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Minister for Public Health



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# Bulletin

News from inside the Scottish Executive Health Directorates

## MESSAGE FROM THE CABINET SECRETARY AND MINISTERS

Like many people we were shocked by the recent incident at Glasgow Airport and particularly to learn that a number of those alleged to be involved were NHS employees. It served to illustrate how determined those intent on a terrorist cause can be but also highlighted the vulnerability of workplaces despite the best safeguards.



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

We want to ensure that we continue to develop an inclusive workforce and ensure staff are not excluded in light of media headlines following the incident. Both staff and patients have to feel they are in a safe and secure environment and no individual or group should be victimised or left to feel vulnerable and unsupported. We must be ready to challenge any inappropriate or discriminatory behaviour.

### New Action Plan for Health & Wellbeing

We have announced that we will publish a new action plan for health and wellbeing by the end of the year. This will reinforce our commitment to the principles described in the National Framework for Service Change and set out the key actions we intend to take over the next few years in order to improve healthcare across Scotland.

To meet our timetable for this plan, we will soon embark upon a period of professional and public discussion on the direction of travel. Given the extensive consultation that went into the National Framework for Service Change, we are keen to focus this round of engagement on the practical

actions we can take, rather than on reopening the debate about the challenges we face.

Discussion will look at what more can be done to improve the quality of health services, including further work on patient safety, the presumption against centralisation, improving efficiency and productivity and our continuing commitment to invest in appropriate IT systems.

We will seek views on health improvement and in particular what more we can do, both as NHSScotland and in conjunction with our partners, to tackle health inequalities in everything we do.

We look forward to your contributions on these issues over the next three months.

*For further information see page 10.*

### NHS Waiting Times

On 28 June, during the Parliamentary debate on the Health and Wellbeing of the people of Scotland, we announced a new and ambitious target for NHS Waiting Times; a new whole journey waiting time target of 18 weeks from general practitioner referral to treatment. This will represent a step change in the reduction of waiting times and all patients will notice the difference.

Your commitment and hard work has already achieved great results in reducing waiting times. This new target will require a wide-ranging and systematic approach to designing and managing the patient journey through the healthcare system. It will drive the transformation of NHS services and put NHSScotland at the forefront of international best practice.

The target will be included in our new action plan for health & wellbeing.

## Availability Status Codes

We have made no secret of our dislike of the system of Availability Status Codes. The system of coding patients is not open and transparent, and it is difficult to demonstrate that it is implemented consistently across Scotland. Once coded, patients no longer have a waiting times guarantee and they can end up experiencing very long waits. That is why we have made clear our determination to end the system of Availability Status Codes once and for all no later than the end of this year.

I know that Boards are making progress towards phasing out the use of codes but I want to ensure that we step up action in the coming months to ensure that the system of Availability Status Codes is ended by the end of this year and replaced by a fairer and more consistent approach across Scotland, which ensures that no patient is placed outwith waiting times guarantees and that long waiting times are eliminated.

Progress in abolishing Availability Status Codes will be one of the main items for discussion at this year's Annual Reviews.

## Point Prevalence Survey for HAI

On 11 July, we launched the findings of the National HAI Prevalence Survey at the Care of the Elderly Unit at the Southern General Hospital. It provided an opportunity to recognise the work of the Executive's HAI Task Force to date and to confirm that it would remain in place to take forward the new HAI programmes stemming from the Survey.

The survey has identified clear challenges for the Scottish Government and NHSScotland and we must intensify our activities to meet these challenges. It will require a fresh approach that must be reflected in new HAI work programmes for 2008/2009.

While funding for the HAI programme cannot be announced until the spending

review is completed we are clear that priority areas should include:

- targeting skin and soft tissue infections;
- examining the case for introducing an MRSA blood screening programme;
- reducing bloodstream infections; and
- ensuring additional surveillance data is put in place in the areas of general medicine and care of the elderly.

