



**The Health and
Social Care
Alliance
Scotland
(the ALLIANCE)**



**Proposed National Healthcare
Standards for Scotland Scoping
Exercise - ALLIANCE response**

3 April 2024

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to Healthcare Improvement Scotland's proposed National Healthcare Standards scoping exercise.

We have previously responded to consultations on the Health and Social Care Standards, the Mental Health Quality Standards and Sexual Health Standards¹.

The proposal states that the National Healthcare Standards are intended to reduce duplication and support nationwide improvements in the quality of care. However, we feel that more information is needed on how the set of National Healthcare Standards were arrived at, how they are being developed, what existing standards they will replace, their purpose, and which teams, services and settings they will be applicable to.

1. The standards aim to set out the essential components for safe, effective and person-centered healthcare services. How far do you agree with this proposed aim?

Strongly agree.

2. Do you have any further comments to make on this aim?

The ALLIANCE agrees with this aim however we would make the following comments.

The ALLIANCE agrees that healthcare services should be safe, effective and person centred in line with the Health and Social Care Standards ². The Health and Social Care Standards were designed to focus on quality in terms of the personal experience of care, based firmly on human rights and wellbeing, and whether individual's outcomes are met³.



Any National Healthcare Standards should follow this precedent by setting out what people have the right to expect when experiencing all healthcare services in Scotland, including improved outcomes and that they are treated with dignity, respect and their human rights are upheld.

According to the Health and Social Care Delivery Plan⁴:

“... Success in health care and healthcare service should be measured by better outcomes for individuals, not simply on whether processes and systems have been followed... This can only be done by health and other key public sector services (such as social care and education) working together systematically. All services must be sensitive to individual health and care needs, with a clear focus on early intervention. Taking full account of the current pressures on primary and community services, we need to redesign those services around communities and ensure that they have the right capacity, resources and workforce”.

We are concerned that there is no current mention of human rights within the proposed National Healthcare Standards. To reinforce their effectiveness, they should embed using a human rights based approach, and the standards themselves should reference relevant human rights policy and legislation, including legally binding international treaties like the International Covenant on Economic, Social and Cultural Rights (ICESCR). When there is no mention of human rights or there is an apparent discretion towards the application of human rights, they can be easily be ignored or pushed to the sidelines.

The National Healthcare Standards need to be, rather than essential, the highest possible quality of available, accessible and acceptable healthcare that all users, their families and carers have a right to. Indeed, the right to health is defined as “the highest attainable standard of physical and mental health” within ICESCR and as a “fundamental right(s) of every human being without distinction of race, religion, political belief, economic or social condition” by the World Health Organisation⁵.



In making human rights the starting point of creating National Healthcare Standards, they will be in line with the Scottish Government's commitment, as contained in the Programme for Government 2023/2024, to incorporate international human rights treaties into Scots Law⁶.

Through our *Investigating Knowledge and understanding of the Right to Health* report, we found that there is⁷:

- A lack of understanding in relation to the right to health, that this is particularly acute for underrepresented and marginalised groups, that health information is often inaccessible.
- A shortfall in understanding by NHS staff and services of people's entitlement to the right to health.
- No accessible recourse for people whose human rights are not being met, despite the Scottish Government's promise to incorporate human rights into legislation in Scotland.
- A need for policy action to address those social and economic determinants of health that have a negative effect.

In the ALLIANCE's view, applying a human rights based approach should reflect the PANEL principles⁸. These support work and services to be person centred, and ensure support is targeted at the people who need the most help.

- Participation – people should be able to voice their experiences and take part in decision making that affects their rights and lives. Policies and practice should support people to participate in society and lead fulfilling lives.
- Accountability – organisations and people should be accountable for realising human rights. There is a floor below which service standards



must not fall, but above that human rights should be understood as a progressive journey towards fulfilling the full potential of every human being.

- Non-discrimination – everyone has the same rights regardless of their ethnicity, gender, income, religion, etc.
- Empowerment – people, communities and groups should have the power to know and claim their rights in order to make a difference.
- Legality – all decisions should comply with human rights legal standards.

With that being said, serious questions remain surrounding how well rhetoric meets reality in Scotland with regards to human rights realisation. The ‘pandemic experience’ ‘supercharged’ inequalities and exacerbated the existing issues within the health and social care sector⁹.

For example, although involving people in their healthcare using shared decision making (SDM) is promoted through policy and research, unfortunately its implementation in routine practice remains slow¹⁰. Person centred care and the inclusion of patients in decisions has been shown to increase patient engagement and satisfaction, decrease unwanted health service variation, and improve outcomes for disadvantaged patients¹¹. Shared decision making is an ethical imperative.

If the Health and Social Care Standards are to be replaced then a human rights and person centred based approach to the National Healthcare Standards must continue to be supported by legislation that places a statutory duty to empower patients, service users, carers, families and the workforce.

The ALLIANCE’s *Five Ambitions for the Future of Health and Care* outlines five key themes for achieving transformational change¹². These are



focused on ensuring everyone's rights and dignity are respected, leading courageously, reimagining how we invest in public services, measuring success based on personal and rights based outcomes, and sharing power and addressing imbalances among individuals, sectors and policy makers. We would urge that the National Healthcare Standards reflect these Five Ambitions to encourage everyone involved in healthcare to think ambitiously about the future of our public services, and what is needed to support everyone to thrive.

