

NHSSCOTLAND QUALITY STRATEGY QUESTION AND ANSWERS

Q Why do we need a Quality Strategy?

A NHSScotland has a long and strong tradition of providing high quality healthcare to the population. Starting from our history of excellence in professional education, through the development of clinical audit, the use of patient records to improve outcomes, the creation of the SIGN guideline system, the introduction of statutory systems of clinical governance and risk management and the world's first national Patient Safety Programme.

Quality matters. We are aware of the need for a reliable and responsive health service and the challenges in delivering high quality healthcare services. These include: increased public expectations; demographic change; an ageing population with long term conditions which place demands on the healthcare system; maximising opportunities from developments in technology and information; and the current economic climate which brings with it tightening of financial resources. It is important that we all share the same understanding of quality in healthcare to focus on what matters. The Quality Strategy will renew focus and momentum on addressing these current and future challenges.

We need a Quality Strategy which helps us build on what we have achieved and sets new goals for us all; goals that are based on the Institute of Medicine's framework of six dimensions, and reinforced by the messages users, carers and public have given us.

Q What will successful implementation of the Quality Strategy look like?

A The Quality Strategy is about three things:

- First, it is about putting people at the centre of our NHS. It will mean that the NHS will listen to their views, gather information about their perceptions and personal experience of care and respond to what people tell us,
- Secondly, it is about building on the values of our staff and their commitment to providing the best possible care reliably
- Thirdly, it is about making measurable improvement in the aspects of quality of care which patients and their families see as really important.

We want the implementation of the Quality Strategy to strengthen confidence and pride in our NHS. Confidence for the patient that the service is the best and highest quality – safe, effective and wholly supportive of the individual, i.e. person-centred. A good experience every time and all of the time. Confidence by staff that they are doing what they came into the NHS to do, that they are valued and involved in a programme with a focus on quality and to make NHSScotland a world leader. A national pride in our NHS and a recognition that it is the very best it can be.

Q What does the Quality Strategy cover – what is its scope?

A The shared ambition to deliver world-leading person-centred, safe and effective healthcare services will impact on every single person working with or for NHSScotland in supporting or providing care or treatment. This includes everyone delivering services in primary care, in the community, in hospitals and in all other care settings. It applies equally to activities focussed on supporting or delivering health improvement, anticipatory care, self management of established health conditions, planned or unplanned care and treatment, rehabilitation and end of life care.

Q Will this create more bureaucracy?

A NHS Boards are responsible for ensuring the quality of the services they provide. The Quality Strategy is not about more bureaucracy; it is about ensuring a fundamental and shared focus on providing our staff and services with the right tools, support, leadership and direction so that the NHS in Scotland consistently delivers better quality care which in turn delivers tangible benefits for staff, patients and carers. Using proven improvement techniques to make sure that people get the right care when they need it, has been demonstrated to reduce bureaucracy. Our plans for NHSScotland are ambitious and we will build on the successful approach demonstrated, for example, by the Scottish Patient Safety Programme.

Q How will we build on the Scottish Patient Safety Programme?

A The Scottish Patient Safety Programme is undoubtedly making a significant impact across the NHS in Scotland and around the world. Using innovative approaches to improvement, the Quality Strategy will focus on person-centredness, safety and effectiveness supported by initiatives such as the Scottish Patient Safety Programme (SPSP), the Scottish Patient Experience Programme (Better Together), the Efficiency and Productivity Programme and the Long Term Conditions action plan. In addition, we will be working with NES, QIS and other HR and workforce partners to implement new and tested approaches to improving person-centred care, for example tools to support 'relationship-based' care.

Q What does 'person-centredness' mean?

A Person-centred care means that we will provide care and services that meet the wider needs of an individual at any given time whilst being able to meet the needs of all those sharing in, or contributing to, the interaction or episode of care. It is about responding to the needs of the individual and on the outcome of intervention not just output.

Q We don't hear about 'mutuality' any more – has 'quality' taken its place?

A Mutuality is about working together as partners whether as patients with staff, or with our partners in providing healthcare services. Mutuality is a key component of the Quality Strategy approach – it's about putting people at the heart of what we do and meeting their needs.

Q How does this differ from Quality Improvement Scotland?

A NHS Quality Improvement Scotland (NHS QIS) is a Special Health Board that advises, supports and assesses how NHS Boards improve the quality, safety and effectiveness of the healthcare they provide. NHS QIS will work with NHSScotland to support implementation of the Quality Strategy.

Q What is the role of the Quality Alliance?