*You can read more about the Point Prevalence Survey for HAI in the Chief Nursing Officer's section on page 7.*

## Organ Donation Task Force

In recent weeks we have had Transplant Awareness Week, and, at the end of last month, the British Transplant Games in Edinburgh. Both of these events have served to highlight the pressing need to improve organ donation rates in Scotland.

The four health departments across the UK have been supporting the work of an Organ Donation Task Force. The Task Force is developing a set of recommendations aimed at bringing about a 50% increase in donor organs over the next 5 years.

The Task Force is keen that organ donation should be seen as the norm across the NHS, with monitoring of donation activity forming part of the clinical governance process.

The Human Tissue (Scotland) Act 2006 places a duty on Scottish Ministers to promote, support and develop programmes of transplantation. We take that duty very seriously, and want to work with NHS Boards on taking forward the Task Force's detailed recommendations once they become available in the autumn.





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

## Patients Ready for Discharge

NHS and local authority partnerships continue to make excellent annual progress in reducing delayed discharges. At the April 2007 census point there were 233 patients who had been delayed for more than 6 weeks. The fact that this figure peaked at 2,162 in October 2001 makes this a remarkable achievement. The year-on-year reduction is also excellent – down 53.2% from April 2006.

However work is still required to eliminate these delays altogether.

Historically the figures have risen in the summer months and I understand that most partnerships have seen increases since April. It is vital that we get back on a downward trend. By April 2008 there must be no-one delayed in short-stay beds and no-one delayed outside the discharge planning period of 6 weeks.

The progress we have made so far is considerable and I am grateful to everyone involved in making it happen. I know that these targets are challenging however we must work with our health and social care partners to achieve and sustain them in the interests of patients, carers and the service as a whole.

## Scottish Cervical Call Recall System Goes Live

National roll-out of the new Scottish Cervical Call Recall System (SCCRS) has been achieved following its go-live on 29 May 2007. This followed extensive planning and preparation including pilots in 2 Health Board areas.

Developed from the outset in consultation with stakeholders, SCCRS is an IT system that allows online updating of information required to support effective call/recall and speedy reporting of results to women. Its benefits include:

- reduced risk for women of not being invited for a test, especially when moving between Health Boards;
- allows GPs to see previous results;
- reduces administration time for GP practices; and
- provides access to smear results for women previously reported elsewhere in Scotland to laboratory staff - ensuring quality of care.

Introduction of a new IT system of this size with over 11,500 users and across all GP practices in Scotland has not been without its challenges. All those involved across NHSScotland have met these challenges and I am grateful to all those involved in the development and roll out process.

## eHealth

Delivering the eHealth Programme is vital to support the shift from reactive, crisis-management, acute-oriented care towards anticipatory, preventative and continuous care. The Programme will feature prominently in the new action plan for Health and Wellbeing which is due to be published at the end of the year.

We have made good progress with parts of the Programme, most notably with the Picture Archiving and Communication System (PACS) rollout, Emergency Care Summary (ECS), national A&E, SCI Store test results and letters and SCI Gateway secure communications.

There is still a lot of work to do, as there are over 200 projects currently within the eHealth portfolio with yet more still to be done.

We have established a separate eHealth Directorate within the Scottish Executive. The structure and staffing are being developed to provide central governance, direction and support for the delivery of the national eHealth strategy. In particular a National Programme Management Office (NPMO) has been established. All national IT and eHealth projects and programmes are now within the remit of the NPMO and all local proposals costing over £100,000 also come to the Programme for discussion.

The key areas of governance we are strengthening include:

- common processes including reporting and risk management;
- ensuring a focus on benefits management and change management;
- technical design and standards;
- co-ordinating communications across the Programme; and
- an underpinning financial strategy.

The National eHealth Programme Board is now in place. It has overall responsibility for eHealth delivery and reports to the eHealth Strategy Board. We are establishing the Clinical Change and Leadership Group to help us ensure that the programme is both benefits-driven and clinically-led. We see this as crucial and while we emphasise the national leadership and management elements of the Programme we intend it to work closely with Boards and to continue to forge strong links with groups like the eHealth Leads.

