

THE HEALTHCARE QUALITY STRATEGY FOR SCOTLAND

DRAFT STRATEGY DOCUMENT

**For Discussion and Feedback by
27 November 2009**

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1. Foreword

The aim of the Quality Strategy is to make Scotland one of the leading countries in the world in healthcare quality. This is an ambitious aim, but it is achievable and we are well placed to deliver it. The aim is pitched at a high level, but the means to achieving it will be built from the ground up. What will make Scotland a world leader will be the combined effect of millions of individual care encounters that are consistently person-centred, clinically effective and safe, for every person involved in the encounter, every time...

People in Scotland have told us that they need and want the following things from the NHS.

- Caring and compassionate staff and services
- Clear communication and explanation about conditions and treatment
- Effective collaboration between clinicians, patients and others
- A clean and safe care environment
- Continuity of care and good access to care
- Clinical excellence

Everybody delivering healthcare services in Scotland is motivated above all by the quality of service they provide in partnership with their colleagues, with patients and their families. Delivering compassionate care is at the very heart of clinical values and it is the cornerstone of mutuality.

The Quality Strategy represents a unique and important opportunity for all of us to work together to make our NHS even better, for everyone. We all need to share an understanding of what our respective expectations, roles and responsibilities are, and make a shared commitment to take the action required of each of us to make the changes needed to ensure that our NHS delivers the very best for us all, now and into the future.

This means patients and their families and carers embracing the opportunity to share decisions about care and treatment, understanding their responsibilities and rights, agreeing to build up their knowledge about the options available to them, and taking full advantage of the support and care offered to them.

It means that everyone working in NHS Scotland will review their approaches to developing relationship based care and shared decision making, taking advantage of resources and development support available to them.

It also means that the wider NHS and government systems need to change to recognise the need to provide resources, information, training and support. To reduce the number of initiatives, and targets set for NHSScotland, ensuring that only those which directly support the aims of the Quality Strategy are given priority, and making sure that the top priority is always the welfare and best interests of patients

and their families and everyone working in the NHS – so that they are empowered and enabled to do the right things, every time.

By focusing on what really matters to people, we will raise the quality of healthcare from the current high standards to world-leading by concentrating on three areas:

1. Improving *person centeredness* by delivering care based on mutually empathetic relationships between staff, patients, carers and families – developing a coherent programme that will support everyone in making the shift to person centred care based on empathy and shared decision making. This will be informed by what we learn from staff and through patient reported experiences and outcomes.

2. Continuing to improve the *safety of patients*, no matter where they are receiving care. We will do this by spreading the Scottish Patient Safety Programme across acute care. We will also build on programmes to improve patient safety in mental health settings and in Primary Care. This will help to ensure that improvements in patient safety reach across the NHS on a sustainable basis with, for example a continued commitment to driving down infections.

3. Increasing the *clinical effectiveness* of care and treatment provided by NHSScotland and in partnership with other public and third sector bodies. We will do this by sharing and ensuring the best care for every patient, every time. We will also achieve this by removing unnecessary variation in treatments and approaches, and supporting people to manage their own conditions where possible, particularly those living with long term conditions.

We have chosen to focus on improvement in these 3 areas, as we believe that through our shared pursuit of these ambitions for every patient, every time, we will also continue to pursue maximum value for the investment we make in our healthcare services. There is clear evidence that improving effectiveness, safety and person centredness have significant positive impacts on reducing costs, and rely on maintaining the unprecedented improvements we have made in waiting times and access to primary, secondary and emergency healthcare services. We will also ensure that the high quality health services we deliver are provided on an equitable basis - to everyone in Scotland, no matter who they are, or where they live.

2. Executive Summary

The NHSScotland Quality Strategy reflects the shared ambitions of everyone in Scotland whether a patient, a carer, or whether working for NHSScotland in a community, primary or acute care setting. This is to create high quality person-centred, clinically effective and safe healthcare services and to be recognised as being world-leading in our approach.

Many of the things we are already doing in primary care, in health improvement, in hospitals and in other healthcare environments are the right things, so the Quality Strategy can build on a strong foundation. However, we also need to focus on some **new** things, to do some things **differently**, and to reflect the changing cultures, expectations, needs and context for healthcare service delivery so that future generations can also enjoy the same high-quality healthcare services.

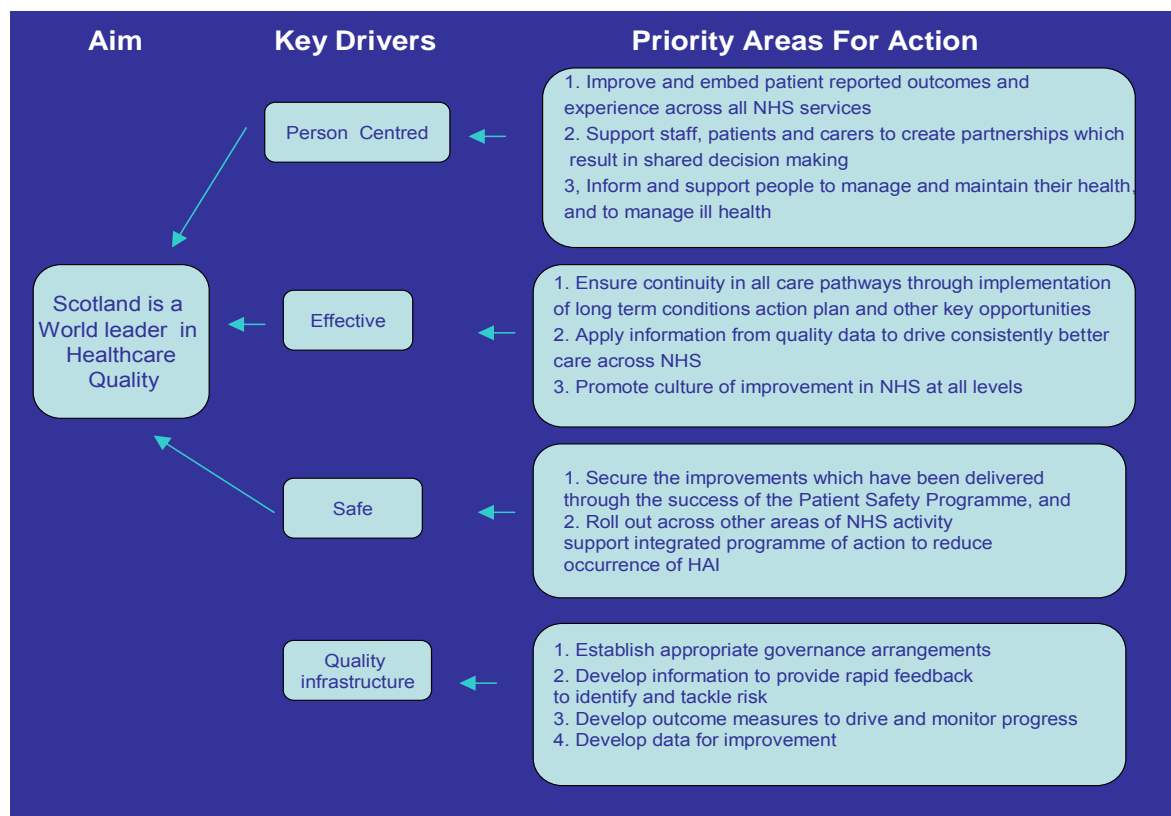
Pursuing this ambition for the NHS in Scotland will ensure that we simultaneously maximise our shared responsibility for contributing to the wider Purpose of the Scottish Government to create sustainable economic growth and opportunities for everyone in Scotland to flourish. The Quality Strategy will have a direct and positive impact on these goals through the improvements it will support in ensuring everyone in Scotland can expect to live longer healthier lives, to participate more productively both economically and socially, and through the increased effectiveness and efficiency of the NHS, there will be a resultant increase in productivity of the health sector in Scotland – a significant and direct contribution to economic growth.

