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Scottish Government
Riaghaltas na h-Alba
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Date 20 May 2019

Dear Jury Member

I would like to thank each and every one of you for your contribution to the Citizens' Jury on Shared Decision Making. Your dedication, engagement and insight into what can be done to support shared decision making has proved invaluable.

Your recommendations are helping to establish what shared decision making means to the people we care for and support. They will be immensely helpful in enabling us to build a more personalised approach to care here in Scotland.

You are also trailblazers. As you know, this was the first Jury in Scotland to consider a health topic. I committed to holding a Jury because I knew that in order to change the culture of the way we deliver health and care services, we need to foster, promote and support shared decision making between patients and professionals. The evidence shows that more informed patients are less likely to regret decisions made about their care and they are more likely to appreciate the care that they receive. Your recommendations now tell us what we can do to help make shared decision making happen.

There are people who are concerned that some patients will make unrealistic demands on the health and care system when asked what can be done to improve things. You should be very proud of your contribution to this work because you have proved that it is simply not the case. My colleagues across Scottish Government have been considering your recommendations since you shared them with me in February and the feedback that I've received confirms that they view all of your recommendations as entirely sensible and perhaps more importantly, achievable.

I am very pleased to enclose our response to your recommendations. Our response includes details of work that will help to meet one or more of your recommendations, that is already underway. It also includes our plans for new work that will help to address any gaps, and enable your recommendations to be taken forward.

Once again, thank you for getting involved in the Citizens' Jury on Shared Decision Making. You have made an enormous contribution to helping us to foster and facilitate shared decision making and I am confident that by taking your recommendations

forward, we can help ensure that everyone in Scotland will receive the care that they really value.

Yours sincerely

A handwritten signature in black ink that reads "Catherine J Calderwood". The signature is written in a cursive style with a large initial 'C'.

Catherine Calderwood
Chief Medical Officer

Citizens' Jury on Shared Decision Making

Scottish Government Response



May 2019

Scottish Government Response to the Citizens' Jury Recommendations

The Scottish Government's response to the recommendations made by the Citizens' Jury on Shared Decision Making is set out below.

Jury recommendations were put into the following themes at the launch event on 6 February 2019:

	Inform, educate and prepare patients to ask questions;
	Creating the culture for shared decision making including adequate finances, resources and support;
	The organisation of appointments;
	Training for professionals;
	Advocacy; and,
	Patient's information and records.

Citizens Jury Recommendation	Scottish Government Response
<p>1: A programme to begin to inform and educate patients of their right to ask questions of their health professionals and the benefits of doing this in terms of what they want and the best outcome for them.</p> <p>This would require investment and could be done in the following ways:</p> <p>a) information leaflets or information monitors (screens) in GP surgeries should include questions that patients can ask:</p> <p>i) Is this test, treatment or procedure really needed?</p> <p>ii) What are the risks and benefits?</p> <p>iii) What are the side effects?</p>	<p>Scottish Government is committed to taking this recommendation forward. The Patient Rights (Scotland) Act 2011 gives everyone the right to take part in decisions about their health and wellbeing, and be provided with the information and support they need to do so. We want people to become partners in their own care. The Charter of Patient Rights and Responsibilities (the 'Charter') summarises what you are entitled to when you use NHS services and receive NHS care in Scotland. Scottish Government's Person Centred and Quality Unit will consider the best ways of promoting the Charter to help ensure people know that it's ok to ask questions and get involved in decisions about their treatment and care.</p> <p>Work is already underway in 9 NHS Boards to encourage patients to ask their health professionals questions about their treatment and care. NHS Highland, NHS Lanarkshire, NHS Borders, NHS Orkney, NHS Tayside, NHS Greater Glasgow and Clyde, NHS Ayrshire & Arran, NHS Forth Valley and the Scottish Ambulance Service are all piloting the use of questions that aim to support shared decision making and help people make informed choices about their treatment and care. The pilots are at various stages. For those that evaluate well (where both professionals and patients find them helpful in aiding decisions), we will encourage NHS Boards to roll them out further and promote them as examples of good practice on the Realistic Medicine website and the Health Literacy Place to further encourage their use across Scotland.</p>

