

# BETTER HEALTH, BETTER CARE:

ACTION PLAN

## WHAT IT MEANS FOR YOU

**“Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care”**



**healthier  
scotland**  
SCOTTISH GOVERNMENT

# **BETTER HEALTH, BETTER CARE:**

**ACTION PLAN**

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## Better Health, Better Care...



The *Better Health, Better Care: Action Plan* for NHSScotland was launched in December 2007.

It followed a very wide consultation with the people of Scotland, who told us about their hopes, their needs and their fears about their NHS.

Time after time, people stressed to us that it wasn't just the treatment they received from the NHS that was important to them. They also wanted to be treated with dignity and respect, to be listened to and to get the information they need to cope with their illness.

These thoughts were very much to the fore as the Scottish Government developed the *Better Health, Better Care: Action Plan*.

We could see that patients wanted to be partners in their care, with a say in how the NHS is run and meaningful roles in designing and delivering services.

This realisation presented new opportunities to develop a “mutual” NHS in Scotland in which each one of us sees ourselves as partners in the service, with rights and responsibilities.

That is the central message of the *Better Health, Better Care: Action Plan*. It presents the people of Scotland with the opportunity to take more control of their health and to be more active in deciding how NHS services should be run.

Over the next few pages, I’ve set out for you the main areas of our Action Plan that will, I believe, result in very healthy benefits for you, your family, your community, and your NHS.

We’re setting out a new vision and aspiration for the NHS – I very much hope it’s a vision and aspiration you’ll share.

A handwritten signature in black ink, reading "Nicola Sturgeon". The signature is fluid and cursive, with the first name "Nicola" written in a larger, more prominent script than the surname "Sturgeon".

**Nicola Sturgeon, MSP**

Deputy First Minister and

Cabinet Secretary for Health and Well-being



# It's Our Service...

## **The NHS belongs to us all.**

The people of Scotland are more than users of the NHS. We are all part-owners of the NHS. And that gives us rights and responsibilities.

But sometimes people don't feel that the service belongs to them. They worry that the service does things to them, rather than with them. They see the service working in a controlling way, rather than in a spirit of partnership.

This has to change.

We want to encourage a sense of the NHS as a "mutual" organisation that gathers people together in a common purpose.

We want patients to see themselves not as receivers of services, but as partners in care. From 2008, *Better Together*, our new Patient Experience Programme, will help patients to work in partnership with staff to ensure the best possible care and treatment is given, and received.

We want patients to receive care from NHSScotland staff that is respectful, compassionate and responsive to what patients want. The *Better Together* programme will help the NHS to find out what is really important to patients and design services to suit, starting with inpatient hospital care, GP services and the care we provide to people with long-term conditions.

We want patients to know up front what they can expect from services, and what services can expect from patients. We're working on a Patients' Rights Bill that will include a Charter setting out the rights and responsibilities of each of us – government, NHS staff and patients. Patients and carers will be

encouraged to be genuine partners in the delivery of their care through this commitment to patients' rights and through active involvement in self care that suits their lifestyles.

Community Health Partnerships have set up Public Partnership Forums that allow communities to be involved in the design and delivery of local services, and we will strengthen these forums.

We're also keen to ensure that patients have a greater voice at the highest level within the NHS. That's why we've started a consultation on direct elections to NHS Boards.

*We want the people of Scotland to think of themselves not only as users of the NHS, but also as owners of the NHS.*

*As an owner, you're entitled to have a greater say in how the service is run. We'll be setting what we call a "Participation Standard" that NHS boards will have to meet to show they're involving the people who use their services.*

*As an owner, you're entitled to know how the NHS is doing. We'll send an Ownership Report to your home and every other household in Scotland every year to let you see how things are shaping up.*

*And as an owner, you should be assured that when you need care and treatment from the NHS, it will be designed to meet your needs – all of your needs. Everything in *Better Health, Better Care* is aimed at meeting that aspiration.*



## A Health-promoting Service...

We believe the people of Scotland need and deserve a service that is quicker, safer, more reliable and more focused on promoting health rather than treating disease.

The single-most important thing people can do to improve their health is to **stop smoking** or, better still, never start. That's why we're pledging an additional £3m a year to support a new Action Plan on Smoking and are continuing to develop a network of smoking cessation services across Scotland.

Illness and deaths from **alcohol abuse** are increasing in Scotland. We'll be publishing a Strategy on Alcohol Abuse in 2008, backed by an extra £85m over three years to expand treatment and support for people with alcohol problems, and will drive forward health interventions that help people to stop, or reduce, their drinking.

We'll also be publishing a new **National Drugs Strategy** and action plan in Spring 2008 to improve treatments, increase education, protect children of drug-abusing parents and further develop anti-drugs law.

We're taking a two-pronged approach to **tackling obesity** by promoting healthier eating and increased physical activity. More than £11m has been earmarked over the next three years to help people, especially young people, to tackle obesity through diet and activity.