A The Quality Alliance will have a key role to develop and maintain a robust high-level shared ownership and responsibility for implementing the Quality Strategy. It will include senior representatives from all of the stakeholder bodies including NHS Boards, staff, patients and the Scottish Government. It will oversee progress on the wider commitments and changes required to implement the Quality Strategy

Q. What will those who work with, and for, NHSScotland be expected to do?

A One of the key messages we heard from NHS Boards was that this new approach to quality needs to be shared, owned and delivered by the people working directly with patients and other service users. Those who work with, and for, NHSScotland will be encouraged during February and March to reflect on how they currently work and to identify examples of high quality care as well as areas which could be improved upon. In particular, everyone will be asked to identify an initial specific action they plan to take personal responsibility for, to improve their impact on achieving the quality healthcare to which we aspire.

Q What are the public expected to do?

A The Quality Strategy represents a unique and important opportunity for all of us to work together to make our NHS even better, for everyone. This means patients and their families and carers will have the opportunity to take part in making decisions about care and treatment, understanding their responsibilities and rights. They will have information to better understand the options available to them so they can take advantage of the full range of support and care available. The Quality Strategy will be launched to the public in early April.

Q How can patients and carers contribute to delivering the quality agenda?

A They will be invited to feedback their thoughts, experiences and outcomes through a range of mechanisms including national and local activities and through relevant websites including NHS Inform, Scottish Health Council and the Better Together website. They will also have an ongoing opportunity to participate in discussions about how care and services are delivered in their own NHS Board area through the wide range of activities planned there.

Q Is it too ambitious to aim to be world leading in the current climate?

A The Quality Strategy aims for NHSScotland to be a world leader in healthcare delivery. We are making significant steps towards this every day through the excellent work already delivered. For example, Scotland is the first country in the world to implement a system-wide patient safety programme – this is already showing real benefits for patients in Scotland. Denmark has now decided to follow suit, and wants to learn from our approach. We have been described as being world leading in this area – we are confident that we are well placed to achieve this level of recognition across all our healthcare activity.

Q What about quality for staff, in terms of how they are treated by patients and carers and their managers?

A We often talk about respect and dignity being important to patients and carers. This is equally true for staff. Staff who feel valued, respected and involved have been shown to deliver higher quality care for their patients.

Q What does all this mean for primary care?

A We will actively explore, with the professions, in the weeks ahead exactly what this strategy will mean in practice for GPs and the wider primary care team. Primary care is at the heart of the NHS. It accounts for 90 per cent of patient contacts and is the gateway to the remaining 10 per cent. The Scottish Government will be hosting a series of regional events in March with the key leaders in primary care. Our aim is to determine together the key opportunities which lie ahead for primary care and the steps which need to be taken to ensure that primary care continues to provide a world-class service in this new decade and beyond.

Q How will quality be measured?

A A set of high-level measures that reflect our shared understanding of quality will be developed jointly by representatives of NHSScotland and SGHD. These are likely to be based on a combination of patient - and staff - reported experiences as well as clinical outcomes and measures of patient safety. The chosen measures for NHS Boards and NHSScotland will reflect the priorities outlined in the Quality Strategy, and will be sufficiently wide ranging that people working across all settings of the NHS can feel they are relevant. The measures will be based around, and capture change across, the six dimensions of quality (IoM). It is important to state that the measurement of quality will include the whole spectrum of services the NHS provides, from prevention and health improvement through to healthcare treatment.

Q Will the Scottish Government continue to agree targets with Health Boards?

A Yes, the Scottish Government is currently working with NHS Boards and other stakeholders to review the range of HEAT targets and performance measures to ensure that they align with the Quality Strategy for 2010-2011. Work is also underway to develop guidance and other communication materials to ensure the relationship between HEAT targets and other measures being developed through the Quality Strategy is clearly understood.

Q Will quality become part of health professionals' training?

A Health professionals, education and training at undergraduate and postgraduate levels already includes aspects of quality improvement and practice development. We will work with NHS Education for Scotland and with NHS Quality Improvement Scotland to ensure that in future all training, education and development explicitly covers all of the dimensions of quality and provides everyone with the knowledge and skills required to deliver person-centred, safe and effective care. The Quality Strategy will connect priorities to a set of clinical values shared by all healthcare professionals. It will support the development of quality improvement interventions designed to match patient and clinical priorities in the areas of person-centred care, safety and clinical effectiveness.

Q Will delivering quality cost more?

A No. The Quality Strategy approach supports an integrated and aligned NHS. This means reducing variation, avoiding harm, reducing healthcare associated infection, being more effective and efficient, reducing wastage and actively involving people in their own healthcare. Resources will be tight and consequently we all need to work together to use them efficiently and effectively. This is an opportunity as getting it wrong actually costs more.

Q What happens now?

A NHS Boards asked for time to share the proposals in the Quality Strategy with all staff and give them an opportunity to contribute their ideas. This is the early first stage of implementation. The Quality Strategy will be launched with public engagement in early April. The Quality Alliance will then be formed to support the implementation (as described earlier).