The aim is for everyone in Scotland to work together to ensure better health and higher quality healthcare services which are flexible and reactive to each individual circumstance. We want to ensure;

- **Caring and compassionate** staff and services
- **Clear communication and explanation** about conditions and treatment
- **Effective collaboration** between clinicians, patients and others
- A **clean** care environment
- **Continuity** of care
- **Clinical** excellence

To do this, we will continue to pursue the health improving activities NHSScotland is already undertaking in partnership with other bodies through the implementation of our health improvement strategies, including Equally Well. We will focus on making the changes and supporting the shift in culture required to one which is person-centred and focussed on clinical excellence and patient safety, supported by an optimum balance between continuous improvement and performance management. We will do this by setting out a number of key drivers and priority areas for action across NHSScotland. We will begin the process of implementation by agreeing the specific interventions required to make progress in each of these areas– see 'Driver diagram' below.

Driver Diagram 1 – Priority areas for action



We will also simultaneously review the alignment and contribution of the work we are doing across the range of other strategies and initiatives, reinforcing and joining-up those which clearly support the Quality Strategy aims, and re-positioning or indeed, scaling down or stopping those which do not. We will ensure that we create the necessary governance and delivery structures across NHSScotland so that the interventions we pursue are clearly and appropriately integrated, aligned and managed.

Achieving this ambitious aim for world-leading quality healthcare in NHSScotland will require a collective and simultaneous effort by Government, by NHS leaders and managers, other public sector partners, third sector, everyone working in NHSScotland, patients and carers and members of the public through a shared/common aim, clarity of purpose and defined roles and responsibilities. We need to support this collaboration, which requires involving everyone in Scotland, by communicating the messages of a shared vision along with respective roles and responsibilities and by supporting, energising and mobilising individuals, whatever their role, to play their part in making it happen.

3. Introduction

The purpose of this draft strategy document is to set out the proposals for a Quality Strategy for NHS Scotland. These proposals are based on our knowledge about what works well in Scotland, and build on the range of excellent progress and work underway already at local, regional and national levels. The strategy has been developed through wide ranging discussions with the people working in NHSScotland, and with patients and carers through opportunities such as the Patients Rights Bill consultation and the 'Big Cancer Conversation', with reference to the leading international thinking, and reflecting our understanding about the future challenges we will face. Annex 1 provides a summary of the different groups which have contributed specifically to the work on developing the Quality Strategy. There have been numerous others who have contributed either knowingly or unknowingly to the strategy – many through their initial ideas and responses offered at the NHSScotland event in June 2009 – a summary of some of the key messages is included at Annex 2.

There is a clear consensus that the time is right to develop an ambitious and inspirational national healthcare quality strategy for Scotland, building on, drawing together and accelerating the individual, local and national work we have already made good progress with across NHSScotland which has been recognised and commended internationally. This strategy has been developed to take advantage of the unique opportunity we have to work in partnership with patients, carers, NHS staff, other public sector bodies and the third sector to put Scotland at the international forefront of international healthcare quality and to ensure that future generations also enjoy a world-leading quality National Health Service in Scotland.

4. Context

When this Government set out its plans for improving Scotland's health and healthcare when it published its action plan Better Health Better Care exactly 2 years ago (December 2007), it made a commitment to:

- improving the health for the whole Scottish population and reducing health inequalities
- Improving the quality of healthcare and healthcare experience, and developing a mutual NHS – offering the people of Scotland new rights and a stronger voice, and
- Maximising the value of our investment in health services in Scotland
- Integrating health, care and other related services

Considerable progress has been made over the last two years through the range of programmes of work which have been developed through the actions set out in Better Health Better Care. As part of the implementation of the Quality Strategy, we need to assess the contribution these and other programmes make to the Quality aims, and accelerate, join-up, re-position or indeed wind-up these programmes where they have completed their aims.

The NHSScotland Chief Executive's Annual Report for 2008/09 set out an overview of the progress which has been made in addressing the priorities for action set out in Better Health Better Care. This progress has been made through the successful pursuit of a the national targets (HEAT) and through a range of achievements, many supported by the work streams set up to implement the Better Health Better Care action plan.

In pursuit of the targets and actions set out to improve health and reduce inequalities across the Scottish population, a number of national approaches are being agreed in place to tackle some of the underlying causes of poor health in Scotland including targeted health checks, screening programmes, smoking cessation and prevention, promoting healthy living and preventing obesity, alcohol, reintroducing school-based preventative dental services and implementing an immunisation programme to combat cervical cancer. *Equally Well*, the Report of the Ministerial Task Force on Health Inequalities set out recommendations for change in policy, practice and delivery across a range of underlying causes and sectors, requiring collaborative action from national and local government and from other agencies including the NHS, schools, employers and the Third Sector. These recommendations are now being taken forward following the production of a shared implementation plan.

