# National Clinical Strategy for Scotland

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| **Purpose of document** | Summarisation of documents of high importance for the Business Case |
| **Project detail (delete row if appropriate)** | (project name, project owner(s), dates, organisation(s) involved) |
| **Other detail (delete row if appropriate)** | |

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| **Related projects** | Names and doc reference numbers |
| **Keywords** | Clinical; Scotland; Healthcare; population; demands; workforce; services; care; |

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| Name of Strategy: | A National Clinical Strategy for Scotland |
| Date: | February 2016 |
| URL: | http://www.gov.scot/Resource/0049/00494144.pdf |
| Key words: | Clinical, Scotland, Healthcare, population, demands, workforce, services, social care, |
| Why does this strategy exist?<br><br>(what's the problem/opportunity this stems from) | Over the last ten years there have been significant changes in Scotland's population and in the needs and demands placed on our health and social care services, person-centred. |
| Summary: | The strategy makes proposals for how clinical services need to change in order to provide sustainable health and social care services fit for the future. It sets out a vision that is both ambitious and challenging as a basis for further engagement with clinicians and the public |
| Key goals and means to achieve them: | There are several main goals to be taken forward during the implementation of this strategy:<br><br>• Quality must be the primary concern –all developments should seek to ensure that there is enhancement of patient safety, clinical effectiveness and a person-centred approach to care.<br>• Developments should be guided by evidence where available: evaluation of any changes should be considered before making the changes.<br>• We will continue to provide caring health and social care services that will recognize the central importance of the role of people using services, their carers, and their community in providing support. This allows people and communities to manage their own health more. A system that seeks to build on this, rather than supply alternatives, is likely to improve population health and wellbeing, as well as the individual experience and outcome of illness. |

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| | • Services will be based around supporting people, rather than single disease pathways, with a solid foundation of integrated health and social care services based on new models of community-based provision.<br>• Where clinically appropriate we will continue to plan and deliver services at a local level. Where there is evidence that better outcomes could only be reliably and sustainably produced by planning services on a regional or national level, we will respond to this evidence to secure the best possible outcomes.<br>• The impact of health inequalities will be minimised by ensuring equitable access to health and social care support, removing barriers that make people less likely to access care.<br><br>Means of achieving these goals:<br><br>• planning and delivery of primary care services around individuals and their communities<br>• planning hospital networks at a national, regional, or local level based on a population paradigm<br>• providing high value, proportionate, effective and sustainable healthcare<br>• transformational change supported by investment in e-health and technological advances. |
| Expected outcomes: | The aim of an expanded health and social care team will be to provide all current services, but also to:<br><br>• support self-management and independence for everyone by supporting patients to fully understand and manage their problems, promoting a focus on prevention, rehabilitation and independence<br>• to provide care that is person-centred rather than condition focused, based on long-term relationships between patients and the relevant clinical team(s)<br>• understand that the problems of multiple long-term conditions and the resulting loss of independence result in complex needs– many of which are |

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| | best addressed by social interventions. We must not provide an overall system that defaults to medical solutions (such as admission to hospital) when the needs are predominantly social<br>provide evidence-based interventions that reduce the risk of admission to hospital, especially for the elderly<br>• provide more community-based services to replace some that have previously been provided in hospital<br>• provide sensitive end of life care in the setting that the patient wishes. |
| Key quotes: | • The investment of £1.7 million annually on a toothbrushing campaign in Nursery Schools has led to a significant drop in the need for filings and extractions – showing improvements for patients, and reduction in overall costs.<br>• The most recent annual estimates for Scotland are for boys born in 2013 to live 77.1 years on average, 60.8 of these in a “healthy” state. Girls born in 2013 would be expected to live 81.1 years on average, 61.9 of these years being “healthy”<br>• The Information Services Division notes that in September 2015, a total of 48,000 bed days were used by patients whose discharge had been delayed. Again this is an improvement on the situation from the preceding year, with an 8% drop. However, this fiure suggests that on average, 1,578 beds across Scotland are occupied by patients who are clinically fit.<br>• Currently in Scotland over 50% of deaths occur in hospital<br>• The total NHS workforce has grown to an all-time high of 161,0003 (138,000 WTE), that in itself will not meet the challenges we face such as increasing demand for healthcare. |
| Parent/child document (of what)? | Follows on from:<br>• The Quality Strategy (2010)<br>• The 2020 vision (2012) |