<p>iv) What are the alternative treatment options? v) What would happen if I did nothing?</p> <p>b) Introduce a questionnaire given to patients while waiting to see a health professional: are you aware of shared decision-making? Do you need any help from family or someone independent to help with the decisions? What questions do you want answered by your health professional?</p> <p>c) School visits to educate children about how to participate in shared decision-making by nurses or doctors</p>	<p>Maternity services are also updating the way they work to ensure that questions that support shared decision making form the basis of all care choices and discussions.</p> <p>In relation to recommendation 1b, we will explore with the Royal College of GPs the best ways of providing people with information, to help ensure they know “It’s ok to ask” questions, as well as ensuring they have the support they need to make informed decisions. We intend to hold a workshop with stakeholders in Summer 2019, to discuss how we can take this recommendation forward.</p> <p>In relation to recommendation 1c, we have published guidance for schools on supporting children and young people with healthcare needs. The guidance makes it clear that education authorities have a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs, and take these into account alongside their parent /carer’s view. The guidance also makes it clear that children and young people can consent to any surgical, medical or dental procedure or treatment if they are capable of understanding the nature and possible consequences of the procedure or treatment.</p> <p>NHS Lanarkshire is also looking to use shared decision making questions with a group of pupils at a local high school to promote shared decision making. If the pilot goes well, NHS Lanarkshire aims to produce an educational pack that can be shared with educational teams in other NHS Boards across Scotland. We will promote this work as an example of good practice on the Realistic Medicine website and the Health Literacy Place.</p>
<p>2: There must be training for all health and social care professionals so that they use shared decision-making (e.g. active listening, people skills and an understanding of the need to share power and the dangers of hierarchy). This must happen for new and existing staff. Where relevant, this is part of the professional's registration renewal. Use of these skills must be monitored on an ongoing basis. Budgets and time must be made available for this to happen.</p>	<p>Scottish Government is committed to taking this recommendation forward. We will continue to work with the General Medical Council (GMC), National Education Scotland and education providers to identify what training already exists on shared decision making and where there are gaps. There is already a great deal of training available for health and care professionals. For example, nursing and midwifery and allied health undergraduate programmes include education on communication skills, such as active listening and patient advocacy.</p> <p>It is encouraging that the processes and regulation required to help ensure that health and care professionals practise shared decision making are already in place. Doctors undergo extensive training and education at undergraduate and postgraduate levels to specified curricula standards, including being assessed on competencies in patient care, communication skills, and consultation with appropriate colleagues, diagnosis and treatments. The relevant curricula, dependent on specialty, is developed by the relevant Royal College and is approved by the GMC as regulator.</p>

Registered health and care professionals are required to demonstrate these behaviours under their codes of practice and professional standards. All healthcare regulators mandate a form of Continuing Professional Development (CPD) for registrants renewing their registration. The GMC and Nursing and Midwifery Council have also introduced statutory revalidation, where registrants must build a portfolio of evidence that they continue to meet the requirements of registration and remain up-to-date with professional developments in their field. Nurses and Midwives must also embed reflective practice against all domains of their code of practice. This is long established in Midwifery and has been further strengthened by the introduction of a model of clinical supervision, encouraging professionals to reflect on the care they provide and embed any new learning.

The draft proficiencies for midwives currently under consultation, clearly describe the expected skills and competencies regarding communication and advocacy required of a midwife at point of registration. While the National Midwifery Council (NMC) 'code' (2015), under the heading of 'prioritising people' clearly states the level of communication expected of every nurse and midwife.

All registered social service workers also carry out a minimum amount of training and learning within each registration period. The Standards in Social Work Education set out requirements for the understanding, skills and competences of social workers on qualification, which cover a wide range of relevant areas, for working with individuals, families, carers, groups and communities so they can make informed decisions about their care. The Standards have been recently revised as part of the Review of Social Work Education

At the end of 2019, the GMC will publish new guidance for doctors on decision making and consent. All Doctors are expected to comply with this guidance. Scottish Government will work with the GMC to support doctors to follow it, and help ensure that any additional training or support that doctors might need is made available.

