

Report of Secretary for Scotland to Guild Council Meeting 17/5/12

Group Meetings

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

In the Press

23/2/2012 Health Secretary Nicola Sturgeon ordered an investigation into procedures at NHS Ayrshire and Arran as the health board had been severely criticised for withholding more than 50 reports on serious incidents at its hospitals and clinics. They refused to release the critical incident and adverse event reports to staff. The documents, released after a Freedom of Information (FOI) request made by one of NHS Ayrshire and Arran's own nurses, covered events including 20 patient deaths. The Information Commissioner said there had been a "catalogue of failings" by the board which may have been the most serious breach of FOI laws with which he had ever dealt.

23/2/2012 An Audit Scotland report stated that Scotland had made good progress in reducing the numbers of people affected by heart disease, including a reduction in deaths, and that the NHS could save at least £4 million a year by making cardiology services more efficient. More than 182,000 people in Scotland – 3.3% of the country's population – have heart disease and it kills more than 8,000 people a year. Death rates have fallen by 40% in 10 years, more patients are getting better treatment and waiting times for treatment have reduced.

6/3/2012 The Royal Pharmaceutical Society (RPS) in Scotland has launched a new report that calls for radical changes to the way pharmaceutical care is provided in care homes. The report calls for:

- Dedicated roles for pharmacists that are integrated with those of other health professionals working in care homes
- Clinical information and prescribing data to be shared with pharmacists working in care homes to improve the safe and effective use of medicines
- Reducing the use of psychoactive medication and more frequent patient medication reviews to improve patient safety and care.
- Consider greater use of the model of one pharmacist and one GP to each care home to improve the quality of pharmaceutical care and team work.

With increasing numbers of frail older people living with long term conditions and increasingly complex requirements, many with palliative care needs, some care homes are now providing aspects of care which historically would have been provided in hospital and should be resourced and managed as such.

9/3/2012 The Royal College of General Practitioners (Scotland) and the Royal Pharmaceutical Society in Scotland have announced a joint initiative to improve patient care. The Health Secretary commented: "I very much welcome this joint statement by the GP and Pharmacist professional bodies in Scotland, which underpins their commitment and proactive approach to collaborative working for the benefit of patients. We will work with the RCGP and RPS in moving forward the recommendations and actions highlighted in the statement."

11/3/2012 Health Secretary Nicola Sturgeon warned Scotland's health budget could be hit by changes being proposed by the UK Government. She there was a "very real risk" to the Scottish NHS in an amendment tabled to the health bill at Westminster would allow hospitals in England to use up to 49% of their beds and operating theatre time treating private patients. She said the danger to Scotland was financial - "As hospitals in England get more of their money from private patients, I believe that we will see future UK Governments freeze or reduce public funding for the NHS. They will still claim that NHS funding is protected, but the reality will be that less of it will come from the public purse." The Barnett Formula meant that this would directly impact on Scotland's budget.

14/3/2012 The SNP government's plan to introduce alcohol minimum pricing was formally endorsed by MSPs last night. Health Secretary Nicola Sturgeon confirmed the government would back an amendment which would allow Parliament to review the effectiveness of the policy after five years. A new survey reported that children as young as ten are more familiar with leading alcohol brands than popular snacks. 79% of over 400 children aged 10 and 11 correctly recognised Carlsberg as an alcoholic drink - higher than the percentage recognising Ben & Jerry's as a brand of ice cream (74%) and Mr Kipling cakes as a food (41%).

13/3/2012 NHS Education for Scotland has appointed the University of the West of Scotland, in partnership with Alzheimer Scotland, to deliver training as part of the national Dementia Champions programme. Following the graduation of the scheme's first participants last month, made up of nurses and allied health professionals, the second group will include professionals in acute hospitals and hospital-linked social care services. Cabinet Secretary for Health, Nicola Sturgeon, also reaffirmed her commitment to a new national post-diagnostic support target for people with dementia. She also welcomed the start of work by Dementia Champions, trained by the University of the West of Scotland and Alzheimer Scotland.

20/4/2012 NHS Lothian confirmed it is taking legal advice over its contract with the private company which runs the Edinburgh Royal Infirmary, after workers cut off the power by mistake, forcing a surgeon to complete an operation by torchlight. Two of the hospital's operating theatres were affected and a back up system failed to start. Apparently, the incidents had occurred more than once and the power failures were serious and potentially life-threatening. Planned maintenance was due to be carried out on the power supply after surgery was complete, but power was cut before it was meant to be.

