Supplementary submission from Healthcare Improvement Scotland

Multi-Agency inspection of services for older people (MAISOP)

Our predecessor organisation, NHS Quality Improvement Scotland, worked with SWIA and the Care Commission on the multi-agency inspection of older people’s care. The full report of this work is available on the Scottish Government website and provides a comprehensive overview of the model and methodology used in the inspection processes.

www.scotland.gov.uk/Publications/2007/05/17084203/0

The pilot inspection reports are available on the Care Inspectorate’s website:


Healthcare Improvement Scotland believes that this is a good model to consider for the comprehensive review of care for older people. The methodology would require revision and updating if it was to be used more comprehensively but is a good starting point.

As a result of the request from the Cabinet Secretary for Health, Wellbeing and Cities in June of this year, we have updated elements of the NHS Quality Improvement Scotland’s Standards for Care of Older People in Acute Hospitals for the inspections we are about to undertake from November this year. Work would be required to test if these could be further adapted for healthcare services in the community and in home settings.

Development of Cancer Quality Indicators

The Healthcare Improvement Scotland Board received a paper about the development of clinical quality indicators for cancer. This is attached for information. We are considering how we will take forward a rolling programme of production of indicators for other cancers.

We have also recently concluded work on primary care indicators for out of hours services. They can be accessed from the following weblink:

http://www.healthcareimprovementscotland.org/programmes/primary_care/out-of-hours_services/draft_quality_indicators.aspx

Scottish Health Council

Also attached is a briefing on the Scottish Health Council and details of the local office contacts.
Reducing variation, waste and harm in healthcare

Healthcare Improvement Scotland has several examples of working with the NHS to reduce variation, waste and harm in healthcare provision. The best example is the Scottish Patient Safety Programme which has been running since January 2008.

http://www.patientsafetyalliance.scot.nhs.uk/programme/about

We have adopted, and adapted where necessary for the Scottish context, evidence based bundles of interventions from the Institute for Healthcare Improvement in Boston, USA, that are known to improve patient safety and clinical outcomes when they are applied reliably in clinical practice. The main programme has been running in acute hospitals. As a result of the Healthcare Quality Strategy our organisation is working with Scottish Government colleagues to pilot work on safety in primary care and develop a programme for mental health services.

Our work on tissue viability to prevent pressure ulcers has demonstrated how prevention can reduce the number of pressure ulcers for vulnerable patients in hospital and reduce costs and improve outcomes for patients.

In addition to these safety programmes, we have a range of other improvement activity that aims to reduce variation in the delivery of care for a number of mental health conditions with the development of integrated care pathways.

http://www.icptoolkit.org/home.aspx

With regard to community health services, the main work demonstrating how better integrated and managed care can deliver cost effective care for our ageing population can be found in the work developed by NHS Highland and Highland Council known as the integrated resource framework.

Details can be accessed from the “Shifting the balance of care” website on the following weblink:

www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives-resource-framework/
The Scottish Health Council was established in April 2005 following the dissolution of Local Health Councils. The Scottish Health Council consists of 14 Local Offices across Scotland and a National Office in Glasgow. It is a committee of Healthcare Improvement Scotland, and we maximise opportunities to work jointly with colleagues in the broader organisation. The Chair of the Scottish Health Council is a Board member of Healthcare Improvement Scotland.

The role of the Scottish Health Council is to support, ensure and monitor NHS Boards’ performance of their duties relating to patient and public involvement, including the promotion of equal opportunities in the area of patient focus and public involvement. The organisation is not a ‘patients voice’ and does not have a role to represent or advocate on behalf of patients and the public, but exists to promote the practice of engagement and consultation by NHS Scotland. One of its roles is to monitor Boards’ public engagement and consultation activity around major service change, and to provide a report on the quality of their engagement and consultation, with particular reference to whether the Board has adhered to Scottish Government guidance. Other roles include Community Engagement and Improvement Support (Local Offices working with Boards and local communities to facilitate engagement); Participation Review (the development of the Participation Standard and review of Boards activities); and the Participation Network (sharing good practice and producing guidance and toolkits).

Recently, the Scottish Health Council has been providing assistance to the Healthcare Environment Inspectorate (another constituent part of Healthcare Improvement Scotland) in its patient and public engagement around inspections of services, including the establishment of inspections of acute services for older people. The Scottish Health Council however plays no role in the inspection activity. In the past, the Scottish Health Council has also provided secretariat and support services to the Independent Scrutiny Panels established by the Cabinet Secretary to provide clinical and financial scrutiny of Boards’ proposals for major service change. Our Chair, Pam Whittle CBE, and I would be very happy to meet with members of the Health and Sport Committee to discuss any aspect of our work.

Richard Norris
Director
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