And young people will also be the focus of our efforts to **reduce sexually-transmitted diseases and unwanted pregnancies** through widely available education and information.

## A Fair Service...

It's not fair that people living in the poorest parts of Scotland have worse health and die younger than those in well-off areas.

There are lots of factors that contribute to bad health and early death. Poor housing, low access to good quality affordable food, lack of education and job opportunities, unreliable public transport, lack of local health services, lack of leisure facilities, excessive use of alcohol, taking drugs and smoking tobacco – all play their part.

All these factors tend to affect people in poorer areas more than they affect people in well-off areas. We call this health gap between poor and well-off “Health Inequalities”.

We need to focus our actions across the Government on the needs of people in poorer areas so that we can reduce the health gap, and lessen health inequalities.

We've set up a Ministerial Task Force on Health Inequalities that will help us to do this. The Task Force is focusing on practical actions for change, working across the Government and with partners in the public, private and voluntary sectors to tackle the causes, and the effects, of health inequalities.

We will also:

- work with parents, carers, schools and communities to ensure that all children get the best possible start in their early years, as this will have a very positive effect on their health when they are adults

- abolish prescription charges completely by April 2011 so that all those who need medicines can get them without worrying about the cost
- encourage GPs and other health staff to work in poorer areas
- increase the kinds of services easily-accessible health professionals like nurses and pharmacists can deliver
- develop new ways of encouraging people to lead healthy lifestyles and set health promotion as a priority for all NHS services
- attract more people to fulfilling jobs within the NHS that boost their self-esteem and sense of well-being
- develop a framework for delivering health services to people living in remote and rural parts of Scotland, whose access to services may be very limited.

# A Safe Service in Hospitals...

People in Scotland are concerned about their personal safety in the NHS. We've set up the Scottish Patient Safety Alliance to make sure that our services are as safe as possible. The alliance will support staff in improving safety at the bedside, in operating theatres, in clinics – in fact, everywhere NHS staff help patients.

People have particular worries about the risks from Healthcare Associated Infections (HAI). It used to be that terms like "MRSA", "*C. difficile*" and "novovirus" were only used by healthcare experts and scientists. Now they are familiar to most people and are embedded in our everyday language.

But understanding what they mean and doing something about the problems they bring are two different things.

We take people's concerns about HAI very seriously. The HAI Task Force, which has been in place since 2003, has been driving a range of measures – guidance for practice, education for staff and awareness-raising campaigns for the public – to try and allay those fears.

We're now in a position to give a massive boost to the fight against HAI by making £54m available to back new measures the HAI Task Force can take forward. This will enable us to:

- introduce a national MRSA screening programme from 2009/10 so that people coming into hospital with MRSA can be identified early
- raise the bar on hospital cleaning standards

- continue to monitor how well NHS staff wash their hands – hand hygiene is the most important thing we can all do to reduce HAI
- reduce the number of bloodstream infections and other serious illnesses caused by HAI.

This massive increase in investment shows how important tackling HAI is to the Scottish Government and the people of Scotland.



## A Flexible Service in the Community...

Many of the people who took part in the national consultation on *Better Health, Better Care* told us they wanted GP practice opening times to fit in with their daily lives.

That doesn't mean people want GP services to be open every hour of every day. But many people would like to be able to go to the GP in the early morning before work, in their lunch breaks, in the evenings after work or on weekend mornings.

We're working with GP organisations in Scotland and others to come to an agreement on opening hours that will better fit with people's lives. We're also looking to get agreement on:

- a guarantee of seeing a member of the GP team within 48 hours
- a system to allow patients to book ahead with the GP of their choice
- better use of telephone and, where appropriate, e-mail for consultations
- a drive to improve patients' experiences of GP services.

More generally, services in the community, often delivered jointly by the NHS and local authorities, aim to help all people to enjoy healthy, productive lives and increase their sense of well-being.

This means that **patients living with long-term medical conditions and their carers** should have the information and support they need to manage their condition on a day-to-day basis, in the knowledge that the NHS is there for them when they need it. We're working with the Long Term Conditions Alliance Scotland to develop practical ways of helping individuals and their families to achieve this.

By April 2009, working in partnership with the voluntary sector, we'll introduce a national Health Information and Support Service to make sure that patients and carers can get clear, accurate and up-to-date information when they need it.

Many people need **rehabilitation** after illness, injury or time in hospital. We support the model of rehabilitation set out in the *Delivery Framework for Adult Rehabilitation* and see it as a powerful tool for helping people to get back to their normal lives and jobs.

The development of walk-in services provided by **Community Pharmacies** paves the way for patients to get easy access to valuable advice, support and treatment on a range of health issues. We've begun work in five NHS board areas to test how an even wider range of services from community pharmacies could benefit patients and communities.

