CHIEF EXECUTIVE’S EMERGING ISSUES AND UPDATES REPORT

1 ARGYLL & BUTE DRUG AND ALCOHOL ACTION TEAM

The Argyll and Bute Drug and Alcohol Action Team held its second meeting on 27 July 2007. The intention is to have a Lead Officers Group and an Implementation Group. Superintendent Raymond Park, Strathclyde Police is the Chairman of the Implementation Group with Donald Mckintosh (Argyll and Bute Council Councillor) as vice-chair. It continues to develop as well and progress action appropriate to its remit. It has submitted a Corporate Action Plan for 2006/07 to the Scottish Executive Health Department and at the last meeting adopted the former Argyll and Bute Substance Misuse Group’s Drug and Alcohol Strategy Plan 2006-09 and Substance Misuse Training Strategy 2007-10. Work continues to secure the necessary infrastructure.

2 FREEDOM OF INFORMATION

In the period from 1 April to 30 June 2007, 29 requests for information have been received and managed as Freedom of Information (Scotland) Act 2002 (FoI) requests. The information was provided (or the requestor was told why they could not have the information) in all of these requests within the deadline of 20 working days.

The outcomes of these requests were as follows:

Information provided 27 cases (93%)
Information withheld 2 cases (7%)

As far as can be ascertained, the requests were made by the following categories of requestors:

Media 17 (59%)
Academics 1 (3.5%)
Members of public 7 (24%)
Medical practices 3 (10%)
Union 1 (3.5%)

3 HEALTH PROTECTION UPDATE

The past 2-3 months have been busy ones for the health protection team. Below are some examples of the incidents managed.

Legionnaire’s outbreak
Our surveillance procedures identified an outbreak of Legionnaire’s disease. Five cases were confirmed and several other suspected cases followed up. The outbreak was associated with the use of leisure facilities at a hotel in Strathpeffer. In total there were 7 outbreak control team
meetings and telephone calls were made and letters sent to hundreds of guests who were potentially at risk. The hotel closed during a period of extensive investigation but following full compliance with cleaning and monitoring procedures has now re-opened.

**Cryptosporidium in Water supplies**
As a result of the excessive rainfall this summer there has been a considerable increase in the numbers of cryptosporidium oocysts being identified in public water supplies. Sampling and joint risk assessments are carried out routinely and these have resulted in “Boil Water Notices” being put in place in Ullapool and Torrin in recent weeks. Such actions are precautionary and we have not seen any increase in the numbers of human cases of cryptosporidiosis infection.

**Gastrointestinal Outbreaks**
There have been 2 outbreaks of diarrhoea and vomiting. One due to salmonella was associated with a Chinese restaurant in Balloch and involved several residents of Helensburgh. The other was associated with a wedding reception in an Inverness hotel when some 73 guests developed symptoms due to norovirus infection.

**Other infectious diseases**
In addition to the above outbreaks there has of course been the ongoing stream of individual cases of infectious diseases to manage and control. Since June these have included over 60 individual cases of campylobacter food poisoning, 3 cases of Meningitis, 3 cases of TB, 2 cases of E coli O157 and one case of malaria amongst many others!

**Immunisation education**
An online immunisation education programme produced by Health Protection Scotland and NHS Education for Scotland was launched in September 2006. Helen Macdonald, Health Protection Nurse Specialist, developed this programme, and piloted it in Highland. It is now being rolled out across the four CHPs and 31 people are at various stages of the programme. It is hoped that eventually everyone who either administers vaccines or gives advice will undertake the programme.

In 2007 Helen is also providing immunisation study days in collaboration with the Resuscitation Team in eight locations, updating 153 individuals in total.

Specific education and training will be required for the forthcoming Hib booster catch-up campaign later this autumn, and for the introduction of Human Papilloma Virus (HPV) vaccine anticipated next year.

**Major Incident Planning**
Following the successful 2 day Exercise “Short Sermon” for the Faslane Naval base in the spring we continue to prepare with our partner agencies for the forthcoming multi-agency Exercise “Lonestar” which will test the Off Site plan for the MoD Vulcan nuclear reactor test establishment in Caithness.