A number of significant steps have also been taken towards improving the quality and the value of our healthcare services. In the primary care sector we have introduced the hugely successful minor ailment service, introduced a new effective community pharmacy contract, and developed the use of the Quality Outcomes Framework and the Directed Enhanced Services - all delivering clearly evidenced improvements in outcomes and experience for patients. In the acute sector, waiting times are at their lowest ever levels, and for the first time, ambulances are reaching over 75% of life threatening calls within eight minutes. We have produced strategies to ensure that people with cancer, dementia, heart disease and stroke are getting better and quicker care than ever before and the Scottish Patient Safety Programme is delivering real improvements in our hospitals.

The work we have done in recent years on improving patient safety is an excellent example of how well Scotland is placed to embrace new and effective ways of improving the quality of our healthcare services. Don Berwick (Institute of Healthcare Improvement), a recognized international expert on patient safety, has said, “NHS Scotland has undertaken a bold, comprehensive, and scientifically grounded programme to improve patient safety. The dedication of NHS leadership at all levels to this endeavor is clear, and bodes well for success. In its scale and ambition, the Scottish Patient Safety Programme marks Scotland as leader – second to no nation on earth – in its commitment to reducing harm to patients dramatically and continually.” This confirms that we start from a real position of strength in developing and implementing a new quality strategy.

We have recently been leading the world in our collaborative approach to minimising the impact of the A H1 N1 strain of flu. This is a good example of what our Scottish NHS, working with the public and with public services across Scotland, can achieve and how focussed and effective NHS effort to ensure the health of our population can achieve impact and recognition at a global level.

We are continuing to build the basis for the mutual NHS through pioneering work such as the Patients Rights Bill, the Patient Experience Programme, the development of a Carers Strategy and the improvements in support for self-management for long term conditions. Through this mutual approach the NHS in Scotland will continue to learn from and improve on what is most important to the people of Scotland, taking account of the needs of our diverse population – this approach will permeate all our programmes of work.

The publication of ‘A Force for Improvement’ in January 2009 has already provided the foundations for agreeing the actions required to ensure that the NHS Workforce is supported, developed and equipped to respond to the challenge of the future. There will now be an opportunity to ensure that this action is aligned with the priorities and commitments agreed in the this Quality Strategy.

We have a record on life expectancy and mortality in major disease groups that is challenging, and a range of future demographic, cultural, technological and resource challenges. However, one of our key assets is that Scotland already has a good reputation for its standards in healthcare and its work on quality. So this is not about pulling the plant up by the roots and starting again, it is about challenging ourselves, sharing the pursuit of our ambition with every person in Scotland, focussing our efforts and raising the bar. To do this will require a fundamental shift in culture of delivering excellent, person centred care – it is not about a new set of initiatives, targets and tools.

The Health Foundation QQUIP Project is a respected and authoritative commentator on health quality issues. It recently published a comparison of health quality performance across the UK. This showed:

- Data from the Quality and Outcomes Framework for general practice indicate that the majority of patients across the UK are provided with care that is consistent with evidence-based best practice, with practices in Scotland generally recording the highest achievement scores (alongside Northern Ireland)

- Comparisons in waiting times across systems are difficult but Scotland and England had lower median waiting times than Wales and Northern Ireland for a range of inpatient procedures
- Scotland has the highest number of GPs and hospital beds per 1,000 population
- Patients in Scotland were generally most positive about their quality of care

However, there was also evidence of potential room for improvement in a number of areas including:

- sharing clear specific goals for care and treatment
- sharing information about care or treatment choices and asked for patients' ideas and opinions
- a lack of clear instructions about symptoms to watch for and when to seek further treatment
- written instructions on self-care for people with chronic diseases
- problems due to care not being well co-ordinated across multiple sites or providers

We therefore propose that Scotland generally has well-recognised standards of healthcare quality in specific areas, but there are important challenges in relation to person centredness, and in learning from and rolling out the individual areas of high quality services to create whole-system or integrated world-leading healthcare services.

Future Challenges

For many years we have been well aware of the range of drivers of change which will create very real challenges in the delivery of high quality healthcare services:

- The next 20 years will see an ageing population, a continuing shift in the pattern of disease towards long-term conditions, and growing numbers of older people with multiple conditions and complex needs and the impact of this on them and their immediate carers. There will be more older family carers too many of whom will have their own health needs.
- demographic change and associated shifts in the pattern of ill health will determine the demands on the health care system
- workforce pressures will be the bottom line in determining how we are able to respond to these changes in demand
- Developments in technology and in information and communications technology in particular, will give us the tools to fundamentally reshape how health care is delivered.
- Increased public awareness, diversity and intelligence creating different expectations and requirements around treatments, equipment, access, drugs and therapies

Added to these challenges are the new challenges we face in the current economic climate with tightening financial resources available to respond to the increasing

demands suggested by these demographic, cultural and technological changes. A number of strategies and policy documents have already set these challenges out clearly, and recognise the need to change the way we deliver services, so that future generations can also enjoy continually improving health and healthcare.

The Quality Strategy has been developed to provide a renewed focus and momentum on addressing the full range of current and future challenges, and builds on the further developed understanding we now have from local, national and international experience of what needs to be done. Achieving its aims will ensure that the services we provide are sustainable for the future generations in Scotland. We will do this by listening to the messages from staff, patients and carers about what they expect from their NHS and responding to them, by shifting the culture to a more person-centred NHS which is focussed in delivering clinical excellence, and patient safety, while ensuring equity, timeliness and best value. This is why we need a national Quality Strategy for NHSScotland.

5. The Way Ahead – The Quality Strategy

The Aim

The clear aim of our Quality Strategy will be the creation of a new era of health improving and healthcare services in Scotland where we listen to what staff, patients and carers tell us, and we all work together to provide person centred, safe and clinically effective care for everybody, every time, now and for the future. Achieving this will ensure that the quality of healthcare services delivered by NHSScotland is recognised as amongst the best in the world.