In addition, we would also recommend that there is explicit reference to equality and intersectionality. Taking an intersectional approach to policy and practice means recognising that some people experience infringements of their rights because of inequality and discrimination related to their characteristics or how their characteristics intersect and taking action to mitigate and prevent this¹³. In addition, achieving outcomes will not look the same in practice for everyone receiving treatment and accessing services.

A way for equality and intersectionality to be applied practically is for there to be consideration made to applying the AAAQ framework to policy and practice on the right to health¹⁴.

To ensure the improvement of health outcomes and health inequalities, whole goods, facilities, services and systems that help us to live long healthy lives should be:

- Accessible
- Available
- Appropriate
- High Quality

We strongly recommend that the creation of the National Healthcare Standards is embedded with a human rights based and intersectional approach, that explicitly references the need for equalities and is developed



using coproduction with a representative group of people using and working in healthcare.

3. The standards aim to provide high level standards for clinical and care governance. How far do you agree with this proposed aim?

Strongly agree.

4. Do you have any further comments to make on this aim?

The ALLIANCE agrees with this aim and would also make the following points.

We would draw attention to the World Health Organisation's and the Royal College of Physicians of Edinburgh's Quality Governance Collaborative definition of what excellence in governance means in healthcare¹⁵.

They describe governance as:

"The means by which all institutions and organisations involved in the design and delivery of healthcare translate health policy into clinical practice and management in order to improve the quality and efficiency of healthcare. It is the ability to ask the right questions and to implement the right mechanisms to ensure the organisation discharges its duties in line with its purpose and with focus on good clinical practice".

This approach focuses on the governance of clinical practice and emphasises that good governance does not just rely on having systems in place. Good governance is dependent on how Boards use these systems to deliver good governance, as well as the ownership and implementation of clinicians, managers and staff alike.



Importantly, successful governance is one which benefits everyone, including patients, families, carers and staff, and should be judged by the outcomes it produces, the experience it provides, the improvements it delivers, and its alignment to organisational values¹⁶. We agree that governance without values is governance without value.

Subsequently, value based health and care focuses on outcomes which matter to people, optimising the use of health and care resources and contributing to a more sustainable health and care system¹⁷. By putting an emphasis on values relating to the person, their society, and the wider population, professionals can be allowed to focus resources in ways that will have the greatest impact, such as promoting preventative approaches that can contribute to living more healthily.

Additionally, the ALLIANCE believes spending decisions should take a human rights budgeting approach by prioritising services that enable people to realise their rights, and we have encouraged the Scottish Government to increase spending in health and social care¹⁸.

We recognise that this is difficult in the context of constrained budgets and financial uncertainty, however applying these approaches supports difficult fiscal decision making by increasing participation, transparency and accountability.

As noted in NHS Scotland's Value Based Health and Care Action Plan, the Organisation for Economic Cooperation and Development estimates that 20% of healthcare spend does not actually result in improvement in health¹⁹. This consumption of resource without benefit is more likely to prevent those who are disadvantaged from receiving the care that they need, worsening health inequalities.

To enable improvement, the Scottish Government made 6 commitments²⁰:

1. Continue to promote Realistic Medicine as the way to deliver Value Based Health and Care;



2. Promote the measurement of outcomes that matter to the people we care for, and explore how we can ensure a coordinated approach to their development and implementation;
3. Continue to support the development of tools that enable health and care colleagues to seek out and eliminate unwarranted variation in access to healthcare, treatment and outcomes;
4. Continue to build a community of practice and a culture of stewardship across Scotland;
5. Support delivery of sustainable care in line with the NHS Scotland climate emergency and sustainability strategy by reducing waste and harm;
6. Engage with the public to promote understanding of Realistic Medicine and Value Based Health and Care and its benefits for Scotland. We will also work to empower people to be equal partners in their care, through shared decision making enabling self management, and promoting health literacy and healthy lifestyle choices.

Alongside this, by practising Realistic Medicine we can find ways to deliver the outcomes that matter most to the people we care for²¹, making evidence based choices about how we use the resources we have at our disposal and listening to and supporting the people we care for to make informed choices about the care that is right for them.



Realistic Medicine also aims to: reduce harm, waste and unwarranted variation, while acknowledging and managing the inherent risks associated with all health and care, and championing innovation and improvement. These principles are essential to delivering a sustainable system for the future.

We recommend that if introduced, the proposed National Healthcare Standards include value based and Realistic Medicine practices at every level of service design and provision, including clinical and care governance. People must be at the centre of decision making.

We also recommend that practitioners and management are enabled to put policy into practice with set outcomes, actions and guidance.

5. The standards aim to describe the quality of service that people can expect to experience. How far do you agree with this proposed aim?

Strongly agree.

6. Do you have any further comments to make on this aim?

The ALLIANCE agrees with this proposed aim however we think more evidence and information is needed on this standard.

A key part of realizing and embedding a human rights based and person centred approach into the proposed National Healthcare Standards will be to develop them using coproduction with people with lived experience using healthcare services.

Further, having an outcomes focused national standard for integrated services and teams is even more vital given that people reported that their quality of healthcare has fallen to 67% in 2021/22, which is down 12 percentage points from 2019/2020²².



Collaboration and coproduction in design and delivery is essential to ensure that targets are relevant to and supported by those who have to deliver them and those who are affected by them. Coproductive approaches should build on the good practice already established by organisations working with underrepresented groups, for example the People Led Policy Panel²³. Coproduction is critical in creating National Healthcare Standards reflective of people's priorities.

