

Report of Secretary for Scotland to Guild Council Meeting 19/5/11

Group Meetings

There have been no meetings since my last report to Council.

In the Press

16/2/2011 NHS boards across Scotland will have to find savings worth £300 million over the next year amid claims the latest efficiency drive would “inevitably” lead to further cuts in staff. Health Secretary Nicola Sturgeon claimed the efficiency savings could be made without cutting the quality of service and that it would help boost morale as nursing staff spend less time on administration and more on patient care. She also said about £1 billion would be saved by 2015. She said: “The new efficiency and productivity framework will support the delivery of even tougher targets for NHS boards. “Although no decisions have been taken about efficiency targets beyond this financial year, if the current level of 3% was maintained until 2015, this would save about £1bn”.

20/2/11 The Scottish Government welcomed the report and recommendations of the No Fault Compensation Review Group which backed a Scottish Government plan to reform the system of NHS compensation claims. The group concluded that:

- the current system for dealing with claims in relation to injuries sustained during NHS treatment does not meet the needs of patients, and potentially creates an atmosphere of tension between patients and their healthcare providers;
- patients are more interested in a meaningful apology, an explanation and assurances about future practice and this has been reinforced by the empirical research undertaken as part of the review.

The report set out the Group’s view on the essential criteria for a compensation scheme and recommended that consideration should be given to the establishment of a no fault scheme for medical injury, along the lines of the system in operation in Sweden. The report, published on the Scottish Government website (<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/No-faultCompensation>), provides a framework on which a no fault system should be based and also identifies problems with the current system and makes a recommendation that action be taken to address these.

The group suggested that more patients could have claims resolved under such a system than achieve resolution through the courts at the moment – and preliminary analysis suggested that it is possible it could be achieved for around the same costs as the NHS currently pays in compensation and legal fees.

23/02/2011 New minimum standards for MRSA screening in Scottish hospitals were unveiled. Health Secretary Nicola Sturgeon accepted the MRSA National Programme Board's recommendations which will see more patients routinely screened for MRSA. The expert group's reports recommended that all patients should be screened on admission - or before admission in

the case of planned admissions - using a clinical risk assessment approach to identify risk. Where a patient is identified as being at risk, they will have swabs taken for further laboratory testing. Patients in five high risk specialties - renal, cardiothoracic, vascular, intensive care and orthopaedics - will be routinely tested using swabbing.

24/02/2011 A package of measures to improve patients' experience of the NHS became enshrined in law for the first time as the Patient Rights (Scotland) Bill was passed. A legal treatment time guarantee and a legal right to complain are among the package of measures passed by the Scottish Parliament. Measures in the bill include a 12-week treatment time guarantee; provision for a patient advice and support service; and a duty on Scottish Ministers to publish a Charter of Patient Rights and Responsibilities. The Treatment Time Guarantee will ensure that eligible patients start treatment within 12 weeks of the treatment being agreed. This will cover planned and elective care that is carried out on an inpatient or day case basis. The Patient Advice and Support Service (PASS) will help and support patients to make complaints, provide information about health services and direct patients to other types of support such as advocacy. Health boards now have a duty to publicise the details of PASS to patients making complaints and to ensure an adequate complaints process is in place. The bill also places a duty on NHS bodies to encourage patients to give feedback or comments, or raise complaints on the care they have received. Scottish Ministers may give directions to relevant NHS bodies regarding the use of conciliation or mediation to try to resolve complaints.

1 Mar 2011 Experimental elections to two health boards in Scotland have cost more than £1.5 million. Fewer than 25% of eligible voters took part in the polls to elect members to NHS Fife and NHS Dumfries and Galloway. The Scottish Government has revealed the final bill for the process will be £1.6m by the time the final evaluation of the trial is published next year. Staff bodies have said that in the current financial climate the money is needed to fund frontline care. Last week managers across NHS Scotland said a radical shake-up of services, including the centralisation of hospital departments, will be necessary to cope with tightening budgets. The idea of electing health board members has grown amid a desire to give the public a greater say in NHS decision-making. When the bill for introducing ballots was first introduced at Holyrood, it was predicted the process would cost 7.5p per voter, based on a 30% turnout. The pilot has cost around £24 per voter – although this includes the bill for academics to evaluate the process. If the pilot scheme were to be adopted and health board elections were rolled out across Scotland, the estimated cost would now be more than £20m. Both NHS Fife and NHS Dumfries and Galloway published plans to cut staff during the current financial year. The former intended to scrap 54 jobs and the latter 32 staff. The latest NHS Fife papers show the board has overspent its core budget by £953,000. The cost of delivering the election in Fife was £473,580 and the turnout less than 14%. In Dumfries and Galloway the bill was £299,406 and the turnout 22.4%. The Scottish Government has picked up these costs.

02/03/2011 The Scottish Parliament's Health Committee passed the legislation that will result in prescriptions for all patients in Scotland being free from April 1.

15/03/2011 Scotland's health service has hit a target to deliver nearly 150,000 alcohol brief interventions ahead of schedule. The Health Secretary also confirmed that health boards are making good progress towards achieving the current stop smoking targets. Cutting smoking rates and reducing alcohol consumption are both key drivers in the Scottish Government's efforts to improve the nation's health. Alcohol brief interventions are used when someone visits their GP or

hospital and it is clear to the professionals that alcohol may be a factor in their ill-health. They typically take the form of short motivational interviews, in which the costs of drinking and the benefits of cutting down are discussed, along with information about health risks. In 2008-09 Scottish Government introduced a three year NHS target requiring boards to deliver 149,449 alcohol brief interventions between 2008-09 and 2010-11, in primary care, antenatal care and Emergency Departments. February 2011 performance management reports from NHS Boards have advised the Scottish Government that 150,876 alcohol brief interventions were delivered between April 2008 and February 2011. The total number of interventions up to the end of March will be published as official ISD statistics in June 2011. For smoking cessation, the target was for NHS Boards to support 8 per cent of their smoking population to successfully quit (at one month post quit) over the period 2008/09 - 2010/11.