This high-level aim will be achieved by working from the bottom up, and will build on:

- Scotland's reputation for high-level clinical skills and leadership – for example, pioneering the use of quality guidelines through SIGN, best practice statements, knowledge exchange and leading in the development of the use of clinical data
- The early success of the Scottish Patient Safety Programme which has marked Scotland as a world leader in developing a national patient safety programme
- The opportunity for strong leadership and delivery which our integrated NHS system provides
- Professional Values
- Staff ownership and enthusiasm for improving quality and safety
- High quality partners in the contracting and voluntary sectors
- Patients' motivation to be partners in their own care
- Scotland's focus on collaboration and professional values
- The range of existing national and local initiative and programmes already in place.

We will need action at all levels if we are to succeed. We will need true alignment from national strategies through to individual behaviours. In order to achieve this, our approach will be designed to be:

- Person-based : reflecting the uniqueness of the individual, their experience of their health, illness and health care, and enabling them to share in decision making about their care, to manage their own health, and illness through support and access to advice and information.
- Staff-based : Building capacity and making the right thing the easiest thing to do.
- Systems-based – simplifying policy/delivery landscape, re-enforcing priorities expressed through Better Health Better Care, and shifting emphasis from performance management to continuous improvement
- Partnership-based : NHS working with public and third sector partners, staff, contractors, patients and carers

The Key Drivers of Quality

In order to be recognised as world leading we need to set out a clear set of measurable and achievable objectives related to the key drivers which we propose to pursue.

Better Health, Better Care was built on the Institute of Medicine's six Dimensions of Quality. It is proposed that six dimensions will remain the key foundation of our approach to systems-based healthcare quality improvement:

Institute Of Medicine 6 Dimensions of Quality

- **Person centred:** providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions
- **Safe:** avoiding injuries to patients from care that is intended to help them
- **Effective:** providing services based on scientific knowledge
- **Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy
- **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status
- **Timely:** reducing waits and sometimes harmful delays for both those who receive care and those who give care

By focusing on what really matters to people, we will raise the quality of healthcare from the current high standards to world-leading by concentrating our priority action and interventions in three of these dimensions:

- Put people at the centre of care and ensure that all staff, patients and carers can report that they are supported to work together in a relationship which recognises their needs and plans to deliver care to meet those needs
- Improve clinical effectiveness, with a focus on reducing unnecessary and harmful variation in the models and methods of delivering care and treatment, and on the standards of care for long-term conditions
- Improve safety throughout primary, community, and acute services, achieving significant reductions in mortality and adverse events

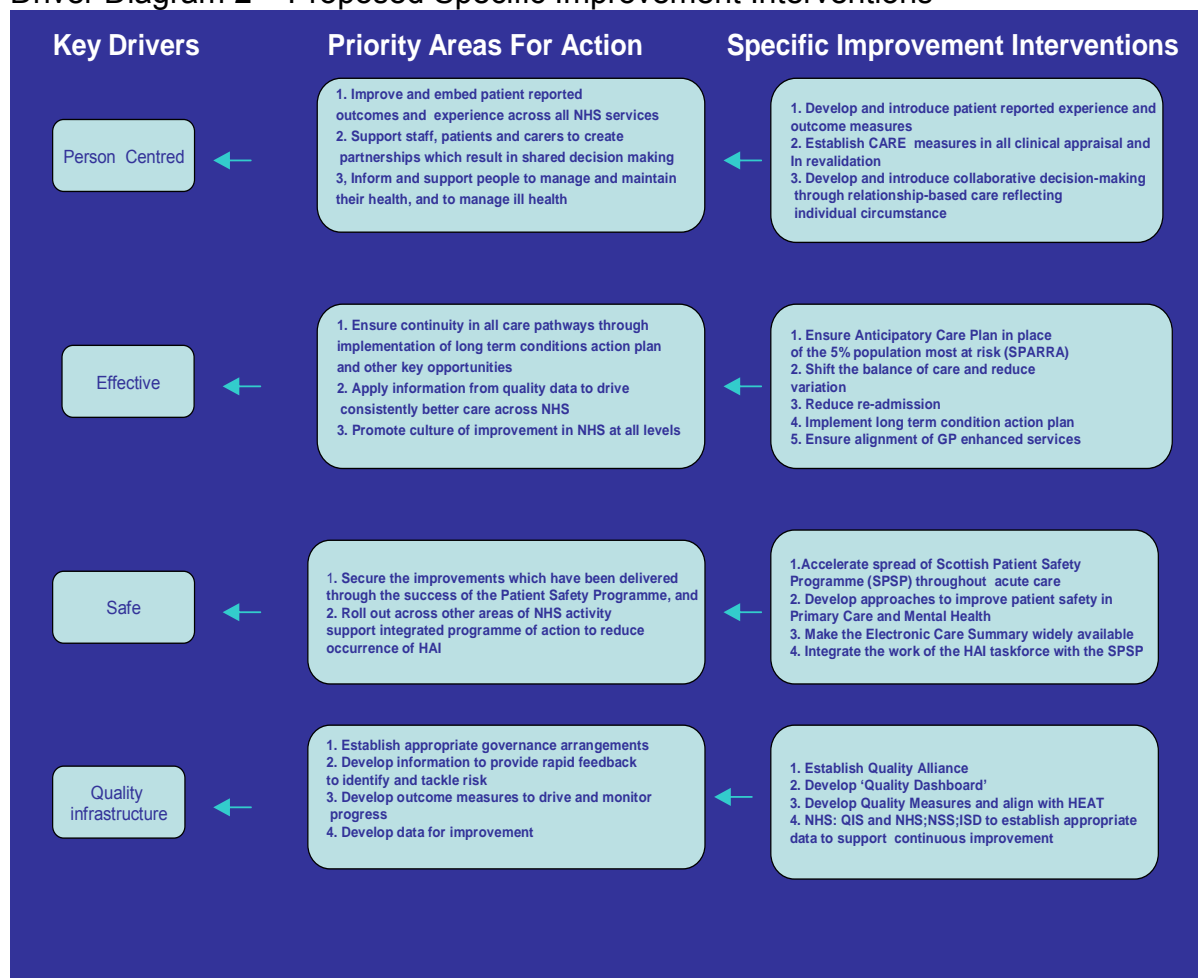
We have chosen to focus on improvement in these 3 areas, as we believe that through our shared pursuit of these ambitions for every patient, every time, we will also continue to pursue maximum value for the investment we make in our healthcare services. There is clear evidence that improving effectiveness, safety and person centredness have significant positive impacts on reducing costs, and rely on maintaining the unprecedented improvements we have made in waiting times and access to primary, secondary and emergency healthcare services. We will also ensure that the high quality health services we deliver are provided on an equitable basis - to everyone in Scotland, no matter who they are, or where they live. To do this we will establish an effective and appropriate Quality Infrastructure which will ensure the integration required across all programmes of work. Therefore, while the primary focus for action will be on the 3 key drivers, we are also committed to pursuing these in a way which ensures equity, efficiency and timely access.