To illustrate, the ALLIANCE contributed to the development of the Mental Health Standards. In our research with VOX, *Shaping the New Mental Health Standards*, we heard from people with lived experience of mental health care²⁴. They told us that there are difficulties accessing specific services, there is a lack of accessible information or information provided is inconsistent, there is a 'postcode lottery' of quality services and provision and there are systemic and attitudinal barriers when using services. We feel that this feedback reflects what people want to see in their healthcare.

Although a positive development, we must ensure that the priorities of people who use these services remain connected to service development and policy, if people are to feel that they are no longer alone in managing their mental health.

In terms of accessibility, one of the ALLIANCE's members, MECOPP (Minority Ethnic Carers of People Project), highlighted ongoing accessible and inclusive communication issues remain a key issue to them and the unpaid carers they support²⁵. This is particularly pertinent due to guidance and standards for public health measures quickly evolving:

"Language and communication is a huge barrier, and it is an ongoing barrier. Part of that I think is linked to the age cohort where people are more likely to assume a caring responsibility. Also, to access information, and subsequently having knowledge of your rights and entitlements, being able to advocate for yourself, and to realise those rights and entitlements is severely compromised".



MECOPP also noted that ‘there's a general mistrust of services’ and realisation — or empowering people to participate and advocate — will only be possible if trusted relationships are built and the power dynamic between duty bearers and rights holders is challenged in structural and meaningful ways²⁶.

During a consultation on the See Hear Strategy carried out for Scottish Government by the ALLIANCE’s Scottish Sensory Hub, we heard from people with lived experience of deafness, sensory loss and dual sensory loss on what they want to experience in health care services and their interactions with healthcare professionals²⁷. Although much of the feedback centred on the need for better sensory awareness and communication skills, it reflects a wider problem, and the concerns that people genuinely have and don’t feel are being met.

For example, participants told us:

“I had a bad experience at [name of hospital and location]. I’d had a little operation for a cancer on my face to get stitches out. The doctor who did the operation was great, but... I tell people straight away I’m very Hard of Hearing – but I went into this room, and there was a young foreign doctor, and he was facing away from me and I said ‘I’m sorry I can’t hear you I’m deaf.’ And he just turned away and pointed to the bed. And all he did after that was point. I just felt awful, like a lot of people assume if you’re deaf you’re not the full shilling.” (Focus group participant)

“For example, if I attend a health appointment and [an interpreter] pitches up, and I say, ‘I don’t need an interpreter, this is a private matter, this is gender specific.’ I say, ‘I don’t want an interpreter for this.’ And they say, ‘no, you need an interpreter.’ And I say, ‘no, it’s my choice, not the NHS!”

“Medical staff need more training to deal with partially sighted people.”

“Better access to working loop systems in all public buildings, reception areas; better communication in GP surgery reception areas.”



“Some focus on supporting mainstream services to offer support where people cannot access specialist support.”

“Timely access to Audiology services would contribute to “living a good life”

“My experience of health care is that it treats people as ‘the eye’ and not the whole person.”

People highlighted the value and power in developing and implementing preventative approaches to health and healthcare that address the social and commercial determinants of health:

“I would like to go swimming on my own regularly but it’s only possible in a lane with a rope so I know I’m not veering off too far. Could pools and gyms have people to help? At the gym, it’s difficult to transition from one machine to another. They could allocate specific times to people with sight loss. They have sessions for people with sensory issues e.g. reduced noise. Exercise is social and important for mental health, you make friends when you go to these places.”

It was highlighted that healthcare encompasses physical and mental health:

“I’ve had sight loss my whole life, [then] my sight deteriorated, and I had to stop going to work. I became very depressed, and there was a long waiting list for support through the GP. With [third sector organisation] I didn’t wait very long – it was a life-saving service after having to give up work. I was home alone while my [partner] was at work. The GP didn’t know what to do; they were inexperienced. It felt useless. I didn’t want to be on antidepressants. With [third sector organisation] there was quick access which made a difference. GPs need to know about different help and facilities available for people with sight loss. I had guide service before getting a guide dog and a refresh of white cane training to learn new routes. I felt human again, I’d felt so low and down.”



The ALLIANCE would stress that people need timely access to high quality, targeted information in accessible and individually tailored formats (e.g. hard copy and digital; face-to-face; foreign languages; large print; Braille; Easy Read; BSL; electronic notetakers; captions; Alt-text) at every stage of their journey through SDS no matter their age, disability, gender, religion, socioeconomic status, ethnicity, or cultural background.

People should not have to feel like they need to search or repeatedly make requests for information or services that they have a right to.

We recommend that proposed National Healthcare Standards should reflect the importance of coproduction and how people will be involved in the coproduction of the services they use and access, whether that be in policy implementation, service design and delivery.

We recommend that the focus of the National Healthcare Standards is on individual's outcomes, similar to the National Health and Social Care Standards. Services should not be the end goal of end goal of healthcare, but the channel to meet people and community's needs.

7. The standards aim to provide a national standard for integrated services and teams to work towards. How far do you agree with this proposed aim?

Strongly agree.

8. Do you have any further comments to make on this aim?

The ALLIANCE agrees with this proposed aim. Integrated services and teams are key to meeting the health and wellbeing outcomes that matter to the people they work for. We would also make the following comments.

Broadly, the ambition for integration is to ensure that people receive the right care, in the right place and at the right time. More specifically, this



means improving the experience and outcomes of people who access services, unpaid carers and families, by providing seamless, joined up services and a greater focus on anticipatory and preventative care, while addressing the three main challenges facing health and social care: shifting demography, reducing public funding and increasing numbers of people living with multiple, complex, long term conditions²⁸.

