

Health priorities *for* Scotland



12 priorities to improve patient care and health outcomes
Executive summary

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The Royal College of Physicians of Edinburgh (RCPE) promotes the highest standards of patient care by supporting and educating specialist doctors (consultants) in the hospital sector throughout Scotland and the world.

This document sets out cost-effective measures to achieve 12 key priorities that our members believe should be the health goals of an incoming Government, to ensure safe, patient-centred medical care of the highest quality and improved public health.

Scotland has made important progress achieving these goals, for example, through the introduction of the Scottish Patient Safety Programme and the Healthcare Quality Strategy. However, much work remains to be done.

The current financial constraints present a challenge for an incoming Government, particularly in the face of increased demand for medical care driven by an ageing population, medical advances, rising patient expectations and limitations on working hours since the implementation of the European Working Time Regulations. The RCPE is concerned that patient access to care delivered by consultants is in jeopardy and that there is inadequate time to train the consultants of the future. These pressures also mean that continuity of care is under threat.



It is essential that we safeguard the future ability of the NHS Scotland to deliver safe, high-quality patient care. We need to ensure an adequately planned, trained and resourced medical workforce. Failure to do so will compromise patient safety.

Dr Neil Dewhurst, President RCPE, 2011

In addition, Scotland's public health challenges are many, with the NHS facing a 'disease burden determined by the choices people make' in eating poorly, being inactive, smoking and drinking at unsafe levels.¹ These choices contribute to the types of conditions that doctors see every day, such as obesity, diabetes, heart disease and liver disease.

To meet these challenges, policy makers must engage with those at the forefront of healthcare delivery. The RCPE understands that difficult decisions must be made and can assist to ensure that these are evidence-based, safeguarding patient safety and ensuring clinical needs are met.

While some of our priorities will take time to achieve, all need action within the next term of Government to ensure patients' interests are protected.

I urge political parties, candidates and Government to consider the priorities for healthcare set out in this document as they determine the healthcare agenda for Scotland.

A handwritten signature in black ink, appearing to read 'N. Dewhurst'.

Dr Neil Dewhurst
President, Royal College of Physicians of Edinburgh
March 2011

Patient safety

1. Protecting timely patient access to consultants

Involving consultants in direct clinical care saves lives and reduces hospital re-admission rates. However, access to consultant-delivered care is in jeopardy due to a number of factors such as increasing hospital admissions and the inflexibility of junior doctors' hours due to working time regulations.

The RCPE calls for:

- **More flexible working patterns for consultants (such as part-time, job sharing and new shift patterns) to deliver hands on care during on-call and out-of-hours periods.**
- **Improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rising demand for part-time working and the needs of an ageing population.**

2. Protecting time for training

Recent reports identify inadequate time for training, insufficient supervision and feedback provided to trainees and a lack of work relevant to their developmental needs.^{2,3} This jeopardises patient safety and quality of care, and risks us losing our top class future consultants to other countries.

The RCPE calls for:

- **Protected training time for trainee doctors by balancing service and training commitments.**
- **Time in job plans for supervisors to deliver training.**
- **Consideration of training time when planning future trainee and consultant numbers.**

3. Improving hospital care for acutely ill patients

Acute care units in hospitals deal with vulnerable or severely ill patients who require urgent or emergency care. Demand for acute care is rising, particularly among the elderly and chronically ill. However, bed availability, prompt access to consultants and diagnostic tests are inadequate in many Scottish hospitals.

The RCPE calls for:

- **Improved availability of consultants (on site and free from other duties) to manage acute admissions and regular ward rounds, supported by appropriately staffed teams.**
- **Improved out-of-hours availability of, and prompt access to, diagnostic services.**
- **A focus on alternatives to hospital admission (including the use of urgent outpatient referrals and intermediate, ambulatory, palliative and end-of-life care) to make better use of acute care beds.**
- **Improved clinical communication between primary and secondary care services to facilitate prompt, efficient care in the most appropriate setting for patients' needs 24/7.**
- **Standards for the practice of acute medicine and associated audit.**

4. Implementing standardised clinical documentation across Scotland, including electronic access to the patient record

Variations in clinical documentation and inefficiencies accessing patient records across Scotland place patients at risk. The method of recording basic clinical information varies between hospitals, contributing to errors and compromising patient safety. Standardisation is a simple but effective way to protect patients and improve quality of care.

The RCPE calls for:

- **A national prescribing chart.**
- **A national early warning score chart.**
- **The implementation of an electronic patient record.**



Quality care

5. Improving continuity of care

Working time regulations, which limit the number of hours junior doctors can work, coupled with an inconsistent approach to workforce planning, have adversely affected continuity of care. This has resulted in difficult shift patterns and multiple handovers, increasing risks to patients.

The RCPE calls for:

- A relaxation of the working time regulations to increase shift flexibility.
- Interim measures to maintain an adequate medical workforce.
- Workforce planning based on service and training needs, supported by accurate baseline data.

7. Implementing medical audits

Measuring the effectiveness of medical care supports improvement and ensures safety and quality for patients. Audit also enables policy makers to prioritise expenditure more effectively.

The RCPE calls for:

- A national audit infrastructure to promote local quality improvement projects.
- A strategy to audit medical consultant activity at both the national and local level to improve the quality of clinical data available to consultants.



6. Ensuring care is based on evidence-based clinical standards that focus on patient outcomes

The development of evidence-based clinical standards (medicine based on the best available scientific evidence) has enhanced patient care. This can be improved further by better implementation and by ensuring a focus on patient outcomes.