17/04/2012 Health boards across the north and north-east of Scotland are being forced to reduce their budgets by £42million to balance finances. NHS Grampian is cutting its £713.1million budget by £12million - a 1.7% reduction. NHS Highland is planning to make £23.8million of savings in 2012-13 - the third-biggest cut after NHS Greater Glasgow and Clyde and NHS Lothian, which are reducing their budgets by £58million and £27million respectively. The main cost pressure was reported to be increased volume of prescribed drugs due to an ageing population and earlier treatment of diseases. It is reported that Scotland's 14 territorial health boards plan to cut budgets by a total of £226.7million this year, despite the Scottish Government boosting NHS revenue funding by £1billion to £7.76billion in 2012-13.

19/4/2012 NHS Lothian is offering people a recording of the hospital appointment at which they are told how serious their cancer is. It is part of a trial to help patients understand the complex information they are given at their consultation and remember more of it. Audio recordings are being offered to patients attending prostate cancer clinics and the sole CD recording is given to the patient, with no copy retained by the health board. It allows patients to repeatedly listen to the consultation to ensure they extract all the information provided. Patients have been very positive about the recordings because, although written patient information booklets are supplied before the appointment, the information given at the consultation is very specific to them and their surgeon. It allows proper participation in the decision making and ensures the patient is aware of the pros and cons of any approach. If the trial is successful, and if funding can be secured, audio recordings will be provided in other clinics.

Review of NHS Pharmaceutical Care of Patients in the Community - Scotland

A GHP response was submitted through the web survey for this piece of work. A meeting to provide oral evidence has been arranged for 30th May.

Deputy Chief Pharmaceutical Officer Vacancy Edinburgh

There is currently a vacancy for a Deputy Chief Pharmaceutical Officer in the Health and Healthcare Improvement Directorate in Edinburgh. Salary is £52,595 - £63,743

Unlicensed Medicines Review

Work continues on the business case for a single site for the manufacture of unlicensed medicines in Scotland. I attended the site selection meeting in April and the report will have gone to the Project Board by the time of the meeting.

Notes of Unite meeting 3rd May 2012

The meeting was addressed by Frank Keogh, the Chair of Unite's Health Sector Committee. He said that Unite and the other unions will be consulting on proposed changes to terms and conditions put forward by the employers within the very near future. Ian Forbes will send out a list of conditions which are under attack but these include sick pay and a suggestion that the top three pay points on each salary scale would cease to be used for automatic progression but to progress, staff would have to meet specific criteria.

Pensions: Discussions with the Cabinet Secretary begin on 11 May 2012. Fiona Farmer is the Unite representative; Jim Ito her reserve and they will be advised by Bryan Freake, Unite pension expert.

On-call: After the meeting last week, the management have put forward an offer which includes four main points -

1. An implementation date of 1 October 2012
2. £15.50 availability payment
3. payment of time and a half at substantive rate with no cap for the work done
4. 'Chisholm' principles will apply giving lifetime protection. Discussion to ensure that both sides have the same interpretation of 'Chisholm' principles is to take place.

The negotiations will continue next Friday. Thereafter the meetings are likely to be every week. Staff side also want detailed discussion on all the other points. Unite will be carrying out a ballot on the proposals before they are accepted/rejected and a Unite representatives meeting to discuss on-call will be held in the next few weeks.

There was some discussion on the contractual or voluntary basis of on-call and it was noted that any national agreement would not affect the contractual status. There will, however, be implications for current systems as all new systems must be Working Time Directive compliant.

New Unite branch structure: a new branch structure has been adopted by Unite so that branches will now be based on workplaces with 50 or more members. Most members will not notice any difference with this and will be informed during May and June to which branch they will now belong. All representatives, however, will need to be re-elected in June. They will serve a three-year term and then we'll have to be re-elected on an ongoing basis every third year in June. The new branches will then need to elect officials by 30 June.

Prescribing Review

The Secondary and Primary Care Interface Subgroup has yet to meet.

Other

I have dealt with a number of member queries, several new membership and new PII applications.

Colin Rodden
11.5.12