

CONSULTATION:	2020 Workforce Vision – Consultation Letter
ORIGINATING SOURCE:	Scottish Government
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Outline 2020 Workforce Vision - Consultation Feedback Proforma

Name & Organisation: Royal College of Physicians and Surgeons of Glasgow

We would be grateful if you could complete your response on the attached proforma, and return this to Darren Paterson, 2020 Workforce Vision Team, Scottish Government (<u>Darren.Paterson@scotland.gsi.gov.uk</u>) by Friday 12th April 2013.

In feeding back on the outline 2020 Workforce Vision, please consider:

- Whether there is anything really important which is missing, giving particular consideration to the need for a 2020 Workforce Vision to deliver against the wider challenges and ambitions facing the provision of healthcare services within Scotland:
- Whether we have identified the right core values to enable the necessary supporting culture; and
- Whether it is written in a way that is easy to understand.

Introduction

- This section could be more explicit in regard to the driving force behind the vision ie, the challenges associated with an ageing population. The statement that "By 2020 everyone working for NHSScotland will focus on providing safe, effective and person-centred care to support people to live longer, healthier lives at home or in a homely setting" could raise the question that such a focus should be there for everyone now. What is of key importance is that the workforce be refashioned to provide optimum support for the elderly, both in hospital and in the community.
- The statement "We also know that people who are valued and treated well improve patient care and overall performance we need to make sure this happens" seems out of place here and might be better as part of the plan for delivering the strategy. Presumably this includes providing the best terms and conditions for employees including remuneration. This is clearly a difficult area because of budgetary constraints and there is a major challenge in ensuring everyone is signed up to the vision including those at the lower end of the salary scale and those working in generic and non specialist areas.

Vision and Values

- The vision outline is succinct, laudable and understandable. The vision states that "by 2020, everyone working in NHSScotland will focus on providing safe, effective and patient-centred care...." That focus should be more explicit on how the vision relates to its adaptation to meet the needs of an ageing population.
- The challenge of caring for an increasingly ageing population should be to the fore and the importance of an integrated health and social care service as the fundamental cornerstone of this. The success of palliative care for terminally ill patients in delivering best care in the patient's chosen environment is an example



of excellence in this area, many principles of which could be adapted to optimising care of the elderly.

Additional values that seem important to the culture required for the 2020 Vision implementation could be:

- ⇒ 'clear, relevant and prompt communication"
- ⇒ 'change-embracing' -- providing an environment for innovation and monitoring to ensure success of such innovations to the benefit of patients
- ⇒ 'trust across professional boundaries'
- ⇒ 'reflective practice' to support ongoing review and adjustment of service delivery around patient needs rather than benchmarking or quality standards
- ⇒ Doing everything possible to make staff at all levels feel valued

Making Our Vision Real

- The document would benefit by having more specific details on the vision of how exactly the workforce is going to be reshaped by 2020 and how this reshaping will benefit the ageing population in primary care, secondary care and in social services.
- Current technological infrastructures are struggling to cope with the variety of new systems being introduced. It is important to acknowledge this and have a commitment to ensuring that the value to be gained from the implementation of technological initiatives will not be lost because of limited hardware, band-width capacity and the variation between boards.
- The implementation of the 2020 vision will require operational standards and policies. In the light of the Francis enquiry report, it is crucial to ensure that measures of effectiveness and accountability remain linked to the impact of the Vision on the patient and their carers. It is not clear how the suggested 'continuous improvement approach' will support this.
- There are clearly financial implications involved in the integration of medical and social services and how this will be achieved in the ongoing challenging financial climate will need to be addressed.
- While the intention to promote innovation is stated, it is not clear how the
 potential for large organisations to restrict innovation will be offset and what new
 ways of working will enhance this.
- It is true that the workplace is an important source of learning but saying it is the
 main source may diminish other avenues of learning. For example, considerable
 investment of time in individual and group reflective practice is required to
 support effective workplace learning. The value of learning beyond the workplace to support maintenance of adequate skills and new skill development,
 required for working across professional boundaries, should also be emphasised.



General Feedback

- Perhaps the language used in this document could have less emphasis on attractive phraseology and more on specific facts. An example of this is the term "continuous improvement approach". No one could argue with this and no other approach would be contemplated.
- The title "many voices one vision" while catchy could possibly be changed to reflect the main reason behind the need for the vision, i.e. caring for our ageing population.