There will be some important strategic decisions over the next 6 months on priorities and procurement which I look forward to providing further updates on later this year.

## Emergency Medical Retrieval Service

In June Ministers announced that the Scottish Executive would underwrite the £1.5 million cost of an 18 month pilot of the Emergency Medical Retrieval Service (EMRS). The pilot will serve all the remote and rural healthcare facilities in the West of Scotland and a total population of 200,000 people.

The provision of early critical care interventions and rapid transfer to definitive surgical and intensive care is central to the survival and functional outcome of seriously ill and injured patients. The EMRS involves the deployment of a medical team from a specialist centre to a smaller healthcare facility with the aim of resuscitating and transferring critically ill patients directly to definitive care. EMRS works in close co-operation with the Scottish Ambulance Service, using ambulance service aircraft and combining the complementary skills of flight paramedics and hospital consultants.

The service is primarily intended for the retrieval of patients from community hospitals with no on-site emergency physician or anaesthetist, but will also provide on-site resuscitation and transfer of patients in isolated GP and nurse based practices over one hour travelling time even from community hospitals. This is also a useful service for Rural General Hospitals (RGH), allowing transfer of those patients requiring intensive care or tertiary surgical care without loss of the RGH's anaesthetic cover for a prolonged period.

The National Framework for Service Change recognised the value of the existing pilot of the EMRS in Argyll, and called for a review and if necessary enhancement of the service. That recommendation was endorsed by NHS Scotland's Remote and Rural Steering Group and this announcement meets that recommendation. The intention is that the extended pilot, hosted by NHS Greater Glasgow and Clyde, will be up and running by early 2008. Following its evaluation, a decision will be taken regarding the necessity of a national EMRS for all rural healthcare facilities in Scotland.

## Scottish Health Awards

NHS staff who want to nominate colleagues they view as unsung healthcare heroes are being urged to get their applications in for this year's Scottish Health Awards before the deadline of Monday 10 September 2007.



The Scottish Health Awards, delivered by the Scottish Executive in partnership with The Daily Record, highlight the important and valuable contribution that those who work in and with NHSScotland are making to people's lives.

The Awards recognise workers in NHSScotland who are prepared to go that extra mile, or people who work in jobs that don't normally have a high profile and who deserve to be recognised for their commitment, loyalty and devotion to patients.

Whether at work or from personal experience, if you have spotted an individual or team whose hard work and commitment is making a difference to the way health services are delivered in Scotland, this is your chance to nominate them.

For more information or to nominate your health hero visit:

<http://www.scottishhealthawards.com>



## CHI Campaign Recognised

The Community Health Index (CHI) marketing campaign, aimed at promoting uptake of use of the number in NHSScotland, was recognised at the 2007 Institute of Practitioners in Advertising (IPA) *Best of Health Awards*. The *Best of Health Awards* showcase and reward the campaigns which lead in creativity in healthcare advertising.

The poster advertising campaign highlights how using CHI on every clinical communication helps reduce the risk of error, improves the patient's experience, and saves time for staff.



The campaign also supported the success of the first phase of the CHI Programme which saw utilisation of CHI, on key clinical documents in hospitals and GP practices, improve from 70% to 94%.

The CHI Programme is now in its second phase, working with NHS Boards to achieve universal use of CHI by staff in community and mental health services.

For more information about the IPA Awards visit:

[http://www.ipa.co.uk/news/news\\_archive/displayitem.cfm?ItemID=2097](http://www.ipa.co.uk/news/news_archive/displayitem.cfm?ItemID=2097)



**Dr Harry Burns**  
Chief Medical  
Officer

## Modernising Medical Careers (MMC)

Scotland has now filled 99% of all run through Specialty Training places and 92% of Fixed Term Specialty Training Appointments (FTSTA). This means we have now appointed sufficient numbers of doctors to support continuity of patient services across NHSScotland from August 2007. Particularly pleasing has also been the high proportion of graduates from Scottish medical schools who have successfully secured posts in Scotland.