Clearly Doctors, Nurses, Allied Health Professionals and Social Care Workers AHP's have an important role in working with service users and supporting shared decision making so that they are able to make an informed choice about their treatment and care. We must seek to build practitioner confidence by providing them with the training and education they need to do this. Scottish Government has set up a group to look at professionals' training and education needs, including training on shared decision-making. The NES Realistic Medicine Education Lead will be asked to oversee this work. They will assess what training is already available and pull together a suite of shared decision-making training materials. In partnership with key stakeholders, the NES Realistic Medicine Education Lead will also develop a plan by October, which will describe how the training will be rolled out over the next 3 to 5 years.

<p>3: There needs to be independent people who can join conversations between medical professionals and patients. This is often called advocacy:</p> <p>Social services, housing, carers and other agencies need to be proactive in enabling homeless and socially isolated people, or those that live alone to also have access to advocacy when engaging with health professionals.</p> <p>There needs to be more information on advocacy to make it visibly available when people need it: who and where advocates come from, how to contact them, their reputation and skills including appropriate language and communication skills, empathy and ability to challenge.</p> <p>We need to be exploring how incentives (paid or unpaid) could improve access to, independence of and quality of advocates in shared decision-making.</p> <p>Advocates need to be able to be challenged and be accountable as they can have considerable influence over potentially vulnerable people.</p>	<p>Scottish Government is committed to taking this recommendation forward and the GMC has advised that it is supportive of people who wish to make use of advocates. This is compatible with the GMC's guidance on consent and decision making. Doctors should welcome advocates looking to help vulnerable people make decisions about their treatment and care.</p> <p>The Scottish Independent Advocacy Alliance (SIAA), promotes, supports and defends the principles and practice of independent advocacy across Scotland. Its overall aim is to ensure that independent advocacy is available to any vulnerable person in Scotland. The SIAA has set up a 'find an advocate' page on their website so that people can find a local advocate. Advocacy organisations also promote their services with leaflets and posters in hospitals and community services such as GP surgeries. Increasingly, some advocacy organisations are using social media including Twitter and Facebook to reach out to younger people.</p> <p>The majority of advocates are employed by an advocacy organisation and SIAA member organisations use the Principles & Standards and Code of Practice as part of the induction and training for advocates. Empathy and ability to challenge are included in the advocacy skills training and this is covered in the Advocacy Qualification (produced by the Advocacy Project in partnership with Edinburgh Napier University). Scottish Government agrees that all checks and balances required to make sure any advocate is operating in the patient's interests must be in place. All advocacy organisations have feedback and complaints policies. Advocates are accountable to the organisation they represent and the people they support. Given that they are working with vulnerable people, advocates receive regular support, supervision and peer support. Advocacy organisations also carry out PVG checks on their staff.</p> <p>Ensuring that people have information about independent advocacy is also a duty placed on NHS Boards and Local Authorities. Under the Mental Health (Care and Treatment) (Scotland) Act 2003, they have a duty to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, and dementia and related conditions the right to access independent advocacy support. The Mental Health (Scotland) Act 2015 builds on this, by requiring NHS Boards and local authorities to tell the Mental Welfare Commission how they have ensured access to advocacy services and how they plan to do so in future.</p> <p>Since the 2015 Act was introduced, the Mental Welfare Commission for Scotland (MWC) has carried out an analysis on access to independent advocacy and published their first report on The Right to Advocacy in March 2018. The report identified that there is variety across the country when it comes to forward planning and some gaps in provision. The MWC are asking Health and Social Care Partnerships to respond to their</p>
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	<p>recommendations and this work has already provided more clarity about the responsibility and approval of strategic plans for independent advocacy within NHS boards and local authorities. Online MWC guidance for service users and carers was refreshed in June 2017. This includes sections covering independent advocacy, advance statements, patient representation and support for decision making, and named persons. This guidance was produced in association with stakeholders and has been widely shared.</p> <p>In addition, through the Support in the Right Direction 2021 (SiRD2021) programme, Scottish Government is funding projects which include advocacy services across 31 local authority areas to help people get the best out of social care. From October 2018 to March 2021, over £7.2million will be invested in projects, which will, alongside relevant local authorities, ensure that people across Scotland who require social care are engaged, informed, included and empowered to make choices about their support.</p>
<p>4: There should be a database online for all healthcare and social care professionals to access information about a patient's history. Security to be agreed with patient's consent. This will make sure that all relevant past information will be taken into account when shared decision making is happening so improving the quality of decisions made.</p>	<p>Scottish Government is committed to taking this recommendation forward. In the West and North of Scotland there are already clinical portals allowing healthcare professionals to view patient information across organisational boundaries. NHS Education for Scotland (NES) have been tasked with the development and delivery of the National Digital Platform. NES have established a new NES Digital Service (NDS) to lead on the development of a National Digital Platform, including development of a national clinical portal. Through this portal, relevant real-time data and information from health and care records will be available to those who need it, when they need it, wherever they are, in a secure and safe way. Scottish Government will ensure that delivery plans for this platform are developed, including timescales for delivery.</p>
<p>5: At all levels, there needs to be adequate finances, resources and support for shared decision making. There must be flexibility to move resources (e.g. budgets) to areas in need of improvement and support. However, the government needs to use whatever means to inform and educate all health boards to achieve consistency across all services in relation to shared decision making, across all levels and areas of services e.g. the quality and principles of shared decision-making must be similar from medical professional to medical professional.</p>	<p>Scottish Government is committed to taking this recommendation forward. The Chief Medical Officer's annual reports on Realistic Medicine provide the strategic direction for shared decision making and its relevance to all health and care professionals.</p> <p>In order to take this recommendation forward, we first need to ensure that all professionals have access to training on shared decision making and are encouraged and supported to complete it. Some work already comes under recommendation 1. We will continue to work with the GMC, NHS, NES and other education providers to identify what training on shared decision making already exists, and where there are gaps, what training needs to be provided. We will also ensure that professionals are putting their training into practise. We will design and implement a monitoring and evaluation programme which will allow us to establish whether professionals have found the training useful and more importantly, whether patients feel they are supported to make informed choices about their treatment and care.</p>