The integration agenda promotes person centred care, coproduction of services and plans, and encourages integrating a wide range of sectors and services where necessary beyond health and social care to include housing, community planning, education, the voluntary sector and others.

This is in line with Scotland's National Performance Framework (NPF)²⁹. As contained within the National Health Outcome, the vision for Scotland's health is set out below³⁰:

- We live long, healthy and active lives regardless of where we come from.
- We are all able to access world class, appropriate and free/affordable health, social care and dental services.
- We cherish and protect the NHS as a force for good in our lives and provide the necessary investment and planning to ensure our health and social care systems are viable over the long term.
- We prioritise health and wellbeing at national and local government levels and actively implement healthy public policy.
- We use evidence intelligently to continuously improve and challenge existing healthcare models.
- Our approach is integrated, preventative and person centred. We are focused on resolving needs in order to achieve positive health, care and wellbeing outcomes.



As stated by the Christie Commission, public services including healthcare must be delivered to make them “outcome focussed, integrated and collaborative. They must become transparent, community driven and designed around users’ needs. They should focus on prevention and early intervention”³¹. In doing so, there is the hope that there can be an improvement in both population health and health inequalities.

The pandemic demonstrated what can be achieved by working together across organisational and sectoral boundaries: better local collaboration, greater ability to pivot and enhanced capability to facilitate key infrastructure and practice changes at unprecedented speed³².

Although it was found that integration was “enabling joined up and collaborative working...leading to improvements in performance”³³, Integration Authorities were “operating in an extremely challenging environment”, facing challenges around financial planning, governance and strategic arrangements and leadership capacity³⁴.

Following this report, the Scottish Government’s Ministerial Strategic Group for Health and Community Care set out a series of proposals to increase the pace and effectiveness of integration³⁵. These related to: collaborative leadership and building relationships; integrated finances and financial planning; effective strategic planning for improvement; governance and accountability arrangements; ability and willingness to share information; and meaningful and sustained engagement³⁶. Among these, outcomes for people could be met by identifying and promoting best practice at the local level³⁷.

We also know that continuity and coordination in care are influenced by culture, trust and relationships between practitioners and partners across team settings and sectors³⁸. However, accomplishing this requires concerted and proactive efforts from across the whole of the health and care systems, and government, to listen to the people using and who are impacted by the services as equal partners.



Part of this will involve strengthening alliances with community partners and the third sector, as its contribution to improving lives and opportunities through a stronger focus on prevention, early intervention and targeted action on the wider determinants of health cannot be understated³⁹.

Consequently, we believe that the proposed National Healthcare Standards should reflect a prioritisation of early and preventative healthcare interventions. Early and preventative intervention is a means of improving outcomes by avoiding or lessening health risks and for achieving cost efficiencies and demand - helping both the person and the service. Examples of such interventions include shifting care from hospital to communities, supporting self management, building resilience, tackling health and wider inequalities, tackling social and commercial determinants of health, promoting better mental and physical health, family support provision and implementing public health measures to reduce drug and alcohol related harms⁴⁰.

The ALLIANCE's Community Links Worker Programme illustrates the Scottish Government's vision "for multi-disciplinary teams to work together to support people in the community and free up GPs to spend more time with patients in specific need of their expertise"⁴¹. Primary care is often the first point of contact people have with health services, particularly through GP practices. Link Workers enable GPs and practice staff to focus their time on people with medical issues, and may reduce the need for people to attend Accident and Emergency for non-urgent problems. They are skilled professionals providing a 'no wrong door' approach for people experiencing challenges, and take time to build trust with each person, provide one-to-one tailored support, and help people to identify and access the right support. Embedded in GP Practices, Link Workers support people to improve their health and wellbeing through better access to information, knowledge, skills, relationships and resources.

Enabling this improvement, collaboration and coordination is dependent on building trusting relationships, ceding power and decision making to people



and communities and investing in services, the workforce and cross sectoral learning.

A way to enable such improvement, collaboration and coordination, would be to proactively collect and share disaggregated data between services. By improving gathering, transparency and recording gaps, there will be a clearer pathway to implementing the National Healthcare Standards in such a way that establishes equal access and availability, by exposing who services are not reaching and enabling the evaluation of outcomes that are met.

The ALLIANCE welcomed the Scottish Government's Health and Social Care Data Strategy to support social care providers to streamline data gathering⁴². Yet, as acknowledged by the Government, the system remains fragmented with little mention of the need for disaggregated data gathering and intersectional analysis.

We have also heard from members and people with lived experience that such fragmentation has resulted in them having to repeatedly retell their medical information, history and care needs. This reflects a lack of continuity and sharing across healthcare and other services, and lead to disengagement or retraumatisation.

Data sharing should also not be restricted to health and social care staff working directly for public sector organisations. It is important that third sector organisations providing services to people should have access to data where it is appropriate and the assessment of appropriate access should be in dialogue with and led by the person accessing support.

In relation to mental health care, Audit Scotland found that there is a lack of data on unmet need and service provision and that the Scottish Government does not have oversight of most adult mental health services due to such lack of information⁴³. Audit Scotland also found that:

- The quality of care or the outcomes for people receiving it is not measured.



- Focus is on waiting times for psychological therapies to assess how adult mental health and wellbeing services are performing.
- Complications and delays in developing services that focus on individual needs due to a fragmented system and complex accountability measures.

In terms of the proposed National Healthcare Standards, not knowing where these standards are not being met will perpetuate the 'postcode lottery' of healthcare in which individuals needs and outcomes are not met, and health inequalities persist. However, such monitoring must not become so burdensome that it takes away from the aim of listening to people and what they need.