And we're determined to ensure that **older people** get the services and support they need to live as independently as they can, whether they are living at home, with carers or in a care home. We will continue the policy of free personal and nursing care for older people, raising levels of payment and boosting standards of care through effective monitoring and regulation.



## A Priority-focused Service...

The national consultation on *Better Health, Better Care* confirmed for us that the main clinical priority areas for Scotland remain as:

- coronary heart disease
- strokes
- cancers
- mental health.

These are the conditions that produce the greatest number of cases of serious illness, and cause the greatest number of deaths.

There is no doubt that NHSScotland is getting better at diagnosing and treating these conditions. Positive health promotion messages, quicker diagnosis and better treatments mean that the numbers of people dying from these diseases are reducing.

This is all good news. But there can be no room for complacency.

Rates of death from heart disease, strokes and cancer, while reducing, remain high in Scotland when you compare them with other countries in Western Europe. And too many people with mental health problems are still either being missed by services or are receiving drug treatments when other forms of therapy might be better for them.

We feel that now is the time to make NHSScotland even better. We've therefore committed to revising Scotland's national strategies on coronary heart disease, strokes and cancer with a view to putting the emphasis on prevention and promotion of health.

We've also set mental health as a priority. We're committed to delivering change and improvement through our published 18 national targets and commitments, including a new target on dementia care, and have published new standards for services responding to the needs of, for instance, people with depression, dementia and schizophrenia. Overall, our focus remains on achieving improved quality of life and better mental health for everyone in Scotland.



# **An Efficient and Environmentally-friendly Service...**

We want to make sure that every penny of tax-payers' money spent on the NHS is put to good use.

We're continuing with established methods of monitoring efficiency in the service and introducing some new ones to make sure you get value for money for your investment in the NHS. We'll continue to invest in new information technology to help services become more efficient.

We're also aware that many people are concerned about the environmental impact of the NHS. Each NHS board in Scotland has to report every year on its use of gas and electricity, how much toxic gas is emitted from its buildings, how much water it uses, how it disposes of clinical waste and how much of its by-products are being recycled.

The service has managed to achieve an almost 40% reduction in carbon dioxide emissions over the last 20 years. We're determined to ensure it makes similar advances in other ways of protecting the environment and in sustaining natural resources as we move forward.

We'll also ensure that any new NHS buildings reflect environmental considerations in their design.

## A Timely Service...

From December 2011, the maximum time you'll have to wait for non-urgent treatment will be 18 weeks from when your GP refers you to the hospital. Most patients – those who need urgent or emergency treatment – will wait far less than this.

It's important that everyone understands what the 18-week standard means. It doesn't mean 18 weeks from seeing your GP to seeing the hospital consultant in an outpatient department. It means that within that 18-week period, you'll be referred by your GP, be assessed by the hospital and begin your treatment.

The NHS is going to face some challenges in achieving this standard. That's why we're supporting NHS boards to make best use of their current capacity and encouraging them to use other resources, such as primary care-based diagnosis and treatment services and electronic means of assessing patients (telemedicine), to meet demand. We're also investing an additional £270m over three years to improve the range and quality of services available across the country.

The 18-week Referral to Treatment Standard is about improving patients' experience of the NHS. It's about ensuring that all patients who need non-urgent treatment receive high-quality care without any unnecessary delay and all the worries and stress that delays can cause.

The 18-week standard means that patients will:

- get faster access to treatment and care
- spend less time in hospital for tests and treatments as more services will be provided by GPs and other community services

- attend fewer hospital appointments as services become reorganised
- face less disruption to their daily lives
- understand better what they can expect from their treatment and care, and when to expect it.

As we move towards full introduction of the standard in December 2011, we'll reduce the longest wait for a first outpatient appointment to 15 weeks, the wait for diagnostic test to six weeks and the wait for inpatient or day case treatment to 15 weeks by the end of March 2009.



# A Service to be Proud of...

## **There is so much to be proud of in our NHS.**

Year on year, we're seeing improvements in the rapidity with which patients can be diagnosed and treated. Many of the NHS services that used to be available only in hospitals can now be accessed in community settings, close to where people live. And the skills of our NHS staff are being developed and extended in exciting ways, opening the door to new ways of delivering services to the public.

But we must not shy away from seeking further progress and improvement. We're convinced that the best way to get progress and improvement is by harnessing the energies of the people of Scotland, engaging with them as partners in, and co-owners of, the service.

We believe the *Better Health, Better Care: Action Plan*, built as it is on what the people of Scotland told us they wanted during the national consultation process, lays the foundation for a truly mutual health NHS in which everyone has rights, and everyone has responsibilities.

Having read through this summary of the Action Plan, we hope you'll agree that the actions we've set in place will truly lead to Better Health and Better Care for all the people of Scotland.



The Scottish  
Government

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