<p>6a: All patients and service users need to be able to access their records (e.g. medical records) and test results so that they are more aware of what they want to discuss and what questions they want to ask. This will help patients and service users to feel empowered, confident and able to reach their ideal outcomes.</p>	<p>Scottish Government is committed to taking this recommendation forward. As the Jury are aware, Scotland's Digital Health & Care Strategy commits to “Deliver the digital capability for citizens to access and update information about their health and wellbeing, including their records and from personal monitoring, and to interact with services”. As with recommendation 4, the NES National Digital Service (NDS), is taking this forward in collaboration with service users, to find out how people wish to access digital health and care services. Through the National Digital Platform, relevant real-time data and information from health and care records will be available to those who need it, when they need it, wherever they are, in a secure and safe way.</p> <p>NDS have been tasked with the development and delivery of the new National Digital Platform and Scottish Government will ensure that delivery plans are developed including timescales for delivery.</p>
<p>6b: Medical appointment times need to be more flexible as 10 minute appointments can be too short to explain problems and to question the professional about options for treatment.</p>	<p>Scottish Government is committed to taking this recommendation forward. Research conducted on behalf of the General Medical Council (GMC) confirms that some people do not always feel sufficiently involved in the decision making process. They attribute this to factors such as lack of time, inadequate information provision and feeling that doctors are not always listening to them.</p> <p>The 2018 Scottish General Medical Services Contract and Memorandum of Understanding (MoU) came into force on 1 April 2018. It sets out the new direction for General Practice in Scotland, which will improve access for patients, help to address health inequalities and improve population health, including mental health. Multidisciplinary teams are at the heart of reforming primary care services. The MoU seeks to ensure that patients see the right healthcare professional first time, and free up GP time to focus on those patients with more complex needs. Service redesign will allow for longer consultations for patients where they are needed. For example, for people living with multiple long term conditions. GPs will work within multi-disciplinary teams delivering a range of services, such as:</p> <ul style="list-style-type: none"> • Vaccination services - delivered by nurses and midwives; • Pharmacotherapy services – delivered by pharmacists and pharmacy technicians; • Community treatment and care – delivered by nursing and healthcare assistants, • Urgent care services - delivered by paramedics, advance nurse practitioners, general practice and district nurses; and, • Physiotherapy and community mental health - delivered by physiotherapists, nurses and occupational therapists.

