

The logo for Healthcare Science features three wavy, overlapping bands in blue, yellow, and pink. The text "Healthcare Science" is positioned to the right of these bands.

Healthcare
Science



70th Anniversary of the NHS celebrating achievement – building influence

Karen Stewart

Healthcare Science Officer

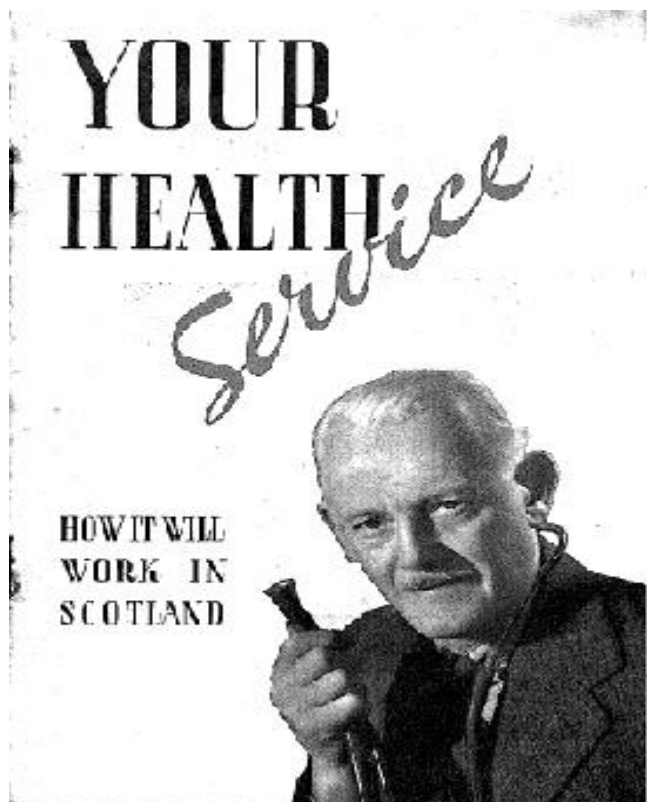
@ScottishHCS @karenmstew

#HCSCConf2018 #NHSScot70

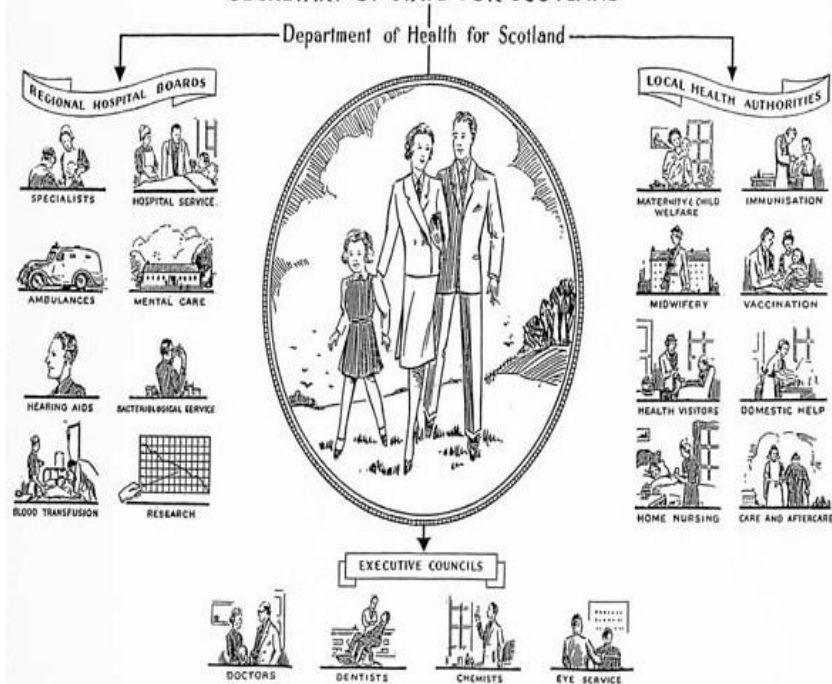


National Health Service (Scotland) Act, 1947.

10 & 11 GEO. 6. CH. 27.