We have, throughout the recruitment and selection process, maintained a flexible and pragmatic approach to recruitment, which could not have been achieved without the full support of NHSScotland. I would like to take this opportunity to formally acknowledge the substantial support given by the Service in ensuring the successful implementation of Specialty Training recruitment; and to express my personal thanks to all of those who have been involved and who continue to be involved in that process.

Despite recent challenges, I remain of the view that UK MMC represents a much improved system of selection, recruitment and training; will shorten the journey time to consultant/GP level; and mean more patients being treated by trained doctors rather than doctors in training. The Cabinet Secretary for Health and Wellbeing is committed to adapting the selection and recruitment process in the light of experience, to ensure our NHS continues to attract the best possible candidates. We will be reflecting on the lessons from the recruitment and selection



process this year, and the outcomes from the ongoing and independent review of MMC, to develop Scottish solutions that ensure doctors trained in Scotland continue to have every opportunity to work and develop their careers in Scotland.

The MMC Scotland website <http://www.mmc.scot.nhs.uk> contains detailed information on all aspects of MMC, including a comprehensive Question & Answer section that provides additional details on implementation of the new selection process.

## Violence Reduction

As I write this article we are preparing to welcome to Scotland scientific experts and international representatives from around the world as participants in the World Health Organisation's Third Milestones Conference of their global campaign on violence prevention. Cabinet Secretary for Health and Wellbeing and Deputy First Minister, Nicola Sturgeon MSP, will host an eve of Conference reception in the Great Hall at Edinburgh Castle and thereafter the 3-day meeting will be held at Tulliallan Castle, the home of the Scottish Police Training College. The holding of this prestigious and important event marks the culmination of a joint effort between the Scottish Executive, particularly Justice and Health Directorates and the Violence Reduction Unit of Strathclyde Police. Scotland's Justice Minister, Kenny MacAskill MSP, will deliver the keynote address on the first day of the Conference.

Scotland has been chosen to host this event for a number of reasons. Firstly, we have demonstrated in the recent past an ability to stage major WHO events and, as an Executive, we have a network of contacts and working relationships with various parts of the WHO. Secondly, the inspirational and pioneering work of the Violence Reduction Unit of Strathclyde Police is becoming internationally recognised. At the core of their approach is treating violence reduction as a public health issue. The Head of the Violence Reduction Unit, John Carnochan, has a long-track record as a senior detective.



He correctly points out that Strathclyde's experience in investigating and solving murders is probably second to none on a UK basis. But he came to feel that that was not enough and that he personally wanted to do more to try and prevent some of these killings occurring. He was joined by Karyn McCluskey, a forensic psychologist, and together with their team at the Violence Reduction Unit, they have undertaken careful and informative examination of Scotland's crime statistics which directly has led to a number of specific and targeted interventions aimed at reducing violent crime.

In the short term, this has involved simple pragmatic measures of removing alcohol from under-age youths and also removing knives from those who are found carrying them on public transport and on the street. The successful knife amnesty recovered no less than 12,500 weapons within the space of a month. Work through Accident and Emergency departments is helping us get a better feel for the true extent of violence related injuries and pioneering work by some of those who end up having to repair the damage inflicted by violence e.g. maxillofacial surgeons, is giving us new hope that short, focussed evidence-based interventions can help young men with alcohol and violence related problems think more carefully about the consequences of their actions.

However, in the long term there is increasing consensus that early years development is very important. Children who are brought up in difficult circumstances who are verbally or physically abused find it difficult to establish empathy. A number of researches in this area see the establishment of empathy as being the key deterrent to the use of violence in young men as they grow up. The challenge therefore is to work with and for parents and to work with colleagues in early years education with police and social services and the Prison Service and to explore every avenue of primary, secondary and tertiary prevention in an attempt to prevent violence.

