The Modern Outpatient: A Collaborative Approach 2017-2020
Scottish Government Consultation

Background

Thank you for the opportunity to comment on The Modern Outpatient. In our response we focus in particular on those aspects of the programme which align to the work of Healthcare Improvement Scotland.

We are one organisation with many parts and one purpose - to drive improvements that support the highest possible quality of care for the people of Scotland.

We work with services and the public to make seven key contributions to health and social care:

- supporting people to have a meaningful say in how services are designed, delivered and experienced
- providing independent quality assurance that gives people confidence in the quality of services and helps providers to improve
- supporting providers to redesign services so that people in Scotland are able to live longer, healthier lives at home or a homely setting
- supporting services to reduce harm, waste and unnecessary variation in practice and outcomes
- providing evidence and knowledge that enables people to get the best out of the services that they use and helps services to improve
- supporting the use of data and information to help services to improve
- supporting leaders to create the conditions where quality will flourish.

Our response below is structured around four of the headings within the document, which are most relevant to the contribution which we believe Healthcare Improvement Scotland can make to this agenda.

1. Optimising the role of existing National Programmes

As set out in section 6 of The Modern Outpatient, we note that the programme will draw on existing Scottish Government programmes of work and also work strategically with other bodies, such as NHS24. Reference is made to the Mental Health Access Improvement Programme (MHAIST) delivered by Healthcare Improvement Scotland in partnership with the Information Services Division of National Services Scotland, and further details on this programme are provided below. We would also suggest that further strategic links could be made with Healthcare Improvement Scotland to make best use of the full range of improvements support we provide to NHS boards and health and social care partnerships.

For example:
- **Improvement support for GP clusters and GP Out-of-Hours**

Our [Driving and Supporting Improvement in Primary Care 2016-2020 report](http://ihub.scot/about/work-programme/) sets out our commitment to introduce new and practical approaches to supporting primary care to improve the quality of care, initially based around GP Out-of-Hours and GP quality clusters.

**GP Out-of-Hours** – we will implement the key recommendations for Healthcare Improvement Scotland set out in Sir Lewis Ritchie’s report Pulling Together, specifically creating standards, indicators and a service specification template for the new models of urgent care. We will scope out the improvement support requirements for GP Out-of-Hours across Scotland to inform Scottish Government’s future transformation programme. This work will interface with the wider primary care agenda especially in the areas of multidisciplinary and cross-sectoral working.

**Support for the development of GP quality clusters** – GP quality clusters are being established across Scotland as a key mechanism for GPs and their practices to work more closely together and collaborate with Integration Joint Boards and others to the benefit of patients, practices and localities.

We will provide improvement support to GP clusters to:
- enable them to identify, plan and deliver improvements in the care they provide
- support them in their role to work with others across localities and partnerships to transform how care is provided through redesign of services and new models of care.

- **Living Well in Communities - Anticipatory Care Planning**

Our Living Well in Communities portfolio aims to support health and social care partnerships to test and spread new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital. The portfolio includes improvement support for high resource individuals, palliative care, anticipatory care planning, intermediate care and reablement.

In particular, the Anticipatory Care Planning workstream focuses on developing a national approach to anticipatory care planning that will enable people living with long term conditions to live in the community and avoid hospital admission (where it’s safe to do so). This workstream includes the development of an Anticipatory Care Plan document for people to use in anticipating and preventing their own health problems from getting worse. The workstream also includes the creation of an educational framework to support local implementation of anticipatory care planning by NHS boards and health and social care partnerships.

Full details of our improvement support offering to NHS boards and health and social care partnerships can be found in our ihub work programme: [http://ihub.scot/about/work-programme/](http://ihub.scot/about/work-programme/).
Mental Health Access Improvement Programme

The Modern Outpatient includes details of the Mental Health Access Improvement Programme (MHAIST) delivered by Healthcare Improvement Scotland in partnership with the Information Services Division of National Services Scotland.