Finally, the ALLIANCE also recommends that the National Healthcare Standards should be developed in line with the nine Core Principles for good practice in data collection and digital systems for healthcare, per a recommendation from the My World, My Health project⁴⁴.

9. The standards will apply to everyone who receives assessments, treatment or support from healthcare professionals. How far do you agree with the proposed population that these standards will apply to?

Strongly agree.

10. Please provide any further comment you wish to make on the proposed population?

The ALLIANCE agrees with the proposed population. We would also like to make the following points.



As mentioned in answer to question 1, there is the duty to promote improvement in people’s physical and mental health necessary to fulfil the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health”⁴⁵.

We know that the most excluded, least listened to people were at most risk of both direct and indirect impacts of COVID-19⁴⁶. The events of the past few years have renewed focus on addressing unjust health disparities, as evidenced by integration authorities’ strong interest in working collaboratively and across sectors to tackle social drivers of poor health, shift toward more preventative approaches to care and develop human rights based practices.

In our recent report exploring Integration Authorities strategic plans, we found that equalities ambitions tended to be framed in more general terms⁴⁷. These focused on gaining a better understanding of differentiated experiences and needs through improved and enhanced data collection and using this to target communications and interventions more strategically and effectively. However, the health needs and outcomes of specific groups are often overlooked.

Efforts should be made to include and proactively reach people and communities who face barriers to healthcare. As briefly mentioned in the previous question, a lack of access to health care and services disproportionately affects those who are already excluded and marginalised groups in society. Disabled women, women of colour, LGBTQ+ people, refugee and asylum seekers, survivors of sexual and domestic violence, people of low socioeconomic status, young people and those who live rurally all experience a postcode lottery of access and availability to services. The National Healthcare Standards must be designed to ensure that services reach these groups of people and address health needs and inequalities experienced in a dignified and respectful way.

For example, the ALLIANCE collaborated with the Scottish Government researching *Women’s Experiences of Discrimination and the Impact on*



*Health*⁴⁸. Women described sexist, ableist and racist experiences where they were not listened to, dismissed and ignored, leading them to feel that there was unequal access to resources.

As part of our research on the Women's Health Plan, we held an event to gather insight on *How Scotland's women want to plan future services*⁴⁹. In summary women want barriers to and stigma in healthcare to be broken down, choice and flexibility, accessibility and inclusive communication and education for everyone on women's health issues. Ultimately, women want services that fit their lives instead of disrupting their life to access a service, and they want to be taken seriously no matter their concern, without feeling judged for their skin colour, culture or choices.

The ALLIANCE has also heard from people with lived experience of sensory impairments, who highlighted their concerns and improvements that should be made. A key barrier was the centralization of services and the lack of provision in rural and island areas⁵⁰:

“Urban and rural living environment require different priorities and especially in Scotland where distances to reach an urban environment in order to access provisions are a main obstacle should be taken into consideration”.

We believe that the Getting it Right for Everyone (GIRFE) principles should be applied here as a personalised, outcomes based and whole life course approach to health and social care support and services. This should be embedded so that every person is at the centre of decisions and choices that affect them and their health and wellbeing⁵¹. Although we are aware that these principles are still being coproduced, the ALLIANCE believes that these could be reflected in the proposed National Healthcare Standards in relation to who will be served by them and how they will be served by them.

The National Healthcare Standards should reflect the proactive effort needed to include and proactively reach people and communities who face



barriers to healthcare. This includes increasing resources so that healthcare and support can be provided and is accessible across Scotland.

- 11. The standards will apply in all settings where people receive assessments, treatment or support from healthcare professionals. This includes but is not exclusive to hospitals, primary care settings, community healthcare facilities, hospital at home services, prisons and care homes. It also includes independent healthcare providers. How far do you agree with the proposed setting that the standards will cover?**

Strongly agree.

- 12. Please provide any further comment you wish to make on the proposed setting?**

The ALLIANCE agrees that standards should apply in all healthcare, support and service settings. We would also like to make the following point:

The ALLIANCE believes that a person's personal outcomes should be decoupled from settings. By applying one set of outcomes across healthcare, including in planning, commissioning, assessment and care delivery, there is a higher chance of coherence, consistency and improvement activity at every level.

- 13. Please indicate to what extent you agree with each proposed area of standards development? (Areas of development are: clinical governance, staff training and leadership, shared care, involving people, assurance, quality management, adverse events, research, innovation and system learning)**

See image below.



	Strongly agree	Agree	Neutral/need more evidence/information	Disagree	Strongly disagree
clinical governance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
staff training and leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
shared care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
involving people	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
quality management	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
adverse events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
research, innovation and system learning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please provide further comment on any of the proposed areas of standards development listed above:

The ALLIANCE agrees with the proposed area of standards development. However, more information on each proposed area and the reason it has been proposed is required to make a fully informed contribution. For example, there is a lack of clarity on whether shared care refers to shared decision making or integrated care.

Likewise, we recommend that the National Healthcare Standards should reflect the following areas: outcomes, accessible and inclusive communication, prevention and proactive care, human rights and equalities.



15. This work will be informed by evidence, pathways and practice. It will build on and align with a range of national policies and priorities including:

- **Blueprint for Good Governance**
- **Excellent in Care framework**
- **Scottish Patient Safety Programme Essentials of Safe Care Toolkit**
- **Adverse events framework**
- **National whistleblowing standards**
- **Duty of Candour guidance**
- **Quality Management System (QMS) self-evaluation framework**
- **Core screening standards**
- **Health and social care standards**

Do you consider that there are any further key documents or areas of work that should be aligned to these standards?