The Key Interventions

In order to provide a clear and shared understanding of the ambitions of the Quality Strategy, we propose to focus on supporting the fundamental shift in culture required to create person-centred, clinically effective and safe care by setting out a number of specific areas of actions which will create the momentum needed to deliver our aims across the whole NHS in Scotland. The extended version of the Driver Diagram

below sets out the areas of activity associated with each Driver, and related to these, the proposed key improvement interventions. We will confirm the areas for action and the key interventions and agree the details actions required to make progress. One of the primary requirements of the Quality Strategy is that we take an integrated approach across all the actions. We will ensure that the governance and delivery structures across NHSScotland support this linking activity across every programme.

Driver Diagram 2 – Proposed Specific Improvement Interventions



Person centred: We have a number of programmes and pilots in operation at present which are aimed at putting people at the centre of care and at supporting the development of relationships between NHS staff, patients and carers which result in shared decision making, better experiences and outcomes for patients and carers, and greater job satisfaction for NHS staff. For example, there is the Patient Experience Programme (currently focussing on inpatients, Primary Care and long term conditions), the Self Management Strategy, the Delivering Patient-centred Care Programme underpinned by 'Curam', the Carer Information Strategies, Scotland Cares and the other work streams underway in the Chief Nursing Officer Directorate to develop further the caring and enabling aspects of the Nursing Midwifery and AHP professions. We have recently expanded considerably the scope of our patient experience surveys for GPs and will explore how similar approaches could be applied elsewhere in primary care. There is also the work to establish NHSScotland as a Health Promoting Health Service.

We propose that the Quality Strategy will set out how we will bring this and other work together more coherently, visibly and consistently and how we will integrate it

with new developments such as the work on supporting 'relationship-based care', and shared decision making tools (for which there is strong evidence of improved patient choice, better experience and lower utilisation of expensive interventions). We will also ensure that our investment in our capital infrastructure provides the appropriate environment to support high quality healthcare experience and outcomes.

We also plan to establish an appropriate approach for measuring individual patients' own assessments of the quality of the outcome of their healthcare episode, whether in primary, secondary or emergency care, so that a patient-based measure of health outcome and experience can also be used to drive improvement in the quality of healthcare services.

In order to capture patients' assessment of their relationship with the healthcare professional supporting them, in such a way that it can be used to inform improvement, a measurement technique known as the Consultation and Relational Empathy (CARE) measure has been developed in Scotland. The CARE measure has been well validated with doctors, both with GPs in primary care and consultants in secondary care. We will pursue the introduction of the use of the CARE measure in all clinical appraisals, and in the development of revalidation. We will be able to use these measures to highlight action needed to ensure equity in terms of health outcomes and experience.

We propose that the initial focus of action will be:

- Develop measures of patient reported experience and outcomes
- Introduce the CARE measure in all clinical appraisal and in revalidation
- Develop and introduce collaborative shared decision-making through relationship-based care, reflecting each individuals own circumstances

Effective: We will focus on shifting the balance of care and identifying and reducing inappropriate variation in community, primary and acute healthcare pathways, care packages and treatments so that the best care is consistently provided by the right person in the right place at the right time. We will also implement our proposals to improve standards of care for long-term conditions in hospital, in the community and through self-management. It is proposed that, through this driver we will ensure that clear and challenging outcomes and success indicators are established for the quality and performance of health services for people with long-term conditions, and that there is leadership and capacity to support improvement. Much of the work required to improve quality and ensure sustainability of services for patients with long-term conditions will involve primary and community care services, and supporting the drive to shift the balance of care away from hospital services towards the community. Shifting the balance of care has the potential both to make services more efficient and sustainable by avoiding unnecessary hospital admissions, and to improve patient experience. We will support those in our population most at risk by ensuring that each of them has an integrated and shared Anticipatory Care Plan in place. Making this aspiration a reality will require a firm commitment to excellent cooperation and communication between the different stages in the care journey.

We will also continue to deliver our policy of reshaping the medical contribution of the clinical workforce, so that it is delivered predominantly by trained doctors, rather than doctors in training, in collaboration with non-medical members of the clinical team where that is best for patients.

We will also ensure that NHS staff are properly supported, through new development packages where necessary, to provide anticipatory health and healthcare advice and support to people and their carers which recognises the wider social and economic context of their lives.

We will support a step change in health literacy across the whole population, taking full advantage of existing and new approaches to communications, technology and resources to ensure that everybody has access to the information and advice they need, when they need it to support them in maintaining health, managing ill health and in making shared decisions.

Our key priorities will be to:

- Ensure that Anticipatory Care Plans are in place for the 5% most at risk in admission
- Shift the balance of care and reduce inappropriate variation so that the best care is consistently provided in the right place, by the right person
- Reduce re-admission
- Implement the Long-term Conditions Action Plan
- Reshape the medical contribution to the clinical workforce
- Ensure all our GP enhanced services are fit for the purposes of this strategy

Safe: The Scottish Patient Safety Programme is now making a significant impact across the NHS in Scotland. It represents an ambitious effort to make substantial safety improvements for the benefit of patients across a health system, and has gained significant ownership and buy-in from NHS professionals and staff. It aims to implement a set of key evidence-based interventions uniformly across all acute hospitals in Scotland, and to deliver significant reductions in mortality and in adverse events. We will roll out the successful focus on patient safety into a range of other care environments, and will develop appropriate approaches to improving safety in primary care and in mental health.

NHSScotland's eHealth Strategy launched in June 2008 is focussed on using information to improve quality. Good progress is being made in developing the information technology and improving the business processes necessary to ensure that we get benefit from our investment in eHealth. The aim is to build a 'virtual patient record' that will contribute towards safety, continuity of care and collaborative decision making. With additional investment planned for 2010/11, key eHealth contributions to better quality care will include;

- Developing the Emergency Care Summary (ECS) to enable, for example, it's use in planned as well as emergency care
- Implementing the 'clinical portal' programme to enable better sharing of patient information
- Continuing to develop the 'patient portal' to allow patients access to information about their health
- Working on ways to bring clinical data to frontline staff

Finally we will ensure that the extensive work begun carried out to tackle HAI in hospitals is fully aligned with the safety work, and as a result with the full quality strategy.

