

A Healthier Scotland – Scotland's College's Contribution

Introduction

This paper has been written to provide a starting point for Principals' discussions on the issues affecting the National Health Service in Scotland and how Scotland's Colleges could support the Scottish Government in resolving many of the development and training challenges which changing health care and demographics will bring in the next five to ten years. This paper focuses on health care issues rather than the wider issues of education and training for all those who are employed within the NHS, and whose contributions are often central to the experience and satisfaction of people who use that service. These issues will be discussed in a following paper. The paper also offers some thinking on how some of the underlying challenges to Scotland's health could be addressed.

Background

Scotland may be a small nation however in health terms it is a global player in the development of research and clinical expertise, yet our people have one of the worst health records in the Western world. *The health of a nation underpins its ability to exploit the capacities and talents of its people for the benefit of all.*

Barriers within the existing structure and systems of health care delivery prevent real progress in improving Scotland's health. One issue which is not in doubt is the ability of Scotland's Colleges to help achieve the health goals laid out by the Scottish Government in their election manifesto.

Issues

Medical V Social models

The medical model on which post-Victorian health care is premised is out-moded. The model is simplistic, paternalistic and the power over health remains with the professional. We now know that health is the result of a complex set of factors and that our concept of health care needs to change to exploit our new understanding. This paper is predicated on a social model which is more complex and acknowledges that the individual *and* society are the major architects of health. Within this model the role of the health professional is to provide support or critical intervention. It requires a paradigm shift which places more emphasis on the promotion of wellness rather than the correction of illness. Historically the greatest shifts in health improvement weren't achieved by opening hospitals or improving medical techniques but in providing better sewerage, clean water and better housing. To improve health we need to improve society. This is where the Scottish Cabinet themes and philosophy of cross-working can help improve the health of Scotland's people.

Strategic Planning for education and training in the NHS

Scotland's Colleges have encouraged NHS Education Scotland (NES) to work in partnership to develop a new model for the strategic planning and delivery of education and training to the NHS workforce. We would wish to see the establishment of a national strategic group charged with identifying emerging challenges to the NHS and finding national solutions which would be implemented locally. At present there are many Trusts struggling with the same issues and a national solution which ensured policy was not hampered by barriers which had not been foreseen and addressed, would release additional resource into the delivery of health promotion and health care.

We would see this group having representation from NES, Scotland's Colleges, Universities Scotland, NHS Service Providers, NHS Quality Improvement, Scottish Qualifications Authority, the Scottish Funding Council, the Scottish Executive Directorates responsible for Health and Further and Higher Education, and the Scottish Social Services Council.

Under this group would sit a number of regional partnerships, perhaps following the model of those established to support social work and social care training. It may be that these existing groups could be supplemented to ensure full coverage of the health sector as many of the participants, colleges and universities as the main providers of education and training, would be the same, thus avoiding duplication of activity. It would allow better integration of early years, health and social care training to meet the needs of Community Health Partnerships (CHPS) and could co-ordinate work placements for students undertaking pre-employment training with those who are already in employment but seek additional learning to ensure continued delivery of service.

Scotland's Colleges would encourage the Scottish Government to support the establishment of a national strategic group bringing together the key contributors to develop a national plan for education and training which is based on the principles of the Scottish Credit and Qualifications Framework and which promotes local delivery of solutions.

Health Care Roles

On a per capita basis the majority of educational funding available to support the NHS is used to fund the education and training of doctors yet the majority of interventions in the NHS and related areas such as social care, are made by other care professionals or support workers. The expertise of doctors and other health professionals is recognised and respected, however the real need in the future will be for paraprofessionals, many of them in emerging areas such as Physician Assistants. This releases professionals from time-consuming tasks which do not require their level of expertise.

Manpower planning within the NHS is notoriously difficult. The system needs to have in-built flexibility to allow those already in the system to move horizontally and vertically between health care specialisms as the need

arises. We need to shift funding from educating for professions to educating individuals and communities. We need to focus on professionalism rather than professional bodies. In order to do so we must redefine the roles of those who deliver care.

We have an imminent crisis in nursing and midwifery and reintroduction of a second tier nurse, who would work under the leadership of a registered nurse but focussed on the practical delivery of care, would allow those who wish to be nurses but are not yet ready for the level of academic study required of a university course to contribute to the welfare of patients. The attrition rate of nursing students attending universities is unacceptably high. Many of those who leave cannot meet the requirements of an academic course but provide excellent care.

Scotland's Colleges would encourage the Scottish Government to review roles within the NHS in terms of the needs of patients and to ensure appropriate training is available to fulfil these new roles.

