change, which places us in an excellent position to meet our goal of more than £500m, for both cash and time releasing savings, by 31st March 2008.

Messages from the Chief Professional Officers

Dr Harry Burns, Chief Medical Officer

Fresh Thinking on Environment and Health

Our home, schools, workplaces, the districts where we live, along with the food and water we consume, all go towards making up our physical environment. In its many dimensions and its complexity the physical environment has always been a key factor in health and well being. Yet in a relatively few decades, increased prosperity and selected measures have transformed this relationship. Many toxic and infectious threats have been successfully overcome, housing standards are demonstrably better and where we work is undeniably safer. Indeed, the story of environmental health in the 20th century was one of steady, but occasionally quite dramatic, progress as a result of scientific advance and legislative resolve. The new century has also started well with a ban on smoking in public places, arguably the most important measure of its kind for a generation in terms of its capacity to have a positive impact on the well being of Scots. An understandable conclusion might be that whilst there is clearly a need to consolidate gains already achieved and to remain vigilant in identifying fresh hazards, perhaps the important battles in environmental health have been won. According to one interpretation, significant future successes, or the erosion of health inequalities between social groups, may not depend on modifying or controlling the environment.

In reality, of course, the environment remains inextricably linked to our health and well being but often in complex and subtle ways. While environments should be safe they should also actively promote good health in its broadest sense. Aside from policy clichés how do we deal with this complexity to exploit the true potential of environmental change? Certainly it is about becoming more organised and strategic in our approach, but we must set out the problem in a way which indicates solutions.

This month brings the publication, by a group of Scottish public health professionals and academics, of a paper which debates what strategy might be effective in this important area. (1) Such thinking informs discussion now underway in Scotland, and elsewhere, on how best to encourage environments consistent with, and promoting, better health and greater equality of well being across society. This topic has been highlighted in part by the launch, in October 2005, by Scotland's Deputy Health Minister, Lewis Macdonald, of a strategic framework related to the issues involved.

In May, the Scottish Executive hosted an important event emphasising research on environment and human health. Organised as part of an initiative in the Office of the Chief Researcher, it attracted interest from the academic community, with medical, environmental and social science researchers all strongly represented, alongside policy makers. It was also an opportunity to identify important new finance sources. The first element from SEERAD, is part of its recently published Research Strategy http://www.scotland.gov.uk/Publications/2005/01/20526/49994.

The second involves the Natural Environment Research Council and a consortium of research funding bodies; http://www.nerc.ac.uk/funding/thematics/envhh/ao/060517/

Two current international initiatives also address the issue of environment and health. The World Health Organisation – led Children's Environmental Health Action Plan for Europe (CEHAPE) and the European Union's Environmental Strategy (SCALE) have separate priorities but each places emphasis on developing evidence and pursuing the best cooperation between those whose input is necessary for success,. The Scottish Executive is liaising with NHS agencies, the Scottish Environment Protection Agency, UK Government departments, and other devolved administrations in the UK to support these initiatives.

Each of the developments I have mentioned suggests a real commitment to combating environmental hazards and exploiting the potential of environments for better health. We need to organise to be effective in generating evidence, linking it to policy and in

securing contributions from those whose activities can be influential.

(1) Morris, G.P., Beck, S.A., Hanlon P., and Robertson, R. Getting Strategic About Environment and Health. *Public Health* In press.

Paul Martin
Chief Nursing Officer

OVER 1,000 REGISTERED WITH FLYING START NHS

Flying Start is a one-year national development programme for all newly qualified nurses, midwives and allied health professionals employed by NHS Scotland. Its programme aims to help such staff make the transition from students to full members of the NHS Scotland health care team by supporting their learning and building their confidence during the first twelve months of employment. I am very pleased to announce that more than 1,000 employees have registered to take part since January. There are also in excess of 1,000 hits on the website each week, so we know that others are finding it helpful.

This web-based initiative helps nurses and midwives develop skills for lifelong learning and, by offering the option of rotational placement experience, aids career planning in NHS Scotland.

Flying Start, which is delivered through the web and workplace learning, supports individual progress. Each newly qualified member of staff has a mentor to help him or her. The programme is linked to the Knowledge and Skills Framework and assists progress through the first Agenda for Change gateway. It also has a connection with the e-Library, permitting access to the best information available as quickly as possible.