Our key priorities will be:

- Accelerated spread of SPSP across acute care

- Develop approaches to patient safety in Primary Care and Mental Health
- Make the electronic Emergency Care Summary widely available
- Integrate the work on reducing the occurrence of HAI with the Scottish Patient Safety Programme

Quality Infrastructure: A key requirement in the realisation of our ambitions for a world leading healthcare quality system is that all of our systems and actions are integrated and aligned across the whole NHS system. To ensure that this is achieved, we will establish a new Quality Alliance which will oversee the implementation of the Quality Strategy, and for ensuring whole-system integration and alignment.

There is international evidence that the development of measures is a fundamental driver of large scale improvement. We therefore propose the development of a basket of high-level measures which define what we mean by high quality healthcare services. These measures will be underpinned by a ‘Quality Dashboard’ of indicators which will give us rapid feedback and allow us to identify and manage risk, and to support continuous improvement in pursuit of our aims. The availability, timeliness and quality of the data used to support the high level Quality Measures, the Quality dashboard, and the range of improvement measures required to inform the continuous improvement activity required will need to be assessed and where necessary, NHS: QIS and NHS: NSS: ISD will need to work together to take action in order to establish the appropriate data sources.

Our key priorities will be:

- Establishing the Quality Alliance
- Developing a ‘Quality Dashboard’
- Agreeing high level Quality Measures which reflect the shared understanding of the features of high quality healthcare, ensuring alignment with HEAT, the National Performance Framework, the Quality Dashboard and any new governance and risk management standards developed by NHS QIS.
- Establishing appropriate data to support developments of measures and continuous improvement

Proposed framework of potential areas for measurement

	Person-based	Staff-based	System-based
Person centred	Patient Experience CARE measure GP access	Staff Satisfaction	Anticipatory Care Plans
Clinically effective	Patient Reported Outcomes	Capability and capacity	Continuous and anticipatory care (eg Anticipatory Care Plans) Clinical effectiveness (e.g. 28-day readmission rates) Reduced variation
Safe	Patient experience of cleanliness	Staff reports of cleanliness	Reductions in avoidable harm (eg HSMR and HAI rates)

Efficiency, Equity and Access

We propose to focus our interventions primarily around person-centredness, clinical effectiveness and safety because we know that we will take appropriate action in

these areas which will also drive equity, efficiency and access. We also know that these are the key priority areas for patients, their families and the people who work in NHSScotland. We are absolutely clear that the other 3 dimensions of quality as set out by the Institute of Medicine; efficiency, equity and access, must not be compromised. There is robust and extensive evidence that pursuing person-centred, safe and effective care, for every person, every time, will result in significant cost savings, in streamlining and improving access and by definition in improving equity. For example, the pursuit of reduced rates of re-admission as part of the clinical effectiveness focus will have a positive impact in terms of reducing costs, and increasing efficiency.

Efficiency: Pursuing improvements in whole-system healthcare quality through the 3 drivers set out above has the potential not only to improve care but also to prevent avoidable costs. We know that amongst the biggest drivers of avoidable costs are infections, inappropriate hospitalisation of people with chronic disease, and variation in practice. Evidence from healthcare systems that have applied shared decision making tools is that these too can reduce avoidable costs. People will often choose to have a less intensive and invasive procedure (at lower cost) when they get the opportunity and the data to make an informed choice. We also know that good communication contributes positively to wellbeing, hastens recovery and enhances effective self management in long term conditions. Patients who have an empathetic, patient centred experience are more likely to retain health information, and to comply with advice and prescribed therapy. While the primary purpose of the Strategy will not in any way be to reduce cost, at the same time it can often be the case that better quality needn't cost more and indeed can cost less. There is also significant evidence of the interplay between patient experience and staff experience. Specific strategies used by top performing health providers to ensure staff engagement and resilience in patient centred care, have been shown to have an impact on the overall efficiency and productivity of the organisation. (As demonstrated, for example, in "Seeing the Person in the Patient: The Kings Fund Point of Care Programme Report"). The work being taken forward with NHS Boards through the national Efficiency and Productivity Framework will be aligned with the Quality Strategy, and will align with the 3 key drivers set out above.

Equity: The NHS is committed to understanding the needs of different communities, eliminate discrimination, reduce inequality, protect human rights and build good relations by breaking down barriers that may be preventing people from accessing the care and services that they need, as well as meeting the legal duties in relation to race, disability and gender. It aims to address inequalities by recognising and valuing diversity, promoting a patient-focused approach and involving people in the design and delivery of health care. *Equally Well* sets an ambitious and radical programme for change across the key priority areas of children's very early years; the big killer diseases of cardiovascular disease and cancer; drug and alcohol problems and links to violence; and mental health and wellbeing. An implementation plan has been developed to support further progress and change, both at local and national level, with NHSScotland working in partnership with the rest of the public sector and with third sector organisations. There are strong linkages between some of the key actions required and being taken forward to address health inequalities in Scotland, and proposed drivers of our quality strategy. In particular the patient centredness and clinical effectiveness drivers (specifically through long-term conditions) have the potential to address the health problems of many of those who carry a disproportionate burden of ill-health in our communities.

Access: 'Better Health Better Care' set out the importance of improving the timeliness of healthcare services, and described the work required to secure an 18 weeks whole journey standard from GP referral to treatment. It also discussed the more integrated approach required in local areas in the delivery of unscheduled care services. There is a range of improvement activity currently underway to improve access to GP/Primary Care, unscheduled care, ambulance services and to planned treatment following GP referral. This will provide a key supporting strand of work within the quality strategy, particularly contributing to clinical effectiveness and to patient centredness.

Mutuality

In *'Better Health Better Care'* we set out our proposal to create a mutual NHS in Scotland where staff, patients and carers fully understand their rights and responsibilities, and what they should expect from their NHS. A mutual NHS is an underpinning requirement of person-centred healthcare, so we will continue to pursue as part of this Quality Strategy.