PICTORIAL PLAN OF THE NEW HEALTH SERVICE SECRETARY OF STATE FOR SCOTLAND

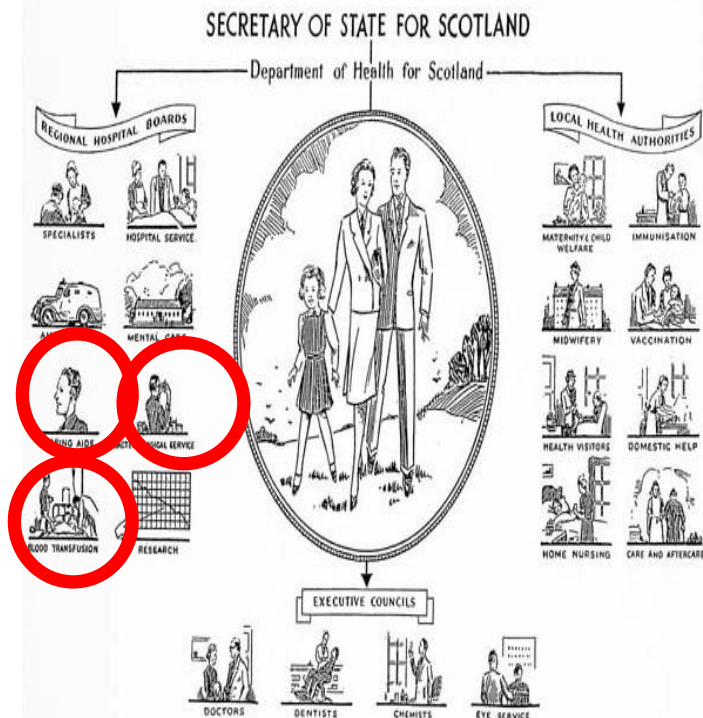




National Health Service (Scotland) Act, 1947.

10 & 11 GEO. 6. CH. 27.

PICTORIAL PLAN OF THE NEW HEALTH SERVICE



THE GLASGOW HERALD; MONDAY.

NEW HEALTH SERVICE BEGINS TO-DAY

400 Hospitals Taken Over in Scotland

FROM OUR SPECIAL CORRESPONDENT

The National Health Service comes into operation this morning, with about 80 per cent. of general practitioners in Scotland enrolled and the response from dentists and pharmacists not yet known. More than 400 hospitals, with almost 65,000 beds, pass to State ownership—183 voluntary hospitals, 218 from local authorities, and 7 which were formerly run by the Department of Health for Scotland.

In future they will be administered by 3 Regional Hospital Boards and 83 Boards of Management.

The Secretary of State has also set up 25 Executive Councils to look after general practitioners' services.

Councils' Responsibilities

Fifty-five local health authorities—County Councils and the Town Councils of large burghs—will continue to be responsible for such matters as the care of mothers and young children, and will provide a number of additional services, including domiciliary midwifery, home nursing, and vaccination and immunisation. Co-ordination of services is now being discussed by these bodies, the Regional Hospital Boards, and the Executive Councils.

Last-minute guessing about the scheme has focused on every question how the gaps are to be filled in the probable rate of progress in those sections which are ready, more or less, for action. The most intelligent of it suggests that the success or failure of the Service will depend on the family doctor.

If the beneficiaries of State planning are to catch up with all of their rights as they will have to be made as well as

mainly mental and infectious disease hospitals, and vary considerably in size and condition.

As part of the general scheme which the Regional Boards are setting up, specialist advice will normally be available at hospitals, and will be available through the general practitioner. Specialist consultants will also be arranged at local authority clinics and at health centres. There is no prospect, however, that the health center will be provided quickly. Meanwhile four sites have been considered for experimental units. The first is likely to be established at Sighthill, Edinburgh, and the others at Airdrie, Cowdenbeath, and Dunbar.

The supplementary ophthalmic service which is to be provided in association with the hospitals will be brought into operation by stages. To meet parts of Scotland eye-testing will continue to be done by an optician, spectacles being supplied on his prescription.

In the case of dentistry, people who can find dentists of their own choice willing to give treatment within the Service will have that treatment free of charge. Examination and treatment will be assured for two special classes, expectant mothers and children up to the new school-leaving age. This becomes part of the maternity and child welfare services provided by local authorities and of the school health services.

70
YEARS
#nhsscot70

@ScottishHCS

**Healthcare
Science**

NHS
SCOTLAND



**Healthcare
Science**

Timeline of Healthcare Science Contributions

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

Laboratories required

National Health Service (Scotland) Act, 1947.
 10 & 11 Geo. 6. Ch. 27.

Bacteriological service. 18.—(1) The Secretary of State may provide or secure the provision of a bacteriological service, which may include the provision of laboratories, for the control of the spread of infectious diseases, and the Secretary of State may allow persons to make use of services provided at such laboratories on such terms, including terms as to the payment of charges, and on such conditions as the Secretary of State may determine.

