Driving and Supporting Improvement in Primary Care

2016–2020
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Introduction

Healthcare Improvement Scotland is committed to supporting the design of sustainable, fit for purpose models of health and social care. We recognise that building a stronger, more sustainable and more integrated primary care will support the drive for improvement in health and wellbeing across the entire system.

A flourishing primary care is a key component of effective health and social care integration.

Purpose

This report provides the results of an analysis of what people who use our services, our staff and partner organisations have said are our potential contributions to driving and supporting improvement in primary care.

It offers the necessary strategic direction for Healthcare Improvement Scotland and lists the changes that, when made, will better meet the current and future needs of people who work in and use primary care.

The report specifically sets out our commitment to:

- **build on existing work** to support the necessary improvements in primary care such as the Scottish Patient Safety Programme for Primary Care and Living Well in Communities (Appendix 1)

- appropriately **re-orientate our programmes in the future**, so that there is a strong and consistent focus on supporting primary care in the achievement of the 2020 vision for health and social care (Appendix 2), and

- introduce **new and practical approaches to supporting primary care** to improve the quality of care, initially based around **out-of-hours urgent care** and **GP quality clusters** (page 9).

Setting the scene

Primary care has been defined by [The Health Foundation (2011)](https://www.health.org.uk) as “the first point of contact for people using services. It involves generalist care rather than care from a specialist and may be a one-off visit or part of a series of ongoing care. About 90% of all contact with health services in the UK involves primary care”. People access primary care from birth, throughout their lives to the time that they die and for many it is their only access point to the health service.

We recognise that supporting GPs, nurses, dental practitioners, community pharmacy and optometry in building a stronger, more sustainable and more integrated primary care will help address inequalities and drive improvement in health and wellbeing in the entire system.

We also recognise that the wider community care, including the third sector, provides advice and services related to the primary care environment. The recognition of primary care as a core component of health and social care also recognises the multiple components of the system.
Transformation of primary care in Scotland

The Scottish Government’s National Clinical Strategy, Chief Medical Officer’s Report and Audit Scotland’s review of health and social care integration signal the need for changes in the expectations of, and the dynamic between, the public and patients and health and social care professionals and other services and partners. Each of these reports highlights the importance of a multidisciplinary primary care, more integrated with social care and the third sector, and working in collaboration to meet local needs.

The demographic, workforce, economic, environmental, technological and political changes and reforms in the public and private sectors are well evidenced and documented. These forces are driving transformation of health and social care services. This is through better identification and use of the assets within communities, generating new ideas, design and testing of new models and increasingly integrated delivery systems and more effectively building individuals’ resilience and capabilities.

The Scottish Government has underlined its commitment to primary care with a Change Fund of £50m over the next 3 years to address immediate workload and recruitment issues, as well as putting in place long-term, sustainable change within primary care; and a further additional £10m funding to support improvements in access to mental health services.

The Primary Care Transformation Fund will increase use of technology, support for dementia and mental health improvement, testing of multi-professional and multi-agency teams working in new ways and will offer wider choice in the range of options for people using care and support to improve their health and wellbeing.

In February 2016, Cabinet Secretary for Health and Wellbeing, Shona Robison said:

“This (transformation) fund will allow us to test and evaluate what works in individual communities, with a view to spreading out the most successful models of care across Scotland. The funding will encourage GP practices to work together in clusters, as well as taking a multidisciplinary approach to patient care within the community. This will involve health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioners in delivering aspects of patient care – freeing up GPs to focus on more complex cases and provide clinical leadership”.

Further work is required by Healthcare Improvement Scotland to deeply understand the healthcare professional and cross-sectoral opportunities as they evolve, and create our contributions to best support them in their transition and future state.

These changes herald an unprecedented change in primary care in the next few years and it is essential that Healthcare Improvement Scotland plays its full role in this change. Healthcare Improvement Scotland must actively consider its role in supporting this transformation, and prepare our organisation and our services for a dramatically different future state.
Ambition

Our ambition is to help the health and social care system achieve the 2020 vision by making a discernible change in the pace and scale at which we drive and support improvement in primary care.

Healthcare Improvement Scotland contributes, through our support for the work of NHS boards and Integration Joint Boards, to the ambitions and outcomes set out in Scotland Performs and the nine National Health and Wellbeing Outcomes.

