



**A response to NHS QIS**

**Stakeholder Consultation**

*OUR DIRECTION AND WORK*

**from**

**Voluntary Health Scotland**

**17 October 2008**

## Questions

The following questions relate to NHS QIS direction and their work as described in the main consultation document. This can be accessed at: [www.vhscotland.org.uk/library/nhs/qis\\_stakeholder\\_consultation.pdf](http://www.vhscotland.org.uk/library/nhs/qis_stakeholder_consultation.pdf)

NHS QIS Question	VHS response
<p><b>1. Is the concept of the strategic planning cycle proposed for NHS QIS appropriate?</b></p>	<p><b>Yes</b>  <i>Voluntary Health Scotland believes that the concept of the strategic planning cycle proposed for NHS QIS is appropriate, provided that there is room for continuous review and, where necessary, adjustment.</i></p> <p><i>VHS asks if the proposed SPC fits well with that of the NHS geographical Boards to whom QIS relates.</i></p>
<p><b>2. Could the process for developing our work programme be improved?</b></p>	<p><b>Yes</b>  <i>VHS believes that NHS QIS still needs to communicate more effectively what it does through its Strategic Planning Cycle, to a variety of audiences, including public and patient groups. The concept of the evidence base on which QIS relies is still poorly understood. Offering critical appraisal sessions to key third sector groups would increase understanding.</i></p> <p><i>We should like to see developed a process for assessment of the impact of standards and guidance on reducing inequalities in care in Scotland</i></p>
<p><b>3. Are the factors for inclusion in the NHS QIS work programme appropriate?</b></p>	<p><b>Yes</b>  <i>The criteria for matching proposed programmes and projects against the QIS purpose and overall work plan are appropriate. In relation to the last criterion, we ask if NHS Scotland is likely to be able to implement this.</i></p> <p><i>VHS also asks whether the final decision to adopt a new programme depends on resource availability, independent of its capacity to improve equality.</i></p> <p><i>VHS strongly advocates for the inclusion of the following criterion: <u>Will this piece of work make an impact on inequalities in health care in Scotland?</u></i></p>
<p><b>4. Do you anticipate responding to our call for suggestions?</b></p>	<p><b>Yes</b>  <i>Voluntary Health Scotland is able to cascade a call for suggestions to several hundred patient groups and voluntary organisations in Scotland. While resources have not permitted us to engage so far in this way with NHS QIS, we would be most willing to do so in future, assisting groups and organisations to ensure that suggestions which they make meet the QIS criteria.</i></p>

## KEY ISSUES

In the consultation NHS QIS asked stakeholders to identify up to **three** key issues that you perceive as priorities in improving quality and safety in healthcare in Scotland. The issues identified can be as wide ranging or as specific as you wish. For example, NHS QIS has recently taken on the management and co-ordination of the Scottish Patient Safety Programme, a national initiative aimed at improving the safety culture within NHSScotland. NHS QIS have also recently undertaken detailed work on the clinical effectiveness of a specific test for heart failure. Below VHS define the key issue, identify the barriers to improved care, and suggest ways in which NHS QIS can contribute to improvement.

### Issue 1

#### 1a Key issue

*Voluntary Health Scotland suggests consideration of the following key issue for patients and patient interest groups:*

#### Communication

*In the experience of VHS, poor and faulty communication can detract from the quality of patient care. This can be related to poor verbal communication, poor written communication, over/under use of IT and inadequate IT linkage systems.*

#### 1b Barriers to better care

*Poor communication can create the following barriers to better care:*

- *Poor patient understanding and concordance with clinical regimes*
- *Increasing patient anxiety*
- *Delays in treatment which can be harmful*
- *Mistakes in treatment, which can be dangerous*

#### 1c NHS QIS contribution

*By:*

- *Developing guidance on developing better verbal communication skills in the NHS – particularly for front line staff and the (increasing numbers of) staff whose first language is not English*
- *Contributing to the NHS e-health strategy by assisting with quality standards and protocols*
- *Contributing to the interpretation of IT systems within the NHS. E.g. between GP and pharmacy prescription providers*

*Voluntary Health Scotland would be happy to discuss the issue of communication guidance further with NHS QIS*