4 HIGHLAND SEXUAL HEALTH STRATEGY

The Sexual Health Strategy of NHS Highland and its two local Authority Partners is with Argyll and Bute Council for signing off. Work continues to develop the systems and processes for effective implementation and to develop criteria for the prioritisation of actions in the context of scarce resources. It is hoped to bring a fuller report to the Board in the Autumn.
This circular commissions individual NHS Boards to produce a draft Pharmaceutical Care Service (PCS) Plan. This initiative is being undertaken on a pilot basis, the results of which will inform the future introduction of formal PCS Planning arrangements. The Smoking, Health and Social Care (Scotland) Act 2005 contains the provisions which will provide for the regulations and directions to cover the new Community Pharmacy Contract. Under those provisions NHS Boards will have a new duty to provide or secure the pharmaceutical care services that are required in their respective areas.

To underpin this responsibility, NHS Boards will be required to produce a Plan that defines what, where and when PCS are, or will in the future be, needed in their area. Once published, it is intended that the Plan will form the basis for making arrangements with those who can provide the required services.

Pharmaceutical care services are defined as either ‘essential’ or ‘additional’. Essential services will require to be offered by all pharmacies who have arrangements with an NHS Board to provide PCS. There are four essential services, namely: a Minor Ailment Service (MAS), an Acute Medicine Service (AMS), a Public Health Service (PHS) and a Chronic Medication Service (CMS).

‘Additional’ services are locally negotiated arrangements that NHS Boards can currently enter into with pharmaceutical service providers. Whilst the individual service specifications are for local determination, central action is being taken to produce indicative specifications for possible use across all NHS Board areas.

Under the amended legislation (still to be introduced) NHS Boards will be under a duty to secure or provide all pharmaceutical care services (PCS) that they consider necessary to meet all reasonable needs of persons in their respective areas. The legislation will enable NHS Boards to provide PCS directly or by means of arrangements, which may include contract arrangements, with others according to which is most appropriate to meet local circumstances.

To discharge the duty described above, NHS Boards will be required to prepare and publish a Plan; the Pharmaceutical Care Services Plan. The PCS Plan is intended to fulfil two main functions, to:

- provide a comprehensive picture of the range, nature and quality of pharmaceutical care provided within the NHS Board area; and
- identify needs and gaps in the provision of pharmaceutical care within the NHS Board area.

To assist NHS Boards with their forthcoming duty to prepare their respective PCS Plans, the Executive previously commissioned NHS Grampian, together with NSS Information Services Division (ISD), to develop a PCS Planning Tool. The first stage of that development was the production of an Information Resource Pack (IRP) supported by a CD-Rom to provide a core national dataset for use in Plan preparation.

The pilot will be conducted on a three stage basis as time-lined below.

**Stage 1:** NHS Boards to prepare first draft of PCS Plan and submit to the Executive by end November 2007.
Stage 2: The Executive will hold a workshop to review submissions and practical experiences in early December. Reminders and workshop details will issue in October/November. The Executive will then provide amended or further guidance if necessary.

Stage 3: NHS Boards to produce a final draft of the PCS Plan for submission to the Executive by early March 2008.

Thereafter, the Scottish Executive will review the submissions and formulate a final version of the IRP and supporting guidance that will be consolidated to form the PCS Planning Tool Kit for use when PCS Plans are formally requisitioned.

6 REPORT FROM THE NORTH OF SCOTLAND PLANNING GROUP

A copy of the Briefing from the North of Scotland Planning Group for June 2007 is attached as Appendix 1 to this update. A copy of the North of Scotland Public Health Network (NoSPHN) Remote and Rural Anticipatory Care Proposal is also attached as Appendix 2.

7 SCOTTISH CONSUMER COUNCIL SURVEY

A copy of NHS Highland’s response to the recommendations in the Scottish Consumer Council report “Call for Improvement – the experience of members of the public contacting their local NHS” is attached as Appendix 3 to this update.

8 SCREENING PROGRAMMES

Cervical cytology screening programme

The current uptake rate in Highland is 86.3% for eligible women to have had an adequate smear in the last 5.5 years. This exceeds both the national target of 80% and the national average of 82.6%. However the overall uptake has decreased year on year over the last 7 years as is the case nationally and it appears to be mainly a reduction in uptake by younger women, particularly those aged 20 to 24 and to lesser degree, aged 25-29 years. The current uptake rates for these age groups are 57% and 79% respectively i.e. below the overall target of 80%. It will be necessary to undertake more detailed analysis of the uptake data by geography and age so as to identify any specific promoting action that may increase uptake.