	<p>Community Link Workers (CLWs) will also have an important role providing care to people living with long term conditions and support them to self-manage their conditions where appropriate. CLWs are expert generalist practitioners based in or aligned to a GP practice or Cluster who work directly with patients to help them navigate and engage with wider services, and assist patients who need support because of (for example) the complexity of their conditions or rurality. As part of the Primary Care Improvement Plan, Health and Social Care Partnerships (HSCPs) will develop CLW roles in line with the Scottish Government’s manifesto commitment to deliver 250 CLWs over the life of the Parliament.</p> <p>It’s very much expected that the new Scottish General Medical Services Contract will free up time to allow people to have more meaningful conversations about their treatment and care, and help them make an informed choice about what’s right for them. Scottish Government will continue to monitor progress with implementing these new approaches to delivering more person centred care.</p>
<p>8: There needs to be some way of measuring if shared decision-making is taking place and if it is an improvement. This would help identify training needs for improvement. It would help to identify if it is being applied consistently and if it is successful.</p>	<p>Scottish Government is committed to taking this recommendation forward. We will evaluate the success of the work set out at recommendations 1, 2 and 5 above to ensure that people and professionals are willing and able to practise shared decision making. We will evaluate the Shared Decision Making Questions pilots that are under way (see recommendation 1), and where these prove successful, and patients and professionals find the questions helpful, we will promote them as examples of good practice on the Realistic Medicine website and the Health Literacy Place.</p> <p>The Care Experience survey programme is a suite of national surveys which provide information on the quality of health and care services from the perspective of those using them. These surveys focus on measuring the quality of person-centred care, in particular in relation to the five key ‘Must Do With Me’ areas. There are also some specific questions about whether people feel they are involved as much as they want to be in decisions about their care and treatment. The surveys, used along with local evidence, allow health and care providers to compare with other areas of Scotland and track their progress in improving the experiences of people using their services. We will continue to work with the Care Experience programme to ensure that we are asking the right questions in the survey, so that we can measure the impact and success of our shared decision making initiatives.</p> <p>A monitoring and evaluation framework is also being developed. The framework is expected to be developed throughout 2019/20 and will be an integral part of our Realistic Medicine Work Programme, helping us to measure the impact of our work to foster and support shared decision making.</p>