Website: http://www.flyingstart.scot.nhs.uk

National Standards relating to Healthcare Support Workers in Scotland – a consultation

I have responsibility, on behalf of Scottish Ministers, for leading policy on regulation of the healthcare professions and for support workers in NHS Scotland.
The Scottish Executive is currently leading a project examining supervision of Healthcare Support Workers (HCSWs) in Scotland. As part of this views are being sought on three sets of draft standards focusing on safe recruitment practices, conduct and standards of HCSWs, and induction for them. This work represents the first move towards helping both employers and employees in NHS Scotland fulfil their obligations to patient safety and public protection as part of a potential future regulatory framework for HCSWs. Consultation on the draft standards started on 31 May 2006 and will last for three months. The document can be viewed via the link: http://www.scotland.gov.uk/Publications/2006/05/30142444/0

For this project, 'Healthcare Support Workers' are defined as those who provide a direct service – that is, they have a direct influence/impact on patient care/treatment/relationships - to patients and members of the public in the name of NHS Scotland. This would include those in support roles to the healthcare professions (such as care assistants) and those who provide support services (such as porters and mortuary attendants). For ease of definition, any support worker who 'is in touch with a patient in the name of NHS Scotland' and who is not already statutorily regulated, or due to be, would be involved. Standards could also be voluntarily adopted by those working in independent or voluntary health care settings.

The consultation closes on 31 August 2006

Improving The Patients' Experience

Delivering for Health made a commitment to improve the patient's experience of healthcare stating that "we will continue to give patients an influential voice in the future of the health service and in their own individual care". The Department of Health for England and Wales has identified what characterises a good patient experience, it includes:

- Good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way
- Having information to make choices, to feel confident and in control
- Being talked to and listened to as an equal
- Being treated with honesty and respect.

Above all the patient experience is about meeting, not just their physical needs, but also their emotional ones. A Scottish Executive group has been set up to explore these issues.

Jacqui Lunday
Chief Health Professions Officer

Healthcare Scientists

As Chief Health Professions Officer (CHPO) I now have responsibility for the Healthcare Scientists (HCS) as well as the AHPs. We have advertised for a National Project Officer HCS to work with the Scottish Healthcare Science Forum, the National Workforce Unit and the CHPO team to examine the HCS workforce and development issues and to contribute to the preparation of a national action plan. This will be vital in meeting diagnostic targets as well as supporting other national initiatives.

Rehabilitation Framework

A consensus event for the Rehabilitation Framework was attended by 220 delegates who agreed 6 priorities for rehabilitation services in Scotland. These can be seen on www.rehabilitationframework.scot.nhs.uk The draft consultation document will be published soon.

Waiting Times for AHP's

The Report *Waiting for AHP Services – A review of the numbers waiting and possible waiting times for an appointment with an AHP* will also be published this month. The information in the Report came from the AHP Census carried out on 14 September 2005 which almost 6000 AHPs completed (an 80% response rate).

The Report highlights that AHPs have a significant caseload, with 1% of the people living in Scotland being seen by an AHP on Census Day. It also provides summary data concerning waiting times. It suggests 94% of patients can expect a first appointment within 18 weeks but also that there are longer waits to see some AHPs.

This has been the first such survey and was a snapshot. However, many NHS Boards are now reviewing their AHP services as a result of the Census with a view to redesigning services and tackling gaps.

Ray Watkins
Chief Dental Officer

Scotland Welcomes Polish Dentists

Forty dentists from Poland are being recruited to work within the NHS in Scotland.

The contract to bring the dentists to Scotland was agreed in September 2005. Following a screening process in Poland, the dentists attended interviews and selection in Scotland, prior to intensive induction courses both in Scotland and in Poland.

The first group arrived in January this year and are employed as salaried dentists by NHS Fife, NHS Greater Glasgow and Clyde (formally employed by Argyll and Clyde), NHS Highland (formally employed by Argyll and Clyde) and Forth Valley. They were welcomed by the Deputy Minster at the Scottish Parliament on Monday 27th of February 2006. The second tranche have now finished their training and taken up their positions in NHS Highland, (2), Borders (2), Dumfries & Galloway (5), Orkney (2) and The Western Isles (2).

Dumfries and Galloway has, historically, been one of the worst areas of Scotland in respect of access to NHS dentistry. Accordingly, three of the five dentists recruited by NHS Dumfries & Galloway are working in the salaried service within the Lochmaben Community Hospital. The other two, are also in the salaried service working in Castle Douglas and also attending the Newton Stewart clinic
.
Before chairing the NHS Dumfries and Galloway Annual Review on Monday 12 June, the Minister visited Lochmaben Hospital and met the recently recruited dentists. Mr Kerr acknowledged the very valuable contribution they will make in restoring the balance of access to NHS services, helping patients who want to access NHS dental services can do so, wherever they live in Scotland.