The ALLIANCE has identified further key documents and areas of work that should be aligned to the National Healthcare Standards. Although some have not yet come into force, we recommend they be given consideration in order to avoid duplication in an already complex area.

Additionally, although some of our recommendations do not directly come under the auspices of healthcare, in an integrated system and at a time of significant public sector reform, we believe these should be aligned.

- National Performance Framework and National Outcomes
- National Health and Wellbeing Outcomes
- Health and Social Care Delivery Plan
- Health and Social Care Data Strategy
- Value Based Health and Care Action Plan
- National Care Service Bill
- Scottish Learning and Improvement Framework



- Triple AAAQ framework
- Mental Health Quality Standards
- PANEL Principles
- Healthcare Quality Strategy
- The Patient Rights (Scotland) Act 2011
- Principles of Inclusive Communication
- Getting It Right for Every Child (GIRFEC)
- Getting it Right for Everyone (GIRFE)
- Fair Work Action Plan
- Equality Act
- Human Rights Act
- The United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNCRC)
- The International Covenant on Economic, Social and Cultural Rights (ICESCR)
- The International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)
- The Convention on the Elimination of Discrimination Against Women (CEDAW)
- The Convention on the Rights of Persons with Disabilities (CRPD)

**16. How far do you agree with the proposed title of this work :
'national healthcare standards for Scotland'?**

Strongly Agree.

17. If you disagree with the proposed title, please suggest an alternative.

Not applicable.

18. How far do you agree that these proposed standards will benefit healthcare services, staff and public?



Strongly Agree.

19. Do you have any further or general comments to make?

We agree with the intention behind the proposed National Healthcare Standards. However, we recommend that the suggested changes stated above are incorporated in order to achieve benefit for individuals' outcomes first and foremost.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,500 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:



- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Contact

Billi Allen-Mandeville

E: billi.allen-mandeville@alliance-scotland.org.uk

Rob Gowans, Policy and Public Affairs Manager

E: rob.gowans@alliance-scotland.org.uk

T: 0141 404 0231

W: <http://www.alliance-scotland.org.uk/>

¹ The Health and Social Care Alliance (The ALLIANCE), “The ALLIANCE welcomes release of new Mental Health Standards for Scotland”, (2023) available at: [The ALLIANCE welcomes release of new Mental Health Standards for Scotland - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://www.alliance-scotland.org.uk/news/the-alliance-welcomes-release-of-new-mental-health-standards-for-scotland); The Health and Social Care Alliance (The ALLIANCE), “Prioritising rights in the delivery of sexual health services”, (2021) available at: [Prioritising rights in the delivery of sexual health services - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://www.alliance-scotland.org.uk/news/prioritising-rights-in-the-delivery-of-sexual-health-services)

² Scottish Government, *Health and Social Care Standards: My support, my Life*, (2017) available at: <https://www.gov.scot/publications/health-social-care-standards-support-life/https://www.gov.scot/publications/health-social-care-standards-support-life/>.

³ Scottish Government, *Health and Social Care Standards: my support, my life*, (2017) available at: [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-social-care-standards-my-support-my-life/)



⁴ Scottish Government, *Health and Social Care Delivery plan*, (2016) available at: [Health and social care delivery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2016/06/Health_and_social_care_delivery_plan_-_gov.scot).

⁵ United Nations, *International Covenant on Economic, Social and Cultural Rights (ICESCR)*, (1966) available at: [International Covenant on Economic, Social and Cultural Rights | OHCHR](https://www.ohchr.org/en/instruments-treaties); World Health Organisation (WHO), *Human Rights and Health*, (2023) available at: [Human rights \(who.int\)](https://www.who.int/news/feature-stories/2023/03/human-rights-and-health).

⁶ Scottish Government, *Programme for Government 2023-2024* (2023) available at: [Programme for Government 2023 to 2024 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/Programme_for_Government_2023_to_2024_-_gov.scot).

⁷ The Health and Social Care Alliance (THE ALLIANCE), *Investigating Knowledge and Understanding of the Right to Health*, (2023) available at: [Investigating knowledge and understanding of the right to health - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/wp-content/uploads/2023/06/Investigating-knowledge-and-understanding-of-the-right-to-health-Health-and-Social-Care-Alliance-Scotland.pdf).

⁸ Public Health Scotland, "Right to Health", (2024) available at: [Implementing the right to health - News - Public Health Scotland](https://www.phscotland.nhs.uk/news/2024/06/01/Implementing-the-right-to-health/).

⁹ The Health and Social Care Alliance (The ALLIANCE), "The Opportunity is now" *Human Rights in Health and Social Care in Scotland: where we've been and the journey ahead*, (2023) available at: ['The opportunity is now' - human rights in health and social care - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/wp-content/uploads/2023/06/The-opportunity-is-now-human-rights-in-health-and-social-care-Health-and-Social-Care-Alliance-Scotland.pdf).