<p>9a: There needs to be a culture of continuous improvement with regards to shared decision-making. Well established individuals need to believe in the culture in order to support it and to encourage shared decision-making to be a part of company culture. i.e. managers supporting it may make employees more likely to support shared decision-making. There needs to an individual or group/ team in each district dedicated to shared decision making. This team should be composed of both senior/ experienced individuals and newer less experienced individuals.</p>	<p>Scottish Government is committed to taking this recommendation forward. There are Realistic Medicine Clinical Leads in 19 NHS Boards across Scotland who are responsible for championing Realistic Medicine locally, including shared decision-making. We will continue to work with and support the Realistic Medicine Clinical Leads and other senior leaders across health and social care, to explore how we can extend the Realistic Medicine Clinical Lead role to create multi-professional Realistic Medicine teams. It is envisaged that these new Realistic Medicine multidisciplinary teams will include nurses, pharmacists, social care workers and other healthcare professionals who will all champion Realistic Medicine across their NHS Board area. The teams will work together to provide the leadership and support required to create the culture we need to foster and promote shared decision-making and help their colleagues embed it in the way they practise.</p>
<p>9b: As patients we need the option to be able to see the same medical professional where possible. This means shared decision-making will be of a higher standard as a relationship has been built and the professional better understands the patient and their history.</p>	<p>Scottish Government is supportive of this recommendation in principle and there is growing evidence to support the effectiveness of continuity of care in supporting better outcomes for people. It can help to build trust and understanding. However, it can be difficult to consistently provide continuity of care in practice for a variety of reasons. For example, your healthcare professional may be on leave when you need to see someone. That's why it's important that professionals and patients have the information they need, when they need it, to be able to practise shared decision making and help people make an informed choice about their care based on what matters to them.</p> <p>It is expected that the 2018 Scottish General Medical Services Contract and Memorandum of Understanding (MoU), mentioned at recommendation 6b, will improve access for patients, ensuring that they see the right healthcare professional first time, and free up GP time to focus on those patients with more complex needs. Service redesign and more effective use of the multidisciplinary team, will allow for longer consultations for patients where they are needed.</p> <p>Scotland's Digital Health & Care Strategy will also help. The strategy commits to delivering the digital capability for citizens to access and update information about their health and wellbeing, including their health records and to interact with services. To take this commitment forward we are learning from work led by the West of Scotland NHS Boards and this will be enhanced with further user research in partnership with the NES National Digital Service (NDS) to inform the development of the National Digital Platform. The National Digital Platform will give people access to real-time data and information from their health and care records whenever they need it, wherever they are, and in a secure and safe way. The NDS will lead on the</p>

	<p>development and delivery of the new National Digital Platform and Scottish Government will ensure that delivery plans are developed including timescales for delivery.</p> <p>One of the main recommendations in The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland, is that women should receive continuity of carer throughout their pregnancy journey. Evidence shows that outcomes for women and babies is improved when working in a continuity of midwifery care model. For example, a recent Cochrane systematic review reported that in continuity of carer models, women are more satisfied with their care, they are significantly more likely to have a vaginal birth, they have fewer interventions during birth and are more likely to successfully breastfeed their baby. They are also significantly less likely to have a preterm birth or to lose their baby. We expect this new model will transform the way that maternity care services are delivered in Scotland.</p>
<p>11: Better prepare patients for their appointments so they can be more in control and ask the right questions: e.g. develop and create clear and concise information regarding conditions, illnesses, treatments, support and risks that can be easily accessed to better inform decisions and spark more constructive conversations with professionals. For example, set up group therapy or shared sessions within a doctor's surgery to access further advice and peer support etc. e.g. have the option to email your doctor before an appointment so they know what your complaint (or condition) is (this would be time saving).</p>	<p>Scottish Government is committed to taking this recommendation forward. The NHS Inform website is Scotland's national health information service. It provides the people of Scotland with accurate and relevant information to help them make informed decisions about their own health and the health of the people they care for. People are able to access a wide range of information that can help better prepare people for their appointments, so they can be more in control, ask the right questions and have more meaningful conversations with their health professionals. NHS Inform includes information about:</p> <ul style="list-style-type: none"> • illnesses, injuries and conditions; • tests and treatments; • risks and benefits of treatments; • healthy living topics - such as smoking, alcohol, food and nutrition and mental wellbeing; • health news and events; • national health campaigns; • services provided by GPs, pharmacies and dental surgeries in Scotland; and, • your rights when using these services <p>NHS Inform also includes a number of interactive tools:</p> <ul style="list-style-type: none"> • Self-help guides for common illnesses and injuries; • Scotland's Service Directory containing hundreds of support groups and thousands of NHS services in Scotland; • Info for Me tool that helps you to gather, save, publish and share your own health information

- [Browsealoud](#) makes NHS Inform more accessible with easy speech, reading and translation tools. This software highlights and reads online content aloud. It can help people with dyslexia, reading difficulties, and mild visual impairments access information they would not be able to read onscreen.

