Health and Sport Committee: Preventative Agenda Inquiry

Healthcare Improvement Scotland response

Thank you for the opportunity to provide views on the Committee’s inquiry into the preventative agenda. We have chosen to focus our response largely on the third question posed by the Committee, in relation to the identification of interventions, informed by data, evidence and evaluation, which may have an impact on prevention in terms of acute services.

As the Committee will be aware, Healthcare Improvement Scotland delivers a range of improvement activity to support health and social care partnerships to improve the quality of health and social care services. This includes supporting work to design systems, services and processes which enable people to receive the right support and care, in the right place, at the right time. This work is underpinned by data and evidence to identify priorities for improvement, and two examples of our approach are provided below.

Living Well in Communities

This programme seeks to enable people to live healthier lives in their community, and focuses on key areas of health and social care that can prevent unnecessary admission to hospital.

To decide which areas to focus on in this programme, in order to reduce hospital admissions and to help people to live well at home, we considered the evidence base, undertook work on data and obtained expert opinion. These three factors led to our focus on anticipatory care planning, palliative care and intermediate care and reablement.

In particular we are undertaking work on high resource users, who are the 2 per cent of our population who use up to 50 per cent of hospital and community prescribing resources. We support health and social care partnerships to do their local analysis to see who their 2 per cent of people are. On the basis of that understanding, we provide practical support to see where partnerships should target their redesign work.

For example, in Glasgow City, following this work on high-resource individuals, the partnership has identified palliative care as one of the pathways it wants to focus on, because the data shows that is where it could have a significant impact. We have supported the partnership initially to understand the current state of the system and where the key problems and opportunities are.

Diabetes: think, check act

A further example of how we have used data and evidence to underpin work which is having an impact on length of hospital stay is in diabetes care. Diabetes: think, check, act aims to improve the clinical safety, patient experience and efficiency of diabetes care for adult patients admitted to hospital with a secondary diagnosis of diabetes.
We used the available evidence and data on diabetes which told us that one in six hospital admissions is a patient with diabetes and through process mapping work, identified a series of failures. Following this, the introduction of a hypo box – to assess and treat a patient for hypoglycaemia – has had a significant impact.

Results in test sites have included a reduction in the rate of hypoglycaemia events of 20% and an increase in the appropriate management of hypoglycaemic events by 50%. The outcome of this is a reduction in length of stay.

Evidence and Evaluation for Improvement

Internally our Evidence and Evaluation for Improvement team supports the routine use of evidence and evaluation techniques in the work of improvement. The team has expertise in health economics support, evidence reviews, critical appraisal and evaluation. Support from the team can also be accessed by NHS boards and health and social care partnerships through the Tailored and Responsive Improvement Support Team.

We would be happy to provide the Committee with further details on our use of data and evidence to support improvement interventions if this would be of interest.

External evidence on preventative spend initiatives

The Committee may also be interested in some work we are aware of in relation to preventative spend, through our Evidence Directorate.


   The report examines preventative care initiatives incentivised by the Quality and Outcomes Framework and their impact on hospital costs and mortality.

2. The Committee’s second question, on pressures to meet statutory duties and targets rather than focusing on preventative spend, is an issue which the UK Improvement Alliance (part of the Health Foundation, and of which Healthcare Improvement Scotland is a member) is considering undertaking work on. This work would bring together finance directors and quality improvement professionals to identify the facilitators and barriers to more constructive joint working.

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