We work in partnership with clinical and other professional bodies and are committed to a future where multi-professional and multi-agency working is designed with, and centred on, the patient, person or citizen.

Developing our contribution

Over a period of 6 months we have explored, with our staff and with people outside the organisation, our current and potential future contribution to improving the quality of services in primary care.

We used the process of developing this strategic approach to begin building new relationships and involve people in discussions about Healthcare Improvement Scotland. We have raised awareness of the existing work undertaken across quality assurance, evidence, improvement and implementation support and the Scottish Health Council. We have highlighted the potential to bring an integrated quality approach as ‘one organisation’ with our organisational strategy Driving Improvement in Healthcare.

The timing of this work has also allowed us to focus on the evolution of our organisation around the 2020 vision and the contributions we will make to this vision.

Our key stakeholder groups shared their vision and high level of ambitions for primary care and made clear their commitment to work with us as we evolve and develop our approach.

Although our world-leading Scottish Patient Safety Programme in Primary Care is well recognised, there is limited awareness of our other primary care contributions. NHS boards, primary care leads and integration implementation managers expressed that these should to be better co-ordinated and aligned with their current and future needs and priorities.

We have formed a good understanding of enablers and challenges for primary care in these emerging new models and ways of working within health and in an integrated health and social care system. In response, our staff said that they need support to increase their understanding of culture and practice in primary care and described us needing to involve patients, public and primary care service providers more in the work that we do.

Our staff are already applying learning from previous joint inspections of adult and child services and an opportunity for improvement in safeguarding and child protection in Scotland through learning from case reviews has been identified. Health professions and Care Inspectorate colleagues have
asked to work with Healthcare Improvement Scotland to consider innovative approaches to quality assurance.

Externally, Scottish primary care leads in particular stressed the need for support for people to invest time in working in GP clusters, plan for the next level of change and build capability and capacity for quality improvement and innovation. This includes supporting work to test new ideas, facilitating rapid wide spread adoption/adaptation of the learning, and redesigning primary care contracts and health and social care services to support practical changes such as shared decision-making and longer consultations for people who need them.

Stakeholders identified that there is considerable scope to enhance the contribution of Healthcare Improvement Scotland and, in doing so, there is an opportunity to establish a more cohesive approach across the organisation, which better meets the rapidly changing needs of primary care.

This approach builds on our previous commitments in A Quality Framework for General Practice in Scotland (2014) and creates an implementation route for the key recommendations in that report namely:

- increased focus of Healthcare Improvement Scotland’s resources on supporting primary care
- enhancing quality improvement and leadership skills in primary care, and
- increasing patient and public involvement at local level.

**Key opportunities for Healthcare Improvement Scotland**

Taking the following opportunities, working collaboratively and innovatively with other organisations across Scotland, will equip us to drive and efficiently support improvements in primary care.

1. Clearly and coherently **describe our Scotland-wide contribution** to primary care improvement and maximise the opportunities to connect internally and externally **to accelerate improvement**.

2. Proactively **consider the primary care components** of future improvement, evidence and assurance activities in Healthcare Improvement Scotland in an integrated way.

3. Better **support primary care by involving the public**, citizens and patients in developing credible quality planning, assurance and improvement.

4. Draw on best practice from other comparable health and social care systems and **facilitate open exchange of ideas and learning** within Scotland, with UK improvement organisations and globally to develop leading-edge primary care.

5. Influence, and contribute to, the development and delivery of a **leadership and quality improvement skills framework** for primary care.

6. Support the development of access to, and **use of, data and intelligence** to support primary care improvement.

7. **Explore current and new mechanisms for quality assurance** in primary care which support improved quality of care in the future.
8. Further strengthen our **external stakeholder engagement** approach to deepen our relationships with primary care leadership, practitioners and staff and foster connections with social care professionals, the third sector, the public and patients to strengthen connections in all areas of our work.

9. Increase the **knowledge and understanding of our staff** in the culture, values and practice of primary care.

10. Work with NHS Health Scotland, Royal College of General Practitioners (Scotland) (RCGP Scotland) and others to support improvement in primary care aimed at **reducing inequalities**.

**Risks**

The many transformational changes under way in primary care present significant opportunities. There are however risks for Healthcare Improvement Scotland, not least in being able to design, test and implement our approaches to supporting improvement in a timely, appropriately resourced and planned manner. Setting out our direction of travel and offering a coherent, cross-organisational approach as set out in this document is part of our mitigation to this.