We would encourage the Scottish Government to fully endorse and support the Scottish Credit and Qualifications Framework. This would allow health care roles to be defined by qualifications described by competence and underpinning knowledge rather than by inflexible time-bound, programmes of study.

We would encourage the Scottish Government to ask appropriate authorities to develop a qualification to meet the needs of a new grade of licensed practical nurses (LPN).

New areas of activity

The SNP Manifesto outlined a number of areas where new paraprofessionals could be quickly and efficiently prepared by Scotland's Colleges to meet health care needs. The college sector already offers very successful SVQs and HNCs in Health Care and Social Care which are directly relevant to this issue. Colleges have extensive experience in working with the Scottish Qualifications Authority to develop new courses to meet emerging areas of activity. Common units allow easier transfer of credit between health care areas thus providing new paraprofessionals more quickly and cost-effectively. Exploiting SCQF also widens access to health professions from those from non-traditional university entrance areas who are more likely to access college provision rather than direct entry to degree programmes. Potential new areas for development would include Drug Treatment and Rehabilitation work, Occupational Health Promotion, Mental Health Support and Physical Activity Promotion to support both the Active Schools programme but also professional Physiotherapists in acute, community and rehabilitation activity. It is important to seek areas where cross over of competence and knowledge can be exploited for the benefit of Scotland's health.

We would also suggest a new health role be established to support those in the most deprived communities. A recent research report by Leeds University

showed that initiatives such as the provision of free fruit and vegetables at school made insignificant differences to children's health because the amount of fruit and vegetables consumed in the home dropped. In homes where every penny counts if a child is being supplied with an essential elsewhere, in this case fruit and vegetables, it means the money usually spent on this in the home can be released to pay for something else. This initiative shows the need to integrate policy initiatives with home support.

A successful European Funded programme has operated in West Edinburgh and Easterhouse in Glasgow where local people are employed to engage with members of their own community to bring them back into education and training. This offers a positive model for future community health activity. Local people can be trained to provide health advice, family support and care within the community, with the prospect of being able to advance to professional status as they gain confidence and experience. The NHS faces a manpower crisis in the future and it is essential to engage those who at present feel excluded but could succeed within a new SCQF model and provide the workforce of the future.

Scotland's Colleges would encourage the Scottish Government to examine the potential for new models of health care and support to be developed through Community Health Partnerships and to work with the Scottish Qualifications Authority to develop work-based learning programmes supported by CHPS and Scotland's Colleges.

New models of delivery of education and training

To date the provision of health care professionals to the NHS has mainly relied upon professional degree programmes delivered on a traditional full-time attendance basis. The open university has undertaken some innovative work on delivering teaching and social work qualifications at a distance and provides a starting point to consider how best to deliver education and training flexibly in the future. E-learning is not a panacea. It does provide a useful contribution especially in "just in time learning" but only where the learning process and the learner are placed centrally rather than the technical issues of production and delivery of materials. It does provide access to remote and isolated communities and to those whose working patterns do not allow easy access to traditional delivery modes and through e-learning groups it reduces the isolation of remote students through communication with other learners.

Every university in Scotland has some form of e-learning platform as does the NHS. Almost every college in Scotland has something similar, however there is limited, if any, interaction or access between these resources, yet the learning which students require in health care courses is the same for each specialism and there is a substantial element which is completely common.

We recognise the need for underpinning knowledge and understanding however we also recognise the strength of learning at work and would suggest that as for all Modern Apprenticeships the funding available at present to Scottish Enterprise and Highlands and Islands enterprise be

reassigned to the Scottish Funding Council to allow the development of work-based learning without the disincentives of qualifications bound education and training. It is often units within a qualification which an employee needs to function effectively or move into a more demanding role. Simplification of funding would allow easier access to learning for individuals and for employers.

Scotland's Colleges would encourage the Scottish Government to investigate a model which exploits the potential of integration all publicly-funded health care e-learning resources to provide access to all health care students and employees.

Summary

The culture of the NHS has been destabilised over the last fifteen years and the attempt to introduce managerialism has resulted in a loss of collective memory and thus the focus on health and the patient. During this period of change for the NHS those who require care were also changing, in terms of access to information and the expectations they hold. Scotland's Colleges believe they have a major role to play in addressing this new environment and moving the NHS forward into a new era which places the citizen at the centre and focuses on prevention and health promotion whilst providing care where and when it is needed. By changing how society defines who can and cannot deliver care and exploiting the benefits of the Scottish Credit and Qualifications Framework we can ensure care is delivered by the most appropriately qualified provider and at the same time ensure those who work in the NHS are supported to move horizontally and vertically through the system to provide to ensure best value for the taxpayer.