The final group of dentists from Poland are due to arrive in September and it is anticipated that they will be employed in Grampian, Highland, Lothian, Tayside and Shetland.

The *Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland,* launched on 17 March 2005, set a target for increasing the numbers of dentists in Scotland by 50 per year or 200 by 2008 (baseline 2004). The dentists from Poland will help ensure these targets are met. It is expected that between 50,000 and 100,000 patients will be seen by these dentists in Scotland.

Prof Bill Scott
Chief Pharmaceutical Officer

The New Community Pharmacy Contract in Scotland

July 1 is a significant date for the Scottish community pharmacy scheme and patients. It is the day when we start to take more advantage of the community pharmacy to gain access to NHS services and to improve further the care of patients through better use of pharmacists' expertise.

The first phase of this process is the Minor Ailment Service (MAS) and a Public Health Service (PHS).

The Minor Ailment Service (MAS) lets people who are exempt from prescription charges register with a community pharmacy of their choice; so they can have any minor illnesses, or common conditions, treated by their pharmacists on the NHS instead of having to make appointments to visit their GPs for prescriptions. This facility has been tried out in both Ayrshire and Arran and Tayside and has been very well received. It improves patients' access and allows GPs to concentrate on cases where their skills can be employed to the best advantage.

Pharmacies receive many patients and customers every day and the new Public Health Service (PHS) serves this large audience by encouraging pro-active involvement of community pharmacists, and their staff, to promote self care, healthy lifestyles, and health-promoting environments.

The second phase of contract implementation, later in the year, will lead to even greater improvement opportunities. The planned Chronic Medication Service (CMS), for example, will permit people with long-term, but stable, chronic conditions to register with community pharmacies and have their medicines supplied, reviewed, adjusted and monitored over a 12-month period as part of an arrangement involving patients, their GPs and their pharmacists. This will reduce need for GP visits every time a repeat prescription is needed. It will make care more convenient, reduce pressure on GPs and allow pharmacists to use their professional skills.

To sustain this approach, a modernised, fit-for-purpose contract and remuneration regime are being introduced in parallel and a significant investment programme is already underway to strengthen IT links, enabling these innovations and drawing pharmacies closer into NHS Scotland.

Prof Roland Jung
Chief Scientist

Networking Cancer Research Facilities

Networking our cancer research facilities has allowed more of our cancer patients access to the latest novel therapies which are undergoing trials. This assists in building up the evidence base used in diagnosis and treatment. Across Scotland the number of cancer patients recruited to trials has tripled since new network facilities were introduced a few years ago. Last year 3590 patients were recruited to cancer trials. Externally funded research income reached £48m, some 14.2% of UK expenditure. Such has been the success for cancer that CSO has agreed to fund three more disease targeted networks in Scotland's priority areas of stroke, diabetes and mental health.

The stroke network, managed out of Glasgow, aims to increase the number of centres participating in 14 on-going UK wide stroke-related trials with an emphasis on improving medical imaging in acute admission studies and telemedicine solutions. The diabetes network, managed from Dundee, will be harnessing the potential of the new Scottish Diabetes Register, seeking consent of patients to take part in forthcoming clinical trials of novel diagnostic systems and treatments.

There is a further network initiative on medicines for children being managed from Aberdeen. EU legislation will require new medicines licensed for use by youngsters to be tested on children. Children can react differently to medicines at different stages of childhood and there is a need for evidence to assist development of the Children's National Formulary to guide doctors and nurses. This new network will introduce novel, but simple ways, of collecting samples from children such as mouth washes and inner cheek brushings, as well as new micro methods of analysis. Overall our networks will work alongside those in England, Wales and Northern Ireland, as part of the UK Clinical Research Collaboration, an initiative to establish UK as a world leader in clinical research by harnessing the considerable potential of the NHS so bringing the latest techniques and treatments to our patients.

Delivering for Health

Last month we reported on plans to establish a Delivering for Health Implementation Board. This will oversee the implementation of the *Delivering for Health* strategy and ensure that the various work-streams were taken forward in a coordinated way.

