

Evidence Directorate Strategic Plan 2016-2020 is a draft document prepared for Healthcare Improvement Scotland and will be subject to further revision.

We wish to seek the views of external stakeholders on content and direction. In addition to providing comments on the draft document, we would also appreciate it if you could disseminate this among your relevant colleagues and/or networks.

We would be grateful to receive your comments to hcis.EvidenceDirectorate@nhs.net by Monday 1 August 2016.

We are happy to receive comments about any elements of the document within the free text area of the proforma. We would also ask that you consider the following specific questions:

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| 1.1 | Does the document clearly define our strategic aims? | Yes |
| 1.2 | Are there other aims we should consider? | Yes |

Comments on our aims:

- a) The aims are all relevant but seems to focus mainly on evidence for clinical practice. There also needs to be recognition that research (this is mentioned in objectives but not aims) and training are important aspects of health and social care.
- b) There is also the need to ensure that the activity taken is accurately costed. This is especially important for the more complex cases.
- c) The possible role of the private and voluntary sector also needs to be considered.

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| 2.1 | Do you think the objectives described will address our stated aims? | Yes |
| 2.2 | Are there other objectives we should consider? | Yes |

Comments on our objectives:

The objectives again are all clearly stated but there will be difficulties in achieving them.

It is recognised that with appropriate training and opportunities to develop non medical health care professionals, delivery of healthcare can be more cost-effective. However the need for this in different settings e.g. City vs rural can be different. Likewise tackling the expected variation in practice especially if deeply rooted will present challenges without clear training objectives for all staff taking on expanded roles.

- 3.3 Will our implementation plan deliver our objectives? Don't know
- 3.4 Are there other deliverables we should consider? No

Comments on our implementation plan:

The timeframes seem short and ambitious. The key areas are

2.2 Capacity planning. For this to occur a thorough needs assessment must have taken place in each local area.

2.5 (there are typos in the numbering of the text) and

3.2 Gap analysis also needs to have taken place after the needs assessment if capacity planning is to have a chance of delivering the right level of care.

The importance of electronic patient records which is universally accepted and functioning will help implementation of the aims and objectives.

Other comments:

Successes and challenges should be shared across the UK. The workforce should be consulted and involved with each step to get the “buy-in” from an early stage.

Royal Colleges should also be consulted as well as other bodies like NICE and the GIRFT (Getting it Right First Time) Project group will have areas of practice to share.

Our finalised plan will be published on our website Autumn 2016
www.healthcareimprovementscotland.org

Thank you for your help in developing this plan

Karen Ritchie
Deputy Director of Evidence
June 2016