

Healthcare Quality Strategy for Scotland: Draft Strategy Document due 27 November 2009

Dear Sir/Madam

I refer to the above document which appears in the Publications section of the Scottish Government's Internet site. I am responding on behalf of a group of individuals interested in health matters, the South Edinburgh Health Forum. I am aware that our local Health Board, Lothian, has been asked for comment and has been consulting staff and some patient groups about it, but of course that is by no means comprehensive.

General

The document as a whole is well-intentioned and makes some good points. We did spot some small editorial errors however – for example page 4, para 3, line 2 “responsibly” would read better as “responsibility” and on the same line “Purpose” does not require a capital letter: in Annex 2, point 3 is obscure, with a word “pories” which perhaps should be “priorities”: and in point 5 “fire and forget” should presumably be “file and forget”. In Section 6 – Making it happen – the work by Bevan, Ham and Pisek is given no title or publication details.

Throughout the document there are a number of acronyms QIS, NES, NHS: NSSISD, LDP, HEAT etc. It would be helpful if there was a glossary at the end of the document – or at least the acronym set out in full the first time it appears.

Consultation with the Public

The document as a whole is only published on the web, and appears to have only formally consulted two patient groups: Cancer (which group?) and LTCAS (what is this?). We appreciate that some of the work arising from the consultation on Better Health Better Care and the Patients' Rights Bill will have informed this document, but it would have been helpful to let more patient groups see this strategy as a consultation. We are concerned that this is less than best practice and therefore not the best way of ensuring that the public feeds in comments on this very important draft. Many people who might like to comment do not have the resources to print out the document, and it is difficult to comment cogently if one has to read it on-line and write notes separately. The document repeatedly tells us that quality involves person-centredness: we suggest that a more person-centred approach would find a more patient-friendly way of ensuring wide consultation. It is of some significance that throughout the document the word “staff” appears before “patients and carers” when all are being referred to. It would show some commitment to putting patients at the centre if the phrasing appeared as “patients, carers and staff”.

Foreword

We noted in the list of needs/wants gathered from the public that clinical excellence comes at the end. It would be helpful if it is made explicit in which order these attributes were placed and if indeed the list is in no particular order then that should be made clear too.

If the aim is to support self-care, especially in the case of long-term conditions, will the NHS consider supporting complementary therapies such as osteopathy, chiropractic and acupuncture, which NICE now allows for NHS referral in England? These therapies fill gaps not at present covered by the NHS: there is a lack of provision between orthopaedic surgery on the one hand and physiotherapy on the other, which these therapies might fill on a cost-effective basis.

The way Ahead (section 5)

If the NHS is to offer 'the people of Scotland new rights and a stronger voice', and if the service is to be partnership-based, working with the public and the third sector, there is room for improvement. Consultation documents such as this need to use less jargon, and fewer unexplained abbreviations as previously mentioned. The new coinage 'Quality Dashboard' seems singularly meaningless, and it is jargon probably not well understood by the public at large.

Person-centred care

If this aim is to be genuinely fulfilled, perhaps a lesson might be learned from the originator of the phrase from which it probably derives, Carl Rogers, the author of *Client-Centered Therapy* (published in 1951). He wrote: ' [therapy] is a process, a thing-in-itself, an experience, a relationship, a dynamic.' The point about client- or person-centred therapy is that it is non-directive. Particularly important in the context of medical care is the seeking of what the patient wishes: and often it is not actually medicine or drugs but *listening*, or *talking therapy*. There is no mention in this document of the importance of counselling as a cost-effective strategy that will alleviate unhappiness and stress, and save on the drugs bill, besides often preventing physical illness. Quality healthcare should provide counselling (or psychotherapy) free of charge, and will offer a variety of approaches, not a 'one-size-fits-all' Cognitive Behavioural Therapy (CBT) which is not appropriate for all problems, though it has its place.

To sum up, while the aims of the Strategy are admirable, perhaps more thought should be given to how it is to be implemented, and most important of all, how patients, carers and the public are to be consulted in a meaningful way.

Yours faithfully

Helen Ogg (on behalf of the South Edinburgh Health Forum)