¹⁰ Waddell, A., *Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review*, (2021) available at: [Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review | Implementation Science | Full Text \(biomedcentral.com\)](https://www.biomedcentral.com/implementation-science/fulltext/10.1186/s12916-021-02000-0)

¹¹ Bot, A. et al., *Informed shared decision-making and patient satisfaction*, (2014) available at: [Informed Shared Decision-Making and Patient Satisfaction - ScienceDirect](https://pubmed.ncbi.nlm.nih.gov/25111111/); Hughes, T. et al., *Association of shared decision-making on patient-reported health outcomes and healthcare utilization*, (2018) available at: [Association of shared decision-making on patient-reported health outcomes and healthcare utilization - The American Journal of Surgery](https://pubmed.ncbi.nlm.nih.gov/30000000/); Durand, M-A. et al., *Do Interventions designed to support shared decision-making reduce health inequalities? A systematic review and meta-analysis*, (2014) available at: [Do interventions designed to support shared decision-making reduce health inequalities? A systematic review and meta-analysis - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/25111111/).

¹² Health and Social Care Alliance (The ALLIANCE), *Five Ambitions for the Future of Health and Care: What we need to transform Scottish society so everyone can thrive*, (2023) available at: [Five Ambitions for the Future of Health and Care - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/wp-content/uploads/2023/06/Five-Ambitions-for-the-Future-of-Health-and-Care-Health-and-Social-Care-Alliance-Scotland.pdf).

¹³ The Health and Social Care Alliance (The ALLIANCE), "The Opportunity is now" *Human Rights in Health and Social Care in Scotland: where we've been and the journey ahead*, (2023) available at: ['The opportunity is now' - human rights in health and social care - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/wp-content/uploads/2023/06/The-opportunity-is-now-human-rights-in-health-and-social-care-Health-and-Social-Care-Alliance-Scotland.pdf).

¹⁴ Public Health Scotland, "Right to Health", (2024) available at: [Implementing the right to health - News - Public Health Scotland](https://www.phscotland.nhs.uk/news/2024/06/01/Implementing-the-right-to-health/).

¹⁵ Royal College of Physicians Edinburgh, "Quality Governance Collaborative", (2024) available at: [Quality Governance Collaborative | Royal College of Physicians of Edinburgh \(rcpe.ac.uk\)](https://www.rcpe.ac.uk/quality-governance-collaborative/)

¹⁶ Deighan, M. et al., *Quality Governance – What Happens as the Dust Settles?*, available at: [GOVERNANCE BETWEEN– \(rcpe.ac.uk\)](https://www.rcpe.ac.uk/quality-governance-between/)

¹⁷ Realistic Medicine, *Value Based Health and Care*, (2024) available at: [Value Based Health & Care – Realistic Medicine](https://www.realisticmedicine.org/value-based-health-and-care/).

¹⁸ Health and Social Care ALLIANCE Scotland (The ALLIANCE), *Health, Social Care and Sport Committee Pre-Budget Scrutiny 2024-25 ALLIANCE Response*, (2023) available at: <https://www.alliance-scotland.org.uk/blog/news/alliance-responds-to-the-post-legislative-scrutiny-of-the-social-care-self-directed-support-scotland-act-2013/>.



-
- ¹⁹ Organisation for Economic Co-operation and Development (OECD), *Tackling Wasteful Spending on Health* (2017) available at: [Tackling Wasteful Spending on Health | READ online \(oecd-ilibrary.org\)](#); The Scottish Government and NHS Scotland, *Value Based Health and Care: Action Plan*, (2023) available at: [Value based health and care: action plan - gov.scot \(www.gov.scot\)](#).
- ²⁰ Scottish Government, *Value Based Health and Care Action Plan*, (2023) available at: <https://www.gov.scot/publications/value-based-health-care-action-plan/pages/2/>.
- ²¹ Health and Social Care Alliance (The ALLIANCE), “Realistic Medicine – ALLIANCE member event summary report”, (2023) available at: [Realistic Medicine - ALLIANCE member event summary report - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](#).
- ²² Scottish Government, *Measuring progress – Health*, (2018) available at: [Measuring progress - Health | National Performance Framework](#).
- ²³ Inclusion Scotland, *People-Led Policy Panel (Adult Social Care Support)*, (2024) available at: [People-Led Policy Panel \(Adult Social Care Support\) - Inclusion Scotland](#).
- ²⁴ The Health and Social Care Alliance (The ALLIANCE) and VOX Scotland, *Shaping New Mental Health Standards: A Lived Experience Perspective*, (2022) available at: <https://www.alliance-scotland.org.uk/blog/resources/shaping-new-mental-health-standards-a-lived-experience-perspective/>.
- ²⁴ Scottish Government, *Health and Social Care Standards: my support, my life*, (2017) available at: [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](#).
- ²⁵ MECOPP, “Home”, (2024) available at: [We are MECOPP](#); The Health and Social Care Alliance (The ALLIANCE), “*The Opportunity is now*” *Human Rights in Health and Social Care in Scotland: where we’ve been and the journey ahead*, (2023) available at: [‘The opportunity is now’ - human rights in health and social care - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](#).
- ²⁶ The Health and Social Care Alliance (The ALLIANCE), “*The Opportunity is now*” *Human Rights in Health and Social Care in Scotland: where we’ve been and the journey ahead*, (2023) available at: [‘The opportunity is now’ - human rights in health and social care - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](#).
- ²⁷ The Health and Social Care Alliance (The ALLIANCE) and The Scottish Sensory Hub, *See Hear Strategy Refresh – Lived Experience Consultation*, (2023) available at: [See Hear Strategy Refresh Lived Experience Consultation – Report - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](#).
- ²⁸ Scottish Government, “Social Care: Health and Social Care Integration”, Available at: <https://www.gov.scot/policies/social-care/health-and-social-care-integration/>; Health and Social Care Alliance Scotland (The ALLIANCE), “About Integration”, available at: <https://www.alliance-scotland.org.uk/health-and-social-care-integration/integration-support/about-integration/>.
- ²⁹ Scottish Government, *national Performance framework, (2018)* available at: [National Performance Framework | National Performance Framework](#).
- ³⁰ Scottish Government, *Health: About the National Outcome*, (2024) available at: <https://nationalperformance.gov.scot/national-outcomes/explore-national-outcomes/health/about-national-outcome>.
- ³¹ Christie, C., *Commission on the Future Delivery of Public Services*, (2011) available at: [Commission on the Future Delivery of Public Services \(www.gov.scot\)](#).
- ³² Hendry, A. et al., *Health and Social Care Reform in Scotland – What next?*, (2022) Available at: [Health and Social Care Reform in Scotland – What Next? - International Journal of Integrated Care \(ijic.org\)](#)
- ³³ Accounts Commission, “Health and social care integration: update on progress”, (2018) available at: <https://www.audit-scotland.gov.uk/publications/health-and-socialcare-integration-update-on-progress>.
- ³⁴ Accounts Commission and Auditor General, *Health and social care integration: Update on Progress*, (2018) available at: <https://www.audit-scotland.gov.uk/publications/health-and-social-care-integration-update-on-progress>.
- ³⁵ Scottish Government, *Health and Social Care integration: progress review*, (2019) available at: <https://www.gov.scot/publications/ministerial-strategic-group-healthcommunity-care-review-progress-integration-health-social-care-final-report/>.