There are also risks associated with progressing the approach outlined in this paper. For example being unable to sufficiently build our staff capacity and capability to deliver commitments on time, which, in part, will be mitigated by using skills and knowledge of staff already working in primary care, leveraging collaborations and a delivery plan phased over 3 years. Strengthened cross-organisational planning and working will be used to optimise stakeholder engagement and partnership with other organisations.

There are a number of key strategic and operational risks in not doing this work at this critical time, not least that Healthcare Improvement Scotland’s priorities will be out of alignment with those of Integration Authorities, NHS boards and national primary care leads, professional bodies and regulators. This will limit the effectiveness of Healthcare Improvement Scotland in influencing and supporting the transformation of primary care as part of the wider health and social care system and ultimately impact on the rate at which improvements in the health and wellbeing outcomes are delivered. This will in turn damage our reputation as a world leader in driving and supporting improvement across whole systems of care.

**What Healthcare Improvement Scotland will do**

Through our extensive stakeholder engagement, we have identified a small number of **immediate priority areas** to progress. In addition, the ‘three horizons’ in Appendix 2 illustrates how our stakeholders and staff have articulated the ways in which we will add value in primary care leading up to and including 2020.

At this stage, many of the areas of development represent the **potential** contributions that Healthcare Improvement Scotland could make and hence give vision and direction and will require to be considered with other strategic priorities and balanced with available resources.
Immediate priority areas (2016-2017)

1. **Out-of-hours primary care urgent care** – 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 for the new models of urgent care. We will scope out the improvement support requirements for urgent care 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. It will also enable Healthcare Improvement Scotland to ensure the various contributions of the Improvement Hub and other activities across our organisation are aligned to best effect.

2. **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. GP quality clusters are “small groups of practices - perhaps up to 6-8 agreeing with relevant local partners a clear set of outcomes and a means to review those outcomes collaboratively; improving outcomes through further cycles with those same outcomes, or moving on to other outcomes across the patient pathway, in a repeating pattern; underpinned by an evidence based approach to improvement, including clear measures of success; and promoting a more deeply collaborative way of working with others in the local health and social care system”. The principle of working in this way is reflected in the *Localities Guidance*.

The need to specifically develop and facilitate quality improvement in practices and groups of practice was identified as a potential area of development in the Healthcare Improvement Scotland/RCGP Scotland *Quality Framework for General Practice in Scotland* in 2014 which sets out many of the key components that would support high quality services at practice and locality level. We will work with the Scottish Government Primary Care Division, RCGP Scotland, primary care leads and others to indentify and influence where our contribution might best add value.

To support these new arrangements we will do the following:

- Work with Scottish Government, National Education for Scotland (NES) and RCGP Scotland to develop a programme of quality improvement skills development that is aimed at all practice quality leads.
- Work with Scottish Government, RCGP Scotland and cluster leads to co-design a development programme, ensuring it focuses on both the cluster leads’ role in supporting continuous quality improvement across the practices and their role in ensuring primary care has a strong and effective voice in the wider work of redesigning health and social care services.
- Work with Information Services Division (ISD) and Scottish Government to develop a proposal focused on enabling practices and clusters to make effective use of data to drive improvement. In doing this, we will build on the relationships already established between Healthcare Improvement Scotland and ISD through the joint work to support health and Social Care Partnerships to make effective use of the new linked data sets.
• Where clusters choose to focus on an area of improvement linked to an existing area of Healthcare Improvement Scotland work, such as anticipatory care planning and/or quality prescribing, we will look to provide support and advice on the development of their improvement plans.

• As part of our work to support effective strategic commissioning, we will look to identify examples of good practice for GP engagement and highlight these across all partnerships.

The above areas highlight our initial priorities for supporting NHS boards and Health and Social Care Partnerships to develop clusters which are able to act as key players in the wider work of health and social care redesign. This is an emerging landscape and it is likely, as we undertake this work, and develop our joint understanding of what helps and hinders change, that further areas of work will come to light.

Quality assurance

The important role of quality assurance mechanisms, both internal and external, is recognised and our work will ensure that such mechanisms are: fit-for-purpose, support improvement, avoid over reliance on external inspection and draw on collaborations with the Royal College of General Practitioners (Scotland) and other professional and regulatory bodies. There are significant opportunities to shape the quality of care reviews and the revised approach to joint strategic inspections to maximise the effectiveness and impact of external assurance for the purpose of improvement and public assurance.