The RCPE calls for:

- A quality improvement infrastructure that will facilitate the translation of research into practice and set and monitor standards and promote clinical evidence and excellence throughout NHS Scotland.
- Continued support for the work of Scottish Intercollegiate Guidelines Network (SIGN) and Cochrane Review groups to enable the ongoing development of evidence-based guidelines.
- Support for the implementation of SIGN guidelines and other evidence-based clinical standards developed by medical colleges and specialist societies.

8. Supporting patients with long-term conditions to participate in their own care

Managing patients with long-term or chronic conditions is one of the biggest challenges facing NHS Scotland. It is estimated that around one million people in Scotland have at least one long-term condition.⁴ It is important that, where appropriate, patients are treated in a community setting and are empowered to be active participants in their own care.

The RCPE calls for:

- Consultants and other members of multi-disciplinary medical teams to have adequate time for patients with long-term or chronic conditions to promote patients' understanding and active participation in their own care.
- Access to specialist nursing care for patients with chronic or long-term conditions.
- Improved communication between primary and secondary care professionals supporting patients with chronic or long-term conditions.

9. Preventing and combating obesity

Obesity levels in Scotland have now reached epidemic levels and are the second highest in the developed world after the US. In 2008, 26.8% of adults in Scotland were obese and 65.1% were overweight; for children the corresponding rates were 15.1% and 31.7%.⁵ Preventative measures targeted at adults are necessary to ensure children do not follow their parents into obesity. Prevention is both better for patients and more cost-effective than treatment. However, action is also necessary to assist those who are overweight or obese.

The RCPE calls for:

- Preventative measures such as reduced food portion/pack sizes and focusing preventative and health promotion efforts on parents to combat weight issues among children.
- Enhanced awareness of the increased numbers suffering from extreme obesity and obesity in old age.
- The incorporation of early anti-obesity measures into patient management across a wide range of medical specialties.
- Greater access to treatments such as bariatric surgery for patients who are extremely obese or have a clear medical need.



11. Reducing alcohol consumption

The recognition that alcohol has become one of Scotland's major killers has rightly placed action to reduce excessive alcohol consumption in the political spotlight. There is now widespread recognition of the link between the price and affordability of alcohol, its excessive consumption and the resultant harm. While welcoming the measures taken so far, the RCPE urges all political parties to reconsider the introduction of a minimum pricing policy which would target those most at risk and thereby offer the greatest impact in tackling Scotland's huge alcohol problem.

The RCPE calls for:

- A minimum pricing policy for alcohol.

10. Reducing the number of people smoking

Every day, 35 people die in Scotland as a result of tobacco-related illnesses. Conservative estimates place the societal cost of tobacco use at nearly £1.1 billion each year, with the NHS spending £271 million on the treatment of smoking-attributable diseases.⁶ We must continue to build on the recent successes of new laws to ensure smoke-free public places, prevention and cessation programmes and the strengthening of laws in relation to tobacco sales.

The RCPE calls for:

- A new tobacco control strategy for Scotland.
- Greater availability of specialist support for smoking cessation to encourage uptake.
- The declaration and enforcement of smoke-free NHS premises and land.

12. Reducing hospital infection rates and antibiotic resistance

Despite recent improvements in hospital infection rates, including methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*, current efforts must be maintained to guard against lapses which could quickly lead to increased infection rates and related deaths. It is imperative that epidemics are not simply seen as requiring a one-off control strategy at the time of the outbreak. The recently published national standards for screening for MRSA infections in Scottish hospitals must be implemented.

The RCPE calls for:

- Sustained efforts at the local level to combat healthcare-acquired infections (HAI) and antibiotic resistance.
- Continued support for the work of the HAI Taskforce.

The Royal College of Physicians of Edinburgh

The Royal College of Physicians (RCPE) is a professional standard-setting body and membership organisation concerned with promoting the highest quality of patient care, predominantly in the hospital sector, both nationally and internationally.

Along with our sister Colleges in Glasgow and London, we are responsible for overseeing:

- **Examinations** for entry into specialist training in the UK for doctors who wish to undertake postgraduate training to become hospital consultants. The Membership of the Royal College of Physicians (UK) exam is an internationally recognised standard of clinical excellence.
- **Training** of UK doctors through the Joint Royal Colleges of Physicians' Training Board which oversees the development of curricula for trainee doctors in 30 specialty areas of medicine.

In parallel to our standard-setting activities, the RCPE provides education and support to around 10,000 Fellows and Members worldwide, including around 2,500 in Scotland, covering 30 medical specialties as diverse as palliative medicine and cardiology.

The RCPE also acts in an advisory capacity to Government and other organisations on aspects of healthcare and medical education and seeks to ensure that the views and practical clinical experience of our members are taken into account by policymakers when developing health policy. The RCPE is also committed to championing patients' interests and has a strong tradition of influencing public health, most notably in relation to smoking and alcohol.

Further information

The full version of Health Priorities for Scotland is available online at:
www.rcpe.ac.uk/policy/health_priorities.php

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For further information on the RCPE please visit www.rcpe.ac.uk or call 0131 225 7324.

References

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- 2 NHS Scotland. *A health and well-being profile of Scotland*. 2004.
- 3 Collins J. *Foundation for excellence: an evaluation of the Foundation Programme*. London: Medical Education England; 2010.
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