Appendix: Consultation response form

Respondent information

Name	Dr A D Dwarakanath FRCP Edin, Secretary
Organisation name (if applicable)	Royal College of Physicians of Edinburgh
Email address	I.lockhart@rcpe.ac.uk

Please return this form by 7 February 2014 to: hcis.DrivingImprovement@nhs.net

By post: Dr Lesley Holdsworth, Healthcare Improvement Scotland FREEPOST NAT 1799 Glasgow G1 2BR

1	We are a statutory body that works with healthcare providers to drive improvement in the quality of healthcare, and empowers patients and the public. We do this through a unique combination of evidence-based standards and guidelines, a scrutiny and assurance approach that is fair but challenging, and quality improvement implementation support. (page 6, 'who we are')
	Do you agree with the organisation's approach to driving improvement which combines evidence, scrutiny and assurance, and quality improvement?
	Broadly yes.
	Do you have any comments on the merits or disadvantages of our approach?
	HIS has a large area of operation, particularly with the forthcoming integration of health and social care. This may offer benefits and consistency across the sector but may also be challenging, for example, in terms of offering support to healthcare providers to make improvements where these are required.
	The responsibilities of HIS are very wide ranging, and this places a heavy burden on one organisation to remain independent and objective at all times.
2	Our mission: to be the recognised healthcare improvement organisation which drives the delivery of world-class, person-centred healthcare with and for the people of Scotland. To continually seek out innovative opportunities to ensure high quality healthcare for every person, every time. (page 6)
	Do you agree with our stated mission?
	Yes.
	Do you have any comments on our mission?
	This is an admirable mission which everyone would support. The challenge is in how to achieve this stated mission.

3 Our key organisational priorities for the next six years are to:

- Empower people to have an informed voice that maximises their impact in managing their own care and shaping how services are designed and delivered
- Reliably spread and support implementation of best practice to improve healthcare, and
- Comprehensively assess the quality and safety of healthcare. (Page 7)

Do you agree with our key priorities for the next six years?

Partially. Patient centered decision making is a very important goal and as such the questions posed need to cover a wide range of issues and not just restricted to what might be traditionally considered to be quality and safety issues.

The evidence/guideline process currently follows a strict disease based model, which fragments a patient's problems into a list of diseases rather than looking at common clinical scenarios such as older people in acute care.

The patient experience is increasingly viewed as being as important as the patient outcome; however the current guideline/evidence process focuses almost exclusively on the latter. The College would like to see a greater focus on patient experience, particularly in terms of informing the inspection process.

Do you have any comments on our key priorities?

It would be useful if the document had given more real, practical illustrations of just how these priorities are going to be achieved.

On pages 8-13 we have set out what we will do to continually improve how we deliver our priorities.

Do you feel these are the correct areas of focus?

Broadly yes, however it is difficult to disagree with such wide-ranging recommendations.

Is there anything missing? Is there anything you feel is less important?

As mentioned previously, the College feels the evidence base needs to be developed along a problem oriented, not simply disease oriented approach.

There is also no mention of working with the Scottish Public Services Ombudsman (SPSO) to learn from complaints; engagement with medical Royal Colleges on clinical matters or with NHS Education for Scotland.

The "scrutiny and assurance" section of the document indicates that the main focus of such scrutiny and assurance will be visits to hospitals; however other information such as SMR data can provide vital information and should be given additional consideration.

To continually improve how we deliver our priorities, we will... be the 'go-to' 5 organisation for improvement expertise within the healthcare sector and bring our knowledge, skills and expertise in improvement science closer to the service through greater local and regional collaboration (page 11) Do you see Healthcare Improvement Scotland as the 'go-to' organisation for improvement expertise in healthcare? Partially. Fellows of the College have indicated that HIS can appear to be a remote organisation which is not connected to the needs of local areas. If not, are there other organisations / sources of expertise you would consider first? Our strategy is based firmly on the values that are shared across 6 NHSScotland (as set out in the 2020 workforce vision): - care and compassion - dignity and respect - openness, honesty and responsibility - quality and teamwork (page 9) Do you agree with our stated values? Yes, again it is difficult to disagree with such wide-ranging values. Do you have any comments on our values? These values are commendable; however it will be challenging to benchmark progress in future as they are not easily measurable. There are many health and social care bodies working in Scotland to deliver 7 the 2020 vision for health and social care in Scotland. As a public body we **contribute to securing the value and financial** sustainability of Scotland's health and care services. We do this by increasing our efficiency and productivity in order to make best use of resources. We also positively impact on the value and financial sustainability of the health service through our evidence-based advice and guidance on the clinical and cost effectiveness of health technologies, medicines and service redesign. Our main focus as a healthcare improvement organisation is to drive improvement in the quality of healthcare, working with healthcare providers. (page 18) What do you see as the most important contributions Healthcare Improvement Scotland can make to achieving the 2020 vision for Scotland? Good scrutiny of process in healthcare will be vital in driving down cost whilst

improving quality. Improving the availability and quality of community care should also be viewed as a priority for HIS as part of the integration of health and social care agenda, as improvements in this area would in turn benefit the efficiency and quality of secondary care services. Are there any questions, issues or opportunities arising from this 8 strategy document? The College feels this strategy document could feature more practical examples of how some of the high level aspirations described would actually be achieved. The values and outcomes outlined in the document are generally difficult to measure and further clarity would be welcome. The mention of transparent decision making in the strategy document is welcome. However, we note that the HIS Annual Scrutiny and Inspection Plan: Draft for Consultation - 2014-15 was not widely circulated after its publication on 20 December.