To underpin delivery of these immediate priorities, we will further strengthen our support for those delivering primary care services to work with the wider system (including patients, citizens, third sector, independent sector and housing colleagues) to redesign health and care services to better meet the needs of people in our communities.

The Improvement Hub

The Improvement Hub’s Living Well in Communities (LWiC) portfolio is an example of the way that we already provide support for partnerships and primary care teams to engage in multi-professional and multi-agency improvement. This portfolio aims to support individuals to live well at home or in a homely setting. The success of this programme is dependent on engagement with multidisciplinary teams across health and social care, including primary care. Our stakeholder work has highlighted the important changes required of GPs, community pharmacists and other clinical professionals, including developing knowledge and skills in quality improvement skills. These clinical professional groups have also highlighted a desire to increase their ability to work with community health and social care staff as integrated community and locality teams and learn together to co-design and co-produce improved and innovative care and services. We will increasingly support primary care professions and staff in getting involved in improvement with independent and third sector staff, by raising awareness of these organisations and sharing mutual understanding through improvement opportunities.
Engagement with stakeholders

There is also a need to raise awareness within primary care of how to make best use of community assets by promoting approaches such as those set out in the *House of Care*. Further, we will support primary care to involve patients and communities in the co-design and co-delivery of information, care and services by raising awareness of, and supporting use of, the Scottish Health Council’s staff and materials and using the principles of the *Our Voice* framework.

Based on stronger engagement with the dentistry, optometry and pharmacy professions, we will work with these professional groups from 2016 onwards to scope how we can support them to implement evidence-informed care, embed quality assurance mechanisms and develop improvement knowledge and skills. We will do this initially by continuing the dialogue with the chief officers of the professions to explore the challenges that primary care practitioners and staff face and agree the priority areas for support.

Delivering and evaluating the impact of our contribution

Success in delivering this level of change will depend on cross-organisational working to use existing resources in different ways and new resources to meet agreed commissions. It will mean working differently within primary care, with the public and patients and effectively collaborating with existing and new organisations and partners to optimise the assets that we have.

We have identified four drivers to improving our support for the transformation of primary care to best support health and social care integration (see Appendix 1). This sets out a 3 year draft delivery plan detailing continuing primary care contribution, giving options for strengthening and refocusing contributions between now and 2020 and two new priorities agreed for implementation from July 2016.

A plan for evaluation will be developed to underpin this work (October 2016).

Prioritisation and planning

Further work is required to secure agreements with Scottish Government, NES, RCGP Scotland and others to progress various elements of this strategic delivery plan and associated resources that would be required. Also, we will review how we prioritise and use existing resources differently as part of the local delivery planning process. The driver diagram therefore remains in evolution but sets out the beginnings of a coherent, cross-organisational approach to primary care in 2016-17 and future years.
# Appendix 1: Healthcare Improvement Scotland’s current and potential future contribution to driving and supporting improvement in primary care

## Driver Diagram

<table>
<thead>
<tr>
<th>Overarching aim: Primary care providers are supported to improve outcomes and quality of care for their populations as part of the integration of health and social care services</th>
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</table>