In Scotland, Care and Support Planning is delivered through [the House of Care model](#), which supports the self-management of people living with multiple long term conditions. Care and Support Planning is about having good conversations and providing information that people need in a way that they understand, so they can be fully involved in decision making. Scotland's House of Care programme is a collaboration between, the Scottish Government, the ALLIANCE, Year of Care Partnerships, the British Heart Foundation, the Royal College of GPs (Scotland), NHS Boards, Diabetes Scotland and other partners and has so far been rolled out in six adopter sites across Scotland: Lothian/Thistle Foundation, Greater Glasgow and Clyde, Tayside, Lanarkshire, Ayrshire and Arran and Grampian. Scottish Government will consider if and how the House of Care model can be rolled out to other areas across Scotland and become more sustainable.

We also want to ensure people have sufficient knowledge, understanding, confidence and skills to better prepare them for consultations with their healthcare professionals. Meeting people's health literacy needs and communicating in meaningful ways is key to delivering person-centred care. It also improves the safety and effectiveness of care, and helps address health inequalities. In 2017, we published '[Making it Easier – A Health Literacy Action Plan for Scotland](#)'. This builds on what we've learned so far about health literacy and sets out plans to;

- share the learning on health literacy across Scotland;
- embed ways to improve health literacy in policy and practice;
- develop more health literacy responsive organisations and communities; and
- design support and services to better meet people's health literacy needs.

We are currently working with partners to take forward the actions set out in the action plan. Our partners include Healthcare Improvement Scotland (HIS), NES and the Third Sector through the ALLIANCE. We are also improving the [Health Literacy Place website](#), including building a library of case studies to highlight and share the good work currently being carried out across Scotland. This will encourage professionals to adopt some of the good practice on the Health Literacy Place website. We are also working with partners to develop a Scottish toolkit sharing examples of our tools and techniques.

	<p>Group consultations already take place in some GP practices particularly for long term condition management, including conditions like chronic pain, Chronic Fatigue Syndrome (CFS), diabetes, respiratory conditions and weight management. The new GP contract has been designed to support the role of extended multidisciplinary teams which will begin to offer new ways of delivering services. We will explore with the Royal College of GPs whether we can promote and support further adoption of group consultations across Scotland.</p>
<p>12 There needs to be more support when or if a power of attorney is required, this includes the cost. If not it can be delayed shared care or decision-making. Or find alternative ways to do it (e.g. guardianship, living wills?)</p>	<p>Scottish Government is committed to taking this recommendation forward. Improving accessibility of powers of attorney is important. It means more people can make choices about who they want to act on their behalf in the event they are unable to do so.</p> <p>Legal aid advice and assistance may be available for low income or unemployed people to cover solicitors' costs. It is possible to prepare a power of attorney without a solicitor, but a certificate confirming the person is capable of granting the power of attorney will be required, signed by either a solicitor or a doctor. There is sometimes a charge for this. The office of the Public Guardian charges a registration fee of £77, however people can apply for a fee exemption if they are on a low income.</p> <p>We are actively looking at ways to improve the accessibility of powers of attorney. We intend to update the guidance on powers of attorney, revise existing codes of practice, develop training models for professionals and the public to improve awareness around the use of powers of attorney and provide this updated information on new Scottish Government webpages. This will be done within the next year.</p>
<p>13: Create positions that can give face-to-face advice outside of a consultation, to take pressure off GPs and consultants whilst providing information to better inform decisions.</p>	<p>Scottish Government is committed to taking this recommendation forward. In addition to the work going on to increase the support provided to GPs through multidisciplinary teams set out at recommendation 6b above, there are a range of initiatives under way to take this recommendation forward.</p> <p>The National Workforce Plan for Primary Care is looking to improve capacity in primary care and make stronger links to wider health and social care services including third sector service provision. Community Link Workers (CLWs) will also have an important role providing care to people living with long term conditions and support them to self-manage their conditions where appropriate. CLWs are expert generalist practitioners based in or aligned to a GP practice or Cluster who work directly with patients to help them navigate and engage with wider services, and assist patients who need support because of (for example) the complexity of their conditions or rurality. Link Workers help free up GP time by seeing those patients who may not need to see a doctor or nurse, but are unsure how to access the support they need. For example, they can help people access a range of services in the community where they can socialise more, get access to benefits advice, or benefit more from exercise rather than medication.</p>