It also seems likely to emerge at this conference that not only is there now a

widespread acceptance that violence is a significant public health issue but also an increasing recognition that violence is a health inequalities issue. Careful study of the crime and victim statistics in Scotland would suggest that the victims of crime are much more likely to come from socioeconomically excluded parts of our society. Deaths amongst young men from these societies as a result of violence, though thankfully relatively small in number, contribute disproportionately to the gap that exists between the wealthy and healthy and the poor and ill. Even a single death in this age group may result in 40, 50 or 60 years of potential life lost and when Scotland averages 100 murders a year that is a societal burden that we do not need and we are trying hard to tackle.

I am very optimistic that the exchange that we will enjoy over the next few days with our international colleagues and WHO funded experts will allow us to further build on the innovative work pioneered by the Violence Reduction Unit. Our efforts in this area are an excellent example of a cross cutting endeavour bringing together health, justice, and in due course education, social services, the prison service and others.



**Paul Martin**  
Chief Nursing  
Officer

## HAI Point Prevalence Survey

The Scottish Point Prevalence Survey (SPPS) is probably the most comprehensive study of its kind ever produced and the Scottish Government now has a more comprehensive picture of the extent of infections in hospitals than any other country in Europe. The SPPS, carried out by Health Protection Scotland, included every patient in every acute hospital in Scotland, and in a sample of community hospitals, recording the presence of all types of infections on the day of the survey. It found that prevalence of HAI was 9.5 per cent in acute hospitals in Scotland and 7.3 per cent in community hospitals. It found that the highest numbers of HAI in acute hospitals were present in care of the elderly, medical and surgical wards. Almost all (92 per cent) of the Clostridium difficile infections recorded were found in care of the elderly and medical specialties. The survey also reveals for the first time the true cost of HAI in acute hospitals - £183m a year.

Although Scotland's rates appear to be higher than in other countries, this should be seen in context. For example, if we compare Scotland with the recent HAI survey carried out in England, we find that our rates for the four leading categories of infection are almost identical. So careful comparisons of infection rates show that Scotland does stand up well to other countries in combating HAI.

As part of her announcement, the Cabinet Secretary acknowledged the continued improvement there has been in recent years in the prevention and control of infection throughout the healthcare service in Scotland and noted that Scotland has been praised by many experts in the field. In reaction to the findings in the survey, however, the Cabinet Secretary announced that the HAI Task Force would be stepping up its work programme and building on its relationships with key

stakeholders to align HAI policies with the data in the SPPS to improve prevention and control of infection across Scotland. The HAI Task Force will therefore target measures to tackle hospital infection where they are most needed. At the forefront will be a programme which will:

- examine the case for introducing an MRSA screening programme;
- target skin and soft tissue infections;
- reduce bloodstream infections; and
- ensure additional surveillance data are put to use in the areas of general medicine and care of the elderly.

New investment in tackling HAI beyond 2007-08 will be part of the spending review announcement later this year. The Point Prevalence Survey will be carried out at intervals in future to evaluate HAI trends.

## Mental Health Nursing Review

The review was published just over a year ago and a lot has happened since then. We have seen the setting up of a national steering group, chaired by Eileen Moir, Director of Nursing at NHS QIS and local steering groups have been established in every NHS Board area. The Chief Nursing Officer Directorate provided funding in 2006/07 and again in this financial year to support the implementation of the review's 24 commitments. Work has also been taken forward by NHS Education for Scotland in relation to: pre-registration programmes for student mental health nurses; work on developing training in Essential Shared Capabilities; work on recovery; competencies for mental health nurses working with older people; and other work underway around supporting acute care networks and practice development.

The national group published its first annual report and this was launched on 11 July at the first national conference after publication of the review. Launching the report, I provided a steer for what work needs to be done next in order to keep the momentum going with the focus on the commitments that still need further work if we are to deliver them all within the time frame that has been agreed of 2010.

## Delivery Framework for Adult Rehabilitation

A national event on the Rehabilitation Framework was held at the end of June. The event proved very popular and was hugely over-subscribed. 150 participants from across health and social care as well as employment services, patients, service users and carers were also represented on the day.

Partnership working to progress the local Rehabilitation Co-ordinator posts is currently underway, and it is hoped that these appointments can be made before the end of 2007. Outputs from the workshops will be available soon on the Rehabilitation Framework website:

<http://www.rehabilitationframework.scot.nhs.uk>.