| **Primary Drivers** | **Secondary Drivers** |
|---------------------------------------------------------------|
| Primary care providers are supported to use data, knowledge and evidence to support the work of managing and transforming the integrated health and social care system | Support development of capacity and capability for effective analysis, interpretation and application of data in quality assurance, planning and improvement (2017-19) |
| Primary care providers are supported to accelerate development, testing and spread of ideas and innovation, including new models of care | Development of guidelines for supporting people with multiple conditions (2017-19) |
| Primary care providers are supported to develop the infrastructures, skills and cultures to support the work of both continuous improvement and transformational redesign | Tailored evidence-based guidance and improvement support for dentistry, pharmacy, optometry and GPs working with nursing, AHP and social care practitioners (2019 and beyond) |
| Primary care providers are supported to develop local and national approaches to quality assurance that are suited to primary care | Scope improvement support for out-of-hours primary care urgent care (2016-17) |
| To work in partnership with organisations representing health and social care professionals in primary care to support professional and workforce development | Primary care providers are supported to identify key improvement priorities (2017-19) |
| • Supporting primary care to have a strong and effective voice in the work to redesign integrated health and social care systems | Primary care providers are supported to innovate, test and implement new ways of working in primary care and integrated health and social care, including new models of care (2017-19) |
| • Supporting primary care to deliver high quality person-centred care | Primary care providers supported to plan/develop and deliver local and/or national improvement programmes and ensure engagement of the full multi-disciplinary/agency team (2019 onwards) |
| • Support primary care practitioners and teams to develop quality improvement (QI) skills and develop and implement new models of care | • Support needed for development of GP quality clusters has been scoped (2016-17) |
| • Influence and support the development of clinical and social care professionals working in primary care | • Primary care providers are supported to involve and engage with patients and the public and have access to engagement tools and techniques to do that through the Scottish Health Council (underway) |
| • Primary care providers are enabled to support professional and workforce development | • Primary care providers have access to the Scottish Health Council capacity building tools to support community engagement (underway) |
| • Primary care providers are supported to participate and engage in quality of care reviews as part of wider implementation of this approach in integrated health and social services (2017-19) | • Primary care providers are supported to self assess their key development priorities (2017-19) |
| • Primary care providers are supported to develop the knowledge and skills to effectively lead the work of improvement (2019 and beyond) | With NHS Education for Scotland/Scottish Social Services Council and others, develop QI training and development programmes for teams in primary care (2017-19) |
| • Primary care providers are supported to develop local and national approaches to quality assurance that are suited to primary care | With NHS Education for Scotland/Scottish Social Services Council and others, support primary care providers to develop the knowledge and skills for effectively lead the work of improvement (2019 and beyond) |
| • Primary care providers are supported to develop improvement networks and share learning (2017-19) | • Primary care providers are supported to participate and engage in quality of care reviews as part of wider implementation of this approach in integrated health and social services (2017-19) |
| • HIS has strong partnerships with organisations representing professionals in primary care (underway) | • Primary care providers are supported to develop self-assessment and local quality assurance processes to suit their context (2017-19) |
| • HIS is a key partner in the development of national policies associated with primary care (underway) | • Primary care providers are supported to contribute to development of national approaches to quality assurance across the integrated health and social care system (2019 and beyond) |
| • HIS supports engagement and multidisciplinary working across professions and staff working in primary care and integrated health and social care services (underway) | |

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*Scottish Health Council capacity building tools to support community engagement* (underway)
Appendix 1: Healthcare Improvement Scotland’s current and potential future contribution to driving and supporting improvement in primary care

Immediate priority areas 2016-17

<table>
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<tr>
<th>Priority Area</th>
<th>What we will do</th>
<th>How this will support primary care?</th>
<th>Outcomes</th>
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</table>
| **Out-of-hours primary care urgent care** | We will work with key stakeholders to:  
- develop a clear co-produced service specification for primary care out-of-hours services  
- review existing primary care out-of-hours standards and indicators  
- scope improvement support requirements at local and national level | This programme will enable improvements in the quality of care of out-of-hours services by providing a framework to ensure services are designed, implemented and delivered to meet the needs of the population. It will also support internal quality assurance and guide external quality assessment by providing mechanisms to monitor performance against agreed standards | • improved outcomes for individuals  
• reduced variation, higher quality, less cost  
• efficient, timely, effective person centred care  
• capacity and capability for improvement  
The work also links in with outcomes 3, 4, 5, 8 and 9 of the [National Health and Wellbeing Outcomes](https://www.gov.uk/government/collections/national-health-and-wellbeing-outcomes) |

| **Support for the development of GP quality clusters** | We will work with the Scottish Government Primary Care Division, RCGP Scotland, primary care leads and others to agree how Healthcare Improvement Scotland will support GP quality clusters, for example development of leadership, use of data and evidence base | It will identify how we can use existing and develop new improvement methods, resources and networks to support GP quality clusters. Convening colleagues in other NHS boards and organisations, including Scottish School of Primary Care, NES and NSS will optimise contributions. | • reduced variation in practice  
• improved patient outcomes  
• improved staff experience  
• reduced cost  
• improved access, quality prescribing and complex and anticipatory care planning  
• urgent care attendance reduced  
The work also links in with outcomes 4, 5, 8 and 9 of the [National Health and Wellbeing Outcomes](https://www.gov.uk/government/collections/national-health-and-wellbeing-outcomes) |
### Appendix 1: Healthcare Improvement Scotland’s current and potential future contribution to driving and supporting improvement in primary care