Working in partnership

This Quality Strategy will underpin all that we do, at our own hand or with others. We propose that the new Quality Strategy will extend to cover the activities of NHSScotland which are primarily focussed on preventative and anticipatory care and are in pursuit of reducing health inequalities and in improving health. It will form the basis for our relationship with independent contractors. We further propose that the Quality Strategy provides a basis for NHSScotland to work with partners through Community Planning Partnerships and in the Third Sector in securing progress towards the Quality Strategy target, and the higher level outcomes agreed locally and nationally through the Single Outcome Agreements and the National Performance Framework. An example of this is the support required from other public sector partners in establishing the Keep Well health checks through providing follow-up activities to promote well-being and healthier lifestyles.

6. Making it happen

Effective delivery of the Quality Strategy impact will require:

- shared ownership
- energy and commitment
- evidence and analysis
- communication, motivation and mobilisation
- partnership with staff and involvement of patients and carers
- leadership

This means that the Quality Strategy will need to be owned by everyone in Scotland. It will require senior leaders in the NHS and other service providers to be focussed on and motivated by the aim of world-leading healthcare quality, with a recognition that quality is at the heart of all we do. Real improvement and consistent quality will come from the efforts and actions of health professionals and both clinical and non-clinical NHS staff at all levels, and most importantly those delivering direct care to patients and their families. This will mean that we need to work more effectively in partnership with professional groups and staff representatives to implement strategy by ensuring that we set out the ambitions of the quality strategy in a way which provides the basis for an alignment of individual, team, system and organisational goals.

Achieving change of this scale requires a clear vision, understanding and approach as to how change will be brought about. With a strong focus on culture, motivation, values and behaviour we can do this. Work by Bevan, Ham and Plsek has recently noted:

Evidence from high-performing health systems indicates the need to invest significantly in leadership-level skills for large-scale change; to mobilise for improvement, strategically align goals, and create measures and implementation initiatives; to work explicitly with models and theories of large-scale change; and to balance short-term operational results with longer term transformation.

The key requirements for large-scale change are:

- The vision must be compelling to all;
- The method must allow for wide engagement and bottom-up emergence of ideas;
- The expectations must challenge existing beliefs and attitudes.

Our approach to implementing the Quality Strategy will recognise the different, and sometimes multiple roles that individuals have in implementing the actions required to achieve our aims. We will communicate the vision of a high quality NHS to the people in Scotland in a number of ways to ensure that it is compelling to all, but in a way which makes it clear that every person in Scotland, no matter who they are, or where they are, has an important role to play in making the changes needed to ensure our high quality healthcare services in Scotland now, and for generations to come. The vision also needs to be compelling to and shared by partners in the rest of the public sector, and in the third sector so that they can work in partnership with colleagues in the NHS, and with patients and carers in a way which supports the vision, and reflects the values in the joined-up services they provide.

We will therefore take a partnership approach to communication and implementation which is simultaneously;

- person-based,
- staff-based and
- system-based.

Person-based

People have told us what they want from their NHS in Scotland, and this Quality Strategy has been designed to deliver it:

- **Caring and compassionate** staff and services
- Clear **communication and explanation** about conditions and treatment
- Effective **collaboration** between clinicians, patients and others
- A **clean** care environment
- **Continuity** of care
- **Clinical** excellence

Our communication strategy will therefore be focussed on setting out the vision for high quality Scottish healthcare services in these terms, explaining what this means for every individual, no matter who they are or where they are, in terms of their rights and expectations, and the responsibilities they will have for learning, taking action to maintain their own health, managing their ill-health, collaborating in respectful partnerships with healthcare staff, and feeding back their experiences and outcomes to support a continuous cycle of improvement.

Staff-based

Staff have also told us what they want from their NHS in Scotland – and it is exactly the same as we have been told by patients and carers – see above.

We will therefore describe the same shared vision of high quality healthcare services in Scotland, but we will set out the quality improvement interventions we will be pursuing with them and in relation to the key drivers of person-centredness, clinical effectiveness and patient safety. We will develop training and assessment approaches which support the skills they will require, and we will explain what the vision for high quality Scottish healthcare services means to all NHSScotland staff in terms of their rights and expectations, and of their responsibilities to learn and change where appropriate, to work with patients and carers in respectful partnerships, to feed back their views, advice and experiences to support a continuous cycle of improvement.

There is evidence to suggest that good staff management practices have a direct relationship with reductions in mortality. In addition, measures to enhance staff health and well-being have been shown to improve patient satisfaction, increase productivity and deliver best value, e.g. by reducing absenteeism and staff agency costs. We will therefore continue to encourage best practice in staff management, in order to enhance both the employee experience and the delivery of high quality care.

System-based

In order to support staff, patients and carers to implement the interventions that will support the actions required to deliver the vision for health and healthcare services in

Scotland, we need to identify and remove any hurdles and barriers in primary, acute and emergency care presented by the current approaches to policy development and delivery across Scottish Government and NHSScotland. Responsibility for taking this action lies primarily with NHS senior management and with Scottish Government Ministers and Officials. However, feedback from staff, patients and carers will inform the continuous cycle of improvement required to ensure that the wider system continues to support and facilitate the delivery of high quality health and healthcare services in Scotland.

The initial actions required at the system level involve a clear and unambiguous reinforcement of the policy priorities for health and healthcare in Scotland. These will include a commitment to improving health and healthcare services quality improvement, embedding the concept of mutuality in pursuit of improved quality, achieving best value in everything we do, and through ensuring maximum integration and continuity of services. They also include a simplification of the policy and delivery landscape with the introduction of a new approach to ensure that existing and new initiatives are appropriately aligned with the Quality Strategy aims, and that their impact on these aims is transparently communicated and properly measured and monitored. There will be a more robust review of HEAT, ensuring that we have a set of national targets which is clearly aligned and evidence based in support of the quality aims.

System-based changes will reinforce the commitments set out in Better Health Better Care, focussing on the shift required from top-down approaches to bottom-up, the appropriate balance between performance management and continuous improvement and the focus required on getting it right for every person, every time by reducing inappropriate and unnecessary variation.

Finally, there will be a refreshed commitment to working closely with Community Planning Partners in the delivery of the Quality Strategy vision and the wider Local and National Outcomes, recognising that public sector partners and the Third Sector have a major role to play in supporting people across Scotland in making the changes required to achieve the world-leading health and healthcare services to which we aspire.