The national call and recall system (SCCRS) went “live on 29-May-07 and has now been implemented in all GP Practices and in the managed service clinics. Prior to this system, less than 50% of General Practices participated in the Health Boards call-recall system. The purpose of the system is that every woman aged 20-60 years who are eligible for screening will receive a prompt to attend for their smear. The benefits to women should include a reduced risk of missing women from the call and recall programme. Results can be accessed across the country (subject to strict data confidentiality and security measures) e.g. if a woman moves to another part of Scotland and electronic requesting and reporting of smears should result in a quicker turnaround time in the laboratories and this, along with the central mailing of results, means more prompt results for women.

Implementation of the SCCR system has facilitated a targeted approach to health inequalities. It has been adapted locally now for use so that a local GP can take smears from homeless women without compromising GP Practice-based call recall management and activity. The opportunity of other vulnerable groups of women to benefit from the screening programme is
currently being negotiated with the prison system as an integral part of a wider care programme including implementation of NHS Highlands sexual health strategy and Hep C screening. In addition, the screening needs of some long-stay patients are currently being assessed with colleagues from the Mental Health services.

The introduction of a vaccination programme against Human Papilloma Virus (HPV), has recently been recommended by the Joint Committee of Vaccination and Immunisation (JCVI) subject to a cost benefit analysis. Since then the Scottish Executive has made a commitment to implement this by Autumn 2008. The implication of this is that 12-13 year old cohorts will be vaccinated against some of the types of HPVs that are known to cause up 70% of cervical cancers. The impact on the current screening programme will not occur until 2015 but it will still be necessary for screening to take place. The affect is expected to reduce the proportion of positive smears which has implications to QA in Cytopathology laboratories. There is a separate review of Cytopathology labs ongoing across Scotland which includes looking at the future impact of vaccination.

In addition to vaccination there may be the introduction of testing for HPV status in certain women within the screening programme. This will possibly involve those women with borderline cellular changes whose progression to cancer is much less certain. Detection and treatment of HPV infection in these women would be expected to reduce referral to colposcopy.

**Breast cancer screening programme**
The most recent uptake rate available, (2003/04 to 2005/06) is 81.3% and this exceeds both the minimum national target of 80% and the national average of 76.2%. Two-view mammography will be implemented for incident rounds commencing in July 2008. Since 25% more cancers are expected to be detected as a consequence, an implementation plan has been submitted to the National Service Division (NSD) to accommodate the affect on the symptomatic service. It is expected that the NSD will provide feedback on the outcomes of these plans in terms of funding to Health Boards by the end of August. Women not registered with GP Practices are not routinely invited but the BSP covering Highland, annually enquires of the RAF and of the Specialist Mental Health Service unit whether there are eligible women who would benefit from screening.

**Bowel screening programme**
Bowel cancer screening in Scotland will be implemented across Scotland by 2009. NHS Highland will introduce screening in year 3 i.e. in 2009. The screening is targeted to 50-74 year olds with a projected uptake is 60% in women and 55% in men. For NHS Highland there would be about 590 positive screening tests per year requiring further investigation and follow up. The NHS Highland steering group has submitted a business case for the roll out of bowel screening and is supervising on going progress.

**Diabetic Retinopathy**
The screening programme which is compliant with QIS specifications commenced in Highland in June 2006 for the annual call and recall of the diabetic resident population. Currently for the NHS Highland Council area, there is one travelling mobile camera (self-contained unit) and one fixed camera site for screening at Raigmore. The mobile camera has an annual schedule to call at 46 different sites across the region. There is a plan to replace the current mobile unit which has experienced some problems in the winter months with two mobile cameras (not self-contained) which can be delivered and used at various community sites across the region together with the fixed camera at the hospital for various times of the year as the emphasis on the service is to reach people locally. There is an eligible screening population of 6,422 people and the aim is to screen 85% of these people (around 5,400) in the community. Those who fall into the technical failure category (i.e. when a digital image cannot be obtained using a fundus
camera), are assessed within the screening programme by a slit lamp examination, carried out by a hospital Optometrist at clinics in Raigmore, Portree, Golspie, Wick and Fort William. The Argyll and Bute area is also served by a mobile unit which is currently managed by Greater Glasgow and Clyde.

The screening service is working in conjunction with GPs who oversee local homeless centres with an aim to be as flexible as possible in order to make appointments available for those in the community who are staying in the area but not registered with a local GP. There are no formal processes in place at present to target “hard” to get individuals for screening.

There is a planned community awareness campaign in association with Diabetes UK and RNIB including community stands and possibly local radio slots to take place this Autumn. Interpreters are used for some of the mobile van sessions.

Chief Executive’s Office
Assynt House

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