The Board met for the first time on Tuesday 23 May, when it was attended by:

Dr Kevin Woods	Chief Executive NHS Scotland, Head of Scottish Executive Health Department
Dr Harry Burns	Chief Medical Officer
Paul Martin	Chief Nursing Officer
Prof. Sir Graham Teasdale	President Royal College of Physicians and Surgeons of Glasgow
Dr Mairi Scott	Chair Royal College of General Practitioners of Scotland
Prof. David Kerr	Rhodes Professor of Cancer Therapeutics and Clinical Pharmacology, Oxford University

James Kennedy, the Staff Side Chair of the Scottish Partnership Forum; Ruth Parsons, Head of Public Service Reform Group; and Derek Feeley, the Director of Healthcare Policy and Strategy are also members of the group. A patient representative will also be asked to join the Board to ensure that the needs of patients remain paramount.

The Board was given an update on progress so far. This progress is summarised below:

Tackling Health Inequalities: The first wave of Prevention 2010 pilots were announced at the Healthy Scotland Convention on 21 November 2005. These 5 pilots will see significant additional resources targeted at some of Scotland's most deprived areas and are on track to begin in September 2006.

Long Term Conditions: The Long Term Conditions Alliance was launched successfully by the Minister for Health and Community Care on 16 May 2006. The alliance will ensure that patients and carers have the skills and knowledge they need and strengthen community based services. Work is progressing as planned to identify the high risk patients who would benefit most from intensive case management in the community to prevent avoidable hospital admissions.

Shifting the Balance of Care: Proposals for a rehabilitation framework to support services for older people and people with long term conditions will be published in July 2006.

Diagnostics: The Diagnostics Collaborative Programme has been launched and the Aberdeen PET scanner has been replaced successfully, as part of the Executive's commitment to achieving a 9 week maximum wait from referral to provision for key diagnostic tests.

eHealth: Picture Archive Communication System (PACS), which enables images such as X-rays and scans to be stored electronically and viewed on video screens, is being implemented in Glasgow as part of its planned national roll out. The Emergency Care Summary, which gives details of current medication and allergies, is now accessible by out of hours doctors covering 4 million people across Scotland. It will complete its roll out by end June 2006.

Unscheduled Care: An unscheduled care competency framework was completed in December 2005 and there is now an ongoing process, supported by pump prime funding, to ensure that education is available to support these competences. Regional Planning Groups are taking forward work to review and model emergency receiving services in 2006 to ensure that they "fit" the model of unscheduled care set out in *Delivering for Health.*.

Planned Care: Glasgow will have 11 Linear accelerators in place from August 2006 and Edinburgh 6 from early 2007. The National Planned Care Improvement Programme is due to be launched in September 2006 to improve the patients' experience of assessment, diagnosis and treatment in a safe, reliable and prompt fashion. The programme will encourage good practice on issues such as day case surgeery and the active management of admissions and discharges.

Rural Health Care: A steering group has been established led by Dr Roger Gibbins, Chief Executive, NHS Highland. A draft report on Emergency Medical Retrieval Services has been prepared and workshops will take place over the next few months to progress the development of the Rural General Hospital model and proposals for a virtual school of Rural Health Care.

Mental Health Services: The project is on track to publish a National Delivery Plan for Mental Health Services, National Standards for Crisis Services and an evidence based practice guide on depression before the end of 2006.

Child and Maternal Health: A Children and Young People's Health Steering Group has been established and a consultation on *Delivering for the Future,* the Action framework on Children and Young People's Health closes in July 2006. Guidance has been issued for the implementation of Hall 4 at a local level.

Tertiary Paediatric Care: A seminar in October 2005 reviewed Managed Clinical Networks (MCN) for Children's Services across Scotland. A Children's Mental Health MCN is in place at Yorkhill, Glasgow and 12 MCNs have been identified for development over the next 5 years.

Neurosciences: A neurosciences working group has been established as detailed in *Delivering for Health*. This will be chaired by John Glennie, Chief Executive, NHS Borders, and is expected to submit its proposals to the Executive in 2007.

Health Department Directors and Chief Executives from the health service with responsibility for implementing these work-streams will be invited to the group regularly to provide updates on their progress. The Board will be taking progress reports on the Health Inequalities, eHealth and Rural Health Care work-streams at their meeting in August, while the Shifting the Balance of Care work-stream will be considered at the Meeting in November.

Please contact the Delivering for Health Team if you have any queries or suggestions regarding implementation: DeliveringforHealth@scotland.gsi.gov.uk

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