7. Next Steps/ Implementation

The Quality Alliance

Following the launch of the Quality Strategy, we need to establish the arrangements through which action will be taken to implement the key interventions, ensure integration and alignment and to oversee progress on the wider commitments and changes required to deliver the Quality Strategy. This will include the roll out of a Communication Strategy. To help us achieve this, a Quality Alliance will be created, which will include senior representatives from all of the stakeholder bodies. The key role of the Quality Alliance will be to develop and maintain a robust high-level shared ownership and responsibility for implementing the Quality Strategy. The Quality Alliance will be supported by a dedicated resource which will provide central leadership, coordination, intelligence and the day-to-day support required to implement the Quality Strategy. The Scottish Government will liaise with NHSScotland Boards, with particular reference to the opportunities for NHS: QIS and NHS: NES to play a major role in establishing this central resource. The Quality Alliance will lead a more detailed consideration and secure agreement on the areas for action and the related improvement interventions with those who will deliver the aims of the quality strategy.

Data for Improvement

In this document we have set out a proposed framework for the development of measures to support the implementation of the Quality Strategy. These measures will be needed to define a shared understanding of healthcare quality, and to establish baselines from which to monitor improvement. We also make a commitment to reviewing the relationship of these measures with the HEAT targets – making necessary changes to HEAT for 2011/12 to ensure alignment and to reflect the role of performance management in achieving our aim.

The first steps will be for a range of lead partners, including NHS: QIS, NHS: NSS ISD and the Scottish Government, to work together to develop proposed definitions and methodologies for deriving the measures, and to consult widely to secure agreement, before developing the initial baseline measures. Following the launch of the 2010/11 LDP and HEAT targets in November 2009, the Scottish Government will consult on the action needed to align HEAT with the Quality measures for 2011/12 and beyond.

Communication

Communication is a key component of the Quality Strategy, not just in terms of raising awareness about the ambitions for NHSScotland, but as a major driver to motivate and mobilise everyone across Scotland to take appropriate action to make their contribution to achieving the shared vision for NHSScotland. The key aims of Communication are therefore to:

1. Raise awareness both internally and externally, of the Scottish Government's vision for NHSScotland to become a world leader in delivering quality healthcare
2. Mobilise staff and the public to appreciate and understand the role they play in delivering the Quality Strategy's vision

3. Highlight national and local programmes/services which are helping deliver quality healthcare

In order to achieve these communication aims, we propose that the following objectives should be pursued;

- Position and frame the Quality Strategy's purpose and vision in a more accessible way which gives meaning and understanding to the public;
- Engage with all stakeholders throughout Scotland at a national and local level (i.e. the public, NHS staff, Scottish Government, Third Sector etc.) informing them of the vision for NHSScotland and what it means for them;
- Promote and inform people working within NHSScotland and the public of existing and new services which are delivering the vision for NHSScotland at a national and local level;
- Equip and support staff with information about what they can do to help NHSScotland become a world leader in delivering quality healthcare;
- Provide the public with information about what they can do to help NHSScotland become a world leader in delivering quality healthcare;
- Inspire and motivate staff and public to play an active role in achieving the vision for NHSScotland

There are 3 different primary target audiences for the communication messages – with many people in Scotland belonging to more than one;

1. The public (including patients and carers)
2. People delivering NHSScotland services
3. Senior Management / Scottish Government / Chief Executives

The wider public sector and third sector organisations represent a further important audience which we will also consider.

8. Conclusion – The Business Case for the Quality Strategy

This document sets out the well rehearsed and increasingly well understood context of challenges for the continued consistent delivery of high quality healthcare services. These include the changing population with more older people living longer lives with increasing incidence of sometimes multiple long term conditions. Alongside the increasing demand for healthcare services this generates we have increased expectations from the public, from patients and their families and from NHS staff and managers, relatively reducing resources and an uncertain financial climate.

Together we have agreed that these challenges make it absolutely essential, and the right time to develop a new focussed approach to delivering higher quality healthcare services. Not just because we know that higher quality healthcare based on person centredness, effectiveness and safety will also deliver greater value and allow us to meet the increasing expectations and demand within smaller relative resources, but because right now we have a perfect base to build on. The progress we have already made in improving the quality of healthcare services in primary care, in intermediate care and in acute and emergency care have demonstrated to us what we are capable of achieving.

With the increased focus on this high level and shared aim, and based on simultaneous and joined up action by patients and the public, NHS Staff and the wider system, it is clear that we have the opportunity, the commitment, the knowledge, skills and tools to achieve our audacious and ambitious aim of becoming a world leader in the quality of the healthcare services we deliver for every person in Scotland, every time – now and into the future.

DRAFT @ 8 October 2009

Annex 1: Summary of Groups Consulted in Phase 1 of Quality Strategy Development

Feedback					
DG Health	NHS Territorials	NHS Specials	DG Health Groups	Other NHS groups	Patients/Carers
CNO Dep Dirs	Lothian	QIS Board	Cancer Task Force	NHS Event	Cancer
Communications	Forth Valley	Chief Execs	Mutuality Board	NHS Leadership	LTCAS
Dep Dirs	Chief Execs	Chairs	Reshaping Care	OD Leads	
HR	Chairs	NES	LTCs	DoPs	
Public Health	Tayside		Better Together	RCN	
Primary and Community Care			Cancer Quality	SMASAC	
Delivery (IST)					

Annex 2 – Summary of Key Messages in feedback from NHSScotland Event, 16/17 June 2009

Listed below are some of the most frequently recurring requests, suggestions, and comments to date;

- make it core/integrated not additional
- a high level shared national ambition and context is helpful, but make it real and relevant to those delivering the services so that it can be implemented from the bottom-up, not through top-down management.
- use it to deliver greater consistency and coherence in SG approach, providing an opportunity to priorities and align current programmes
- communication will be a key element of successful implementation – language is important as it needs to be consistent, but recognise different needs of NHS staff and patients/public
- important to build and maintain momentum and profile of strategy so that it is not seen as another ‘fire and forget’
- how will this complement, support our health improvement and health inequalities priorities?
- is it patient or person-centred – should cover carers and staff as well?
- importance of measuring patient reported outcomes/experience
- careful thought needed around development of new measures/targets, and the relationship with existing HEAT targets.