## Implementation of the UK Government White Paper

Implementation of the UK Government White Paper, *Trust, Assurance and Safety: The Regulation of Health Professions in the 21st Century*, published as part of the UK Government's overall response to the Shipman Inquiry, is now underway. The Scottish Government is committed to UK-wide regulation, sensitive to Scotland's needs. We are working with Westminster on a UK Bill to be laid next session which will put in place important elements of the White Paper; and on the first tranche of secondary legislation which will implement other aspects.

The Department of Health held an Implementation Conference on 5 June, which was attended by a number of Scottish officials and stakeholders. This conference discussed the remits and membership of the proposed UK working groups which will consider the practicalities of implementation.

The White Paper recognised that the Devolved Administrations would have to consider how to implement many aspects in light of their particular circumstances. Work in Scotland is being directed by an over-arching Implementation Steering Group jointly chaired by myself and Dr

Harry Burns, CMO, The Group's first meeting was on 9 July, when it discussed the working groups to be set up in Scotland to feed in to, and be informed by, the UK groups.

The White Paper also recognised that Scotland is currently piloting, on behalf of the UK, a system of employer-led regulation for healthcare support workers. A 4-country Steering Group is overseeing the pilot project and the parallel independent evaluation of employer led regulation for healthcare support workers. The findings of the evaluation study which has been put in place to provide an evidence base for future policy will inform future decisions on the regulation of this group of staff.

## National Solutions Group

In 2006 NHS Education for Scotland was commissioned by the Scottish Executive Health Directorates to undertake work which will address the education and workforce interface of Allied Health Professions in Scotland. One of the first steps was to establish the 'National Solutions Group' which is tasked with developing and supporting the implementation of solutions which will tackle the employment issues facing new AHP graduates in Scotland, with an initial focus on physiotherapy.

On 6 June 2007 a managers event was held in Perth which was attended by over 50 delegates from across Scotland including representatives from the Chartered Society of Physiotherapy, Scottish Executive Health Directorates, physiotherapy managers and AHP Directors/Leads from each NHS Board.

The event was an opportunity for delegates to share their knowledge and experience of growing the workforce of the future and enhancing the skill mix, as well as sharing good practice initiatives which are already in place.

Following the conference, each NHS Board in Scotland now has a dedicated professional working on a local action plan, who will continue to liaise with colleagues across the country.

### Looking to the Future of Healthcare in Scotland

This month the Cabinet Secretary for Health and Wellbeing will launch a national discussion on the future of health and healthcare in Scotland. This will give members of the public and NHS employees the opportunity to reflect on our achievements, acknowledge some of the challenges that still face us, and help the Government to focus activity on improving Scotland's health.

This process begins with the discussion paper - to be launched this month – that sets out some of the key issues we face and poses some broad questions about future change. Patients have told us that they want to be at the centre of care services, with easy and prompt access to care, early intervention to prevent ill health, and continuous improvement in the way care is provided. In short they want access to the best quality care, and this paper begins the discussion on how to provide it.

The next stage is for us to work with both experts and those involved in the day-to-day running of the NHS to develop more specific actions. These will look at different areas of work, highlighting key issues and drawing on existing experience of the best ways to provide healthcare. Through these discussions we will develop actions for NHSScotland and partner organisations to take forward in the next few years.

The action plan on health and wellbeing will put patients at the centre of care, with NHSScotland working in partnership with many others to provide that care. The plan will also make the links with other contributing factors in people's health and wellbeing such as education, sport, exercise and housing. The actions set out in the plan will build upon the progress made in the Kerr Report, but with additional focus on the key issues that will improve care.

NHS staff will be essential to the success of this plan. We will be developing these actions through consultation meetings with NHS Boards and the public, and through our expert working groups and board. You can provide more detailed consultation responses through our paper and online system. More details of the consultation process are on the Scottish Executive website. [website address to be confirmed Monday 6th]