For example, [The Wellbeing Service](#) is the link worker service in Midlothian. It's a collaboration between a third sector organisation called the Thistle Foundation and the NHS. It provides a signposting service in GP practices, but also offers people referred by the GP practice around 8 or 9 one hour appointments where they can identify, discuss and help resolve their issues. The Wellbeing Service has been well received by GPs. There is evidence that the service is making a notable difference to people who use it and it is also reducing attendances at the GP Practice. The Thistle Foundation has been successful in securing a 3 year contract to deliver the Midlothian Wellbeing Service and it is now being rolled out to all Midlothian GP Practices. It is services such as these that can provide people with valuable face-to-face advice outside of a consultation to better inform their decisions, and help take pressure off GPs and consultants. We are on track to deliver our target of 250 link workers by the end of the parliament. This commitment is being delivered locally by Health & Social Care Partnerships as part of their Primary Care Improvement Plans.

Healthcare Improvement Scotland has also been trialling the [Practice Admin Staff Collaborative \(PASC\)](#) with four Integration Authorities. This Collaborative sees GP Practice admin staff being trained to help people to find services that are better able to meet their needs. For example, St Luke's Medical Practice in Clydesdale has trialled the PASC, providing Patient Care Advisers to ask people why they have contacted their GP and helping them find the most appropriate healthcare professional. This has help to free up GP time, allowing them to focus on people with more complex needs. Evidence shows that people are now becoming more aware of who to contact in the first instance for particular conditions: for example, 70% of service users now know to contact their local optician for eye-related conditions, compared to 30% before the PASC pilot started. PASC has clearly seen some excellent results and we are considering how we can spread this approach across Scotland.

[NHS 24](#) is the national provider of digital and telephone based health and care services for Scotland. It provides people with access to information, care and advice through multiple channels including telephone and online.

NHS 24 is best known for providing care and advice when GP surgeries and pharmacies are closed. People across Scotland can call NHS 24 using the free phone number 111. This gives people access to help and advice if they cannot wait until their GP surgery reopens.

NHS 24 also run local campaigns called Know Who To Turn To, which help ensure people are directed to the right profession for their condition. Know Who To Turn To provide online advice on when it might be better to attend your local pharmacy, optometrist, social care, or self-manage your condition. They advertise

via posters within GP surgeries and local pharmacies and there are a number of local Know Who To Turn To pages available [online](#).

[The ALLIANCE](#) also has an important role in supporting people and providing advice to better inform shared decision making and self-management.

[A Local Information System for Scotland \(ALISS\)](#), is a web based resource, designed to map community assets and connect General Practitioners and people to local sources of support that will help them to manage their conditions more effectively. It was designed and developed with people living with long term conditions and professionals involved in signposting people to support. ALISS is managed by the ALLIANCE and funded by the Scottish Government.

The Self-Management in Scotland Fund, which is managed by the ALLIANCE on behalf of the Scottish Government, provides both large and small grants to community and voluntary organisations and partnerships. It aims to encourage the development of new approaches to supporting people to live well, on their own terms, with whatever health condition they have.

Webchat is also available on the [NHS Inform website](#), where people can click on the 'Live chat' button to connect to a live online conversation with a Health Information Advisor. The service provides information about health and health services throughout Scotland. The webchat service and the helpline can help people with limited computer skills access quality assured health information. Webchat is available Monday to Friday, 8am-10pm and 9am - 5pm at weekends. People who prefer to talk to the health information team can call the service on 0800 22 44 88.