The MHAIST programme is in the early stages of developing a work programme with Boards, however a range of areas are emerging which are of relevance to the Modern Outpatient programme:

- Mapping care pathways with services to clarify how people enter treatment and ensure that people are signposted at an early stage to the most appropriate interventions i.e. ensuring people don’t wait unnecessarily for outpatient assessment.
- Starting discussions with Boards about using technology to replace/supplement face to face appointments – e.g. telephone, Attend Anywhere, computerised therapy programmes.
- Using non face to face and computerised process to follow up post treatment.
- Facilitating easy access to high quality self-help materials and advice and support.
- Access to basic tools like text reminders for appointments to reduce DNA rates and CNA rates.
- Access to direct booking for patients or self-referral processes.
- Use of patient reported outcome measures to track treatment progress that can be inputted directly by the patient.

2. Transforming the Patient Experience

The Modern Outpatient sets out a focus on ‘strategies which support the management of patients across the spectrum of clinical need’ and a commitment that ‘patients will receive timely access to advice, treatment and support’ and ‘patients will gain access to outpatient review services when it is clinically necessary’.

Healthcare Improvement Scotland, with the Care Inspectorate, is supporting the development of new National Health and Social Care standards, which will support integration and help ensure that people across Scotland receive the same high standard of care and support, delivered in a way which reflects their own personal needs and circumstances, in all health and social care settings. The new Standards sit beneath five overarching principles (dignity and respect, compassion, be included, responsive care and support and wellbeing) and have human rights at their core.

The draft standards include statements about being in the right place to receive care and support, of being able to choose who will provide care and support and how this will be provided, and of people experiencing care that is well coordinated and consistent. We will be using feedback from the public consultation on the standards to inform their further development and look forward to seeing how this work will dovetail with the Modern Outpatient Programme.
In addition, it should be noted that Healthcare Improvement Scotland produces evidence-based clinical guidelines that make recommendations on appropriate referral from, and safe discharge back into, primary care. These include guidelines on chronic pain and glaucoma. We also produce guidelines that recommend self-management and educating patients to recognise triggers or recurrences, for example on asthma; and we produce accompanying patient booklets which help patients to make decisions and provide information about self-management and when to return to primary or secondary care.

3. Engagement

We welcome the opportunity to comment on and engage with the Modern Outpatient Programme, and the inclusion of the Scottish Health Council as a key stakeholder. As noted above, we would also suggest that Healthcare Improvement Scotland is seen as a key stakeholder and that this section of the document could be more explicit around engaging with HIS and other national organisations. It is important that the design and delivery of the programme takes into account the range of national support available to NHS boards and health and social care partnerships, including the improvement programmes delivered by HIS.

Scottish Health Council – Gathering Public Views

There are a number of aspects of the Modern Outpatient programme where it may be relevant to consider work which the Scottish Health Council has undertaken through its projects on Gathering Public Views. These include:

- In relation to Primary Care Out of Hours services, where gathering views on increasing the use of modern, sometimes virtual technologies, found that for some people (e.g. those with dementia, those whose first language is not English) this is seen as a barrier to accessing services; work would need to be done around accessibility when introducing new technologies and initiatives especially with concepts such as ‘self scheduling’ of care. The same work also identified the need for increased public awareness of who a patient should approach for what treatment / service.
- In relation to Eyecare Services, our gathering views work has highlighted the need to increase public awareness of community services and their role if they are to be used beyond what people consider to be the ‘norm’.
- A common theme running through much of the Gathering Public Views work is that people feel there is a lack of attention to the needs to children when it comes to service redesign. Apart from the reference to Child and Adolescent Mental Health Services, The Modern Outpatient does not make reference to the needs of children and young people in modernising services.

In addition, the Scottish Health Council would recommend that, given the emphasis placed within the document on patient self-management, an increase in the transfer of responsibilities to patients and introduction of new technologies and approaches, how public awareness and patient education will be addressed needs to be considered as a priority.
4. Governance

We note that The Modern Outpatient Programme will report into the National Clinical Strategy Implementation Board and agree that local ownership of the Programme’s outcomes will be critical. We also note that ‘some activity in national support organisations that have a direct role in the delivery of the aims of the Programme may need to be realigned to support this coherent approach’. As outlined above, we feel it is important that the design and delivery of the Programme takes into account the range of national support already available, and would seek to be involved as partners in discussions on how the overall programme will be shaped going forward.

Healthcare Improvement Scotland
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