**Work continuing in 2016-17**

<table>
<thead>
<tr>
<th>Title</th>
<th>What are we doing?</th>
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<tr>
<td><strong>Focus on Dementia</strong></td>
<td>This programme focuses on improving timely diagnoses of dementia and improving the quality of post-diagnostic support for people with dementia (Alzheimer Scotland 5 pillar model).</td>
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<tr>
<td><strong>Living Well in Communities – Anticipatory Care Planning</strong></td>
<td>This 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.</td>
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<tr>
<td><strong>Living Well in Communities – High Resource Individuals</strong></td>
<td>This workstream focuses on identifying how high resource individuals use local health and social care services. It supports NHS boards and Health and Social Care Partnerships to test alternative pathways of care that enable people at risk of becoming high resource individuals to spend more time living well in the community rather than in hospital.</td>
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<tr>
<td><strong>Living Well in Communities – Frailty and Falls</strong></td>
<td>This workstream initially focuses on improving the identification of people living in the community at risk of frailty and falls. This workstream also supports health and social care partnerships to test and evaluate new pathways of care that enable people at risk of frailty and falls to live healthier lives in the community rather than in hospital.</td>
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<tr>
<td><strong>Scottish Patient Safety Programme – Primary Care</strong></td>
<td>The primary care programme aims to reduce the number of events which could cause harm from healthcare delivered in any primary care setting. To achieve this goal, the programme has developed a range of tools and resources to support those working within primary care. All of its work aims to develop and maintain a safety culture. Areas of focus include the monitoring of high risk medicines and implementing reliable and safe systems for communication between services relating to patients.</td>
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<tr>
<td><strong>Scottish Patient Safety Programme – Pressure Ulcers in Care Homes</strong></td>
<td>The programme will work in collaboration with NHS boards, Health and Social Care Partnerships, the Care Inspectorate, Scottish Care and care homes across Scotland to reduce the incidence of pressure ulcers for residents in care homes. There is existing work in both hospital and care home settings to improve outcomes for people by reducing harm from pressure ulcers. Using improvement tools and methodology, this work aims to build on that knowledge and experience to facilitate shared learning across health and social care.</td>
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<tr>
<td><strong>Scottish Patient Safety Programme – Primary Care Dentistry</strong></td>
<td>The programme seeks to embed quality improvement processes into every day practice. We will do this by identifying areas for improvement and introducing care bundles that have been informed by national guidance to reduce adverse events and raise awareness of a safety culture among practices.</td>
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<tr>
<td><strong>Scottish Patient Safety Programme – Primary Care Pharmacy</strong></td>
<td>The focus of this programme will be on the safe prescribing, monitoring and dispensing of high risk medicines using a care bundle. The programme will also seek to improve the reliability of medicines reconciliation when patients are discharged from hospital and raise awareness of the factors that contribute to a safety culture.</td>
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Appendix 2: The three horizons

Setting out short, medium and longer term goals for increasing the value that Healthcare Improvement Scotland adds in an integrated primary care environment

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<tr>
<td></td>
<td></td>
<td>Integrated primary care learning contributing to quality of care reviews.</td>
<td>New models of scrutiny and assurance in general medical services, dentistry and optometry.</td>
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<td></td>
<td></td>
<td>Quality assurance, planning and improvement for primary care out-of-hours.</td>
<td>Leading edge improvement and innovation supported in dentistry, pharmacy, optometry and general medical services.</td>
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<tr>
<td></td>
<td></td>
<td>Integrated improvement support for anticipatory care planning.</td>
<td>New models of care in primary care.</td>
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<td>Greater involvement of primary care in national scrutiny and assurance and national improvement programmes. Guidelines and guidance for multimorbidity and complexity.</td>
<td>Evidence-based guidance, implementation tools and resources embedded in primary care systems.</td>
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<td>Increased coaching and support for use of data and intelligence.</td>
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<td>Tailored evidence-based guidance and improvement support for dentistry, pharmacy, optometry and GPs working with nursing, AHP and social care practitioners.</td>
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<td>Implementation of quality improvement involvement framework.</td>
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The Healthcare Environment Inspectorate, the Improvement Hub, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium are part of our organisation.