-
- ³⁶ IFIC Scotland, “Integrated Care in Scotland”, available at: https://integratedcarefoundation.org/ific_hub/ific-scotland-publications-and-reports.
- ³⁷ Scottish Government, *Health and Social Care integration: progress review*, (2019) available at: <https://www.gov.scot/publications/ministerial-strategic-group-healthcommunity-care-review-progress-integration-health-social-care-final-report/>.
- ³⁸ Hendry, A., “Health and Social Care Reform in Scotland – What Next? (2022) available at: [Health and Social Care Reform in Scotland – What Next? - IFIC \(integratedcarefoundation.org\)](https://integratedcarefoundation.org/health-and-social-care-reform-in-scotland-what-next/).
- ³⁹ Scottish Government, *Coronavirus (COVID-19): evidence gathered for Scotland’s route map -equality and Fairer Scotland impact assessment*, (2020) Available at: <https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/>.
- ⁴⁰ Health and Social Care Alliance (the ALLIANCE), *Review of Integration Authority Strategic Plans*, (2024) available at: [Review of Integration Authority strategic plans - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/review-of-integration-authority-strategic-plans).
- ⁴¹ Young, S., *A vital link in the healthcare chain*, (2023) available at: [A vital Link in the healthcare chain - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/a-vital-link-in-the-healthcare-chain); Scottish Government, *Care services- planning with people: guidance* (2021) available at: [Part 1 - Planning With People - Care services - planning with people: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/care-services-planning-with-people-guidance-executive-summary-gov-scot-2021/).
- ⁴² Scottish Government, *Health and social care data strategy*, (2023) available at: [Health and social care: data strategy - executive summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-and-social-care-data-strategy-executive-summary-gov-scot-2023/).
- ⁴³ Audit Scotland, *Adult Mental Health*, (2021) available at: [Adult mental health | Audit Scotland](https://www.audit-scotland.gov.uk/reports/adult-mental-health).
- ⁴⁴ The ALLIANCE and Digital Health and Social Care Innovation Centre (DHI), *My World, My Health: Insights from a dialogue on data with the Scottish public* (2021), p. 3.
- ⁴⁵ United Nations, *International Covenant on Economic, Social and Cultural Rights (ICESCR)*.
- ⁴⁶ Public Health Scotland, *Inclusion health principles and practice: An equalities and human rights approach to social systems recovery and mitigating the impact of COVID-19 for marginalised and excluded people*, (2020) available at: <https://www.healthscotland.scot/media/3199/inclusion-health-principles-and-practice.pdf>.
- ⁴⁷ Health and Social Care Alliance (the ALLIANCE), *Review of Integration Authority Strategic Plans*, (2024) available at: [Review of Integration Authority strategic plans - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/review-of-integration-authority-strategic-plans).
- ⁴⁸ Tinner, L., Gillespie, K., and Curbelo, A.A., *Women’s Experiences of Discrimination and the Impact on Health*, (2023) available at: [Women's experiences of discrimination and the impact on health: research - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/women-s-experiences-of-discrimination-and-the-impact-on-health-research-gov-scot-2023/).
- ⁴⁹ Scottish Government, *Women’s Health Plan*, (2021) available at: [Women's health plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/women-s-health-plan-gov-scot-2021/); Health and Social Care Alliance (The ALLIANCE), *Scotland’s First Women’s Health Plan: How Scotland’s women want to plan future services*, (2021) available at: [Scotland's First Women's Health Plan - How Scotland's women want to plan future services - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/scotland-s-first-women-s-health-plan-how-scotland-s-women-want-to-plan-future-services).
- ⁵⁰ Health and Social care Alliance (The ALLIANCE), *See Hear Strategy refresh Lived Experience Consultation report*, (2023) available at: [See Hear Strategy Refresh Lived Experience Consultation – Report - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk/see-hear-strategy-refresh-lived-experience-consultation-report).
- ⁵¹ Scottish Government, *Getting it right for everyone (GIRFE)*, (2023) available at: [Getting it right for everyone \(GIRFE\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/getting-it-right-for-everyone-girfe-gov-scot-2023/).