15/03/2011 Ten million pounds is to be invested over four years to improve care by growing the Scottish telehealthcare sector. The project - jointly announced by the Scottish Government and the Technology Strategy Board - will show how new technologies and innovative services can help improve the quality of life of, and support independent living for, older people and people living with long-term conditions. The demonstration programme will involve at least 10,000 older people and people with disabilities. The key objective behind the demonstrator is to help break the barrier between new healthcare technology and the implementation and use of the technology in the public sector, such as NHSScotland, the private sector, for example in housing and in the insurance sector and the third sector, including by charities and social enterprises. Other key agencies involved in the development of the demonstrator are NHS 24, Highlands & Island Enterprise and Scottish Enterprise. The demonstrator will also show how cost savings could be made alongside the provision of improved health benefits for both public and private provision, while opening new markets in social innovation, service innovation and wellness.

18/3/2011 A study, published by NHS Health Scotland, revealed that Scots are drinking an extra 1.2 litres of pure alcohol annually compared with 1994. The 11 per cent increase to 11.9 litres for everyone 16 and over is the equivalent of an extra four bottles of spirits a year. Alcohol-related deaths are three times higher and hospital admissions are four times higher than in the early 1980s. The Scottish Government-commissioned report also showed how alcohol was hitting the poorest hardest. In 2009, alcohol-related deaths were more than six times higher in the most deprived fifth of the population than in the most affluent.

1/4/11 Healthcare Improvement Scotland (HIS) is a new organisation created to take over the work previously done by NHS Quality Improvement Scotland (NHSQIS) and the Care Commission. One of the main purposes of this independent organisation is to support healthcare providers to deliver high quality care and scrutinise those services to provide public assurance about the quality and safety of that care. It will include all component parts of NHSQIS - Health Environment Inspectorate (HEI), Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Health Council.

1/4/11 Scotland has joined Northern Ireland and Wales in abolishing prescription fees - leaving England as the only part of the UK to charge for them. Prescription charges have been falling in Scotland for the last three years and stood at £3 before the 1 April change, which will mean the Scottish government losing out on £57m a year. Under devolution, Wales was the first part of the UK to make prescriptions free - four years ago - and Northern Ireland followed in 2010.

1/4/11 Social Care and Social Work Improvement Scotland (SCSWIS) has been established and will replace the Care Commission and the Social Work Inspection Agency. SCSWIS will regulate,

inspect and support improvement of care, social work and child protection services and carry out social work and child protection inspections. The child protection work previously done by HMIE has also passed to SCSWIS. Independent healthcare regulation has passed to Healthcare Improvement Scotland. Funding is to come from the registration and continuation fees they charge and from the Scottish Government.

1/4/11 The Scottish National Party launched its manifesto with pledges to protect the health budget, support the NHS to make a further £300m in efficiency savings in the next year to be reinvested in the health service and a guarantee of no compulsory redundancies in the NHS. The party also pledges to reduce the number of senior managers working in the NHS by 25%, drive forward the implementation of the NHS Quality Strategy, keep waiting times low, continue to reject UK Government reform of the NHS in England and roll out family nurse partnerships across Scotland to provide support for teenage mothers and children. An SNP Government would also start a four-year pilot to test the effectiveness of universal, face-to-face 'health MOTs' for the over 40s.

6/5/11 The SNP won a resounding victory in the Scottish Parliament elections. Alex Salmond will continue to serve as First Minister after the most decisive and crushing result ever seen in a Scottish parliamentary election. Despite the Scottish system being specifically designed to stop one party from ever winning an outright majority, the Nationalists have done just that, with Labour losing many "safe" seats and the Lib Dems being confined to Orkney and Shetland. The leaders of the three main opposition parties have all resigned.

The final distribution of seats in the Scottish Parliament is:

Scottish National Party	69	(+23)
Labour	37	(-7)
Conservative	15	(-5)
Liberal Democrats	5	(-12)
Green	2	(no change)
Independent	1	(no change)
Total	129	

11/5/11 A report praised NHS Scotland for its 'advanced' approach to relations between workers and bosses and stated that the NHS in Scotland should serve as a role model for reform for the public sector due to its 'groundbreaking' work on industrial relations. Academics from Nottingham University Business School studied NHS Scotland and NHS Wales for the research. NHS Scotland has developed partnership agreements at national and board level in a strategy to engage staff in improving services. Dr Peter Samuel, of Nottingham University, said: "We could not believe it - it is an incredibly intricate structure in Scotland. We had no idea Scotland was this advanced. Although partnerships are found elsewhere in the public sector, NHS Scotland's stands out as distinct and novel. Anyone wanting to understand how government, employers and staff should work together to deal with challenges can learn from it. Wales has a similar structure, but it has not been going as long and is catching up with Scotland. It's astonishing this has not been studied before, Scotland in particular."

AfC

There have been some updates on the Review results in *Greater Glasgow & Clyde* for those staff for whom the process is not yet complete. A report of the remaining pharmacist reviews has gone to the sub-group of the Area Partnership Forum but I am led to be.

Unite Health Service Education School 31.3-1.4.11

A separate report of this education school is circulated with this report..

Unlicensed Medicines Review

Work continues on the business case for a single site for the manufacture of unlicensed medicines in Scotland. It has been confirmed that capital funding is unlikely to be available for the project, given the current government capital commitments.

Other

I have dealt with a number of member queries and one new membership application.

Colin Rodden
12.5.11