Scotland 1947

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

Powered Prosthetic Unit founded for children with limb abnormalities as a result of the drug Thalidomide
Edinburgh 1963

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

Scottish Cervical Screening Programme

Scotland 1988

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

Scottish Bowel Screening Programme

Dundee 2007

Scottish MRSA Microbiology Reference Lab established
Glasgow 1997



70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

Blood Products Unit set up to exploit plasma fractionation technology

Edinburgh 1950



70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

World's 1st complete electrical arm prosthesis

Edinburgh 1998

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

Academy of Healthcare Science established

UK-wide 2011

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

1st whole-body Single Photon Emission Computed Tomography (SPECT) scanner

Aberdeen 1968

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

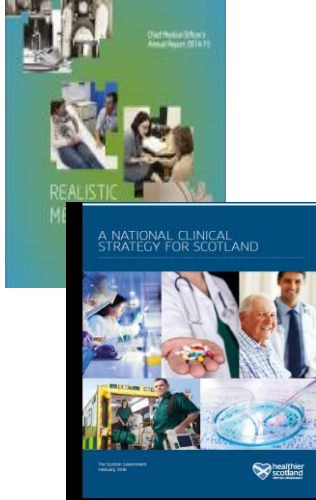
Scottish Molecular Genetics Consortium established

Scotland 1985

70 YEARS @ScottishHCS
Healthcare Science
NHS SCOTLAND

1st implant of European Subcutaneous Defibrillator

European first with pioneering heart device
Clydebank 2014



HCS NDP

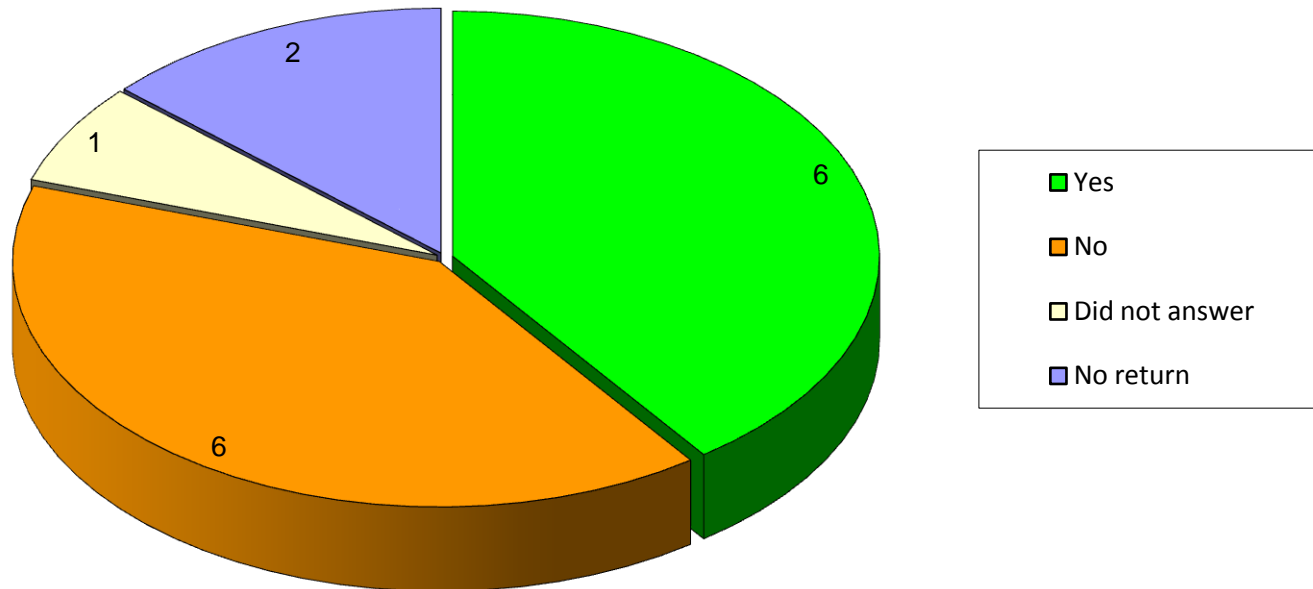


Physical Sciences - Progress points

Improvement programme	Deliverables for NHS boards and their Healthcare Science Leads, Managers and Heads of Service
Streamline health technology management	All boards with a high-quality, sustainable, coherent and whole-systems approach to the management of health technology
Point-of-care testing	NHS board healthcare science leads will work with medical directors and clinical teams to develop a local implementation plan that ensures clinical governance and effective roll-out of point-of-care testing.
Demand optimisation	NHS board healthcare science leads will work with stakeholders to develop local improvement plans to reduce unnecessary testing across primary and secondary care. This will free-up capacity to address rising demand and deliver testing that positively affects the patient pathway, supports primary care preventive measures and reduces hospital referrals and admissions.
Developing sustainable services	NHS board healthcare science leads will work with stakeholders to explore new and developing healthcare science roles that support areas of service pressure and have the potential to free-up medical capacity, with the initial focus on histopathology services.
A new integrated model for clinical physiology services	NHS board healthcare science leads will work with stakeholders to develop a sustainable integrated service model to enhance clinical physiology service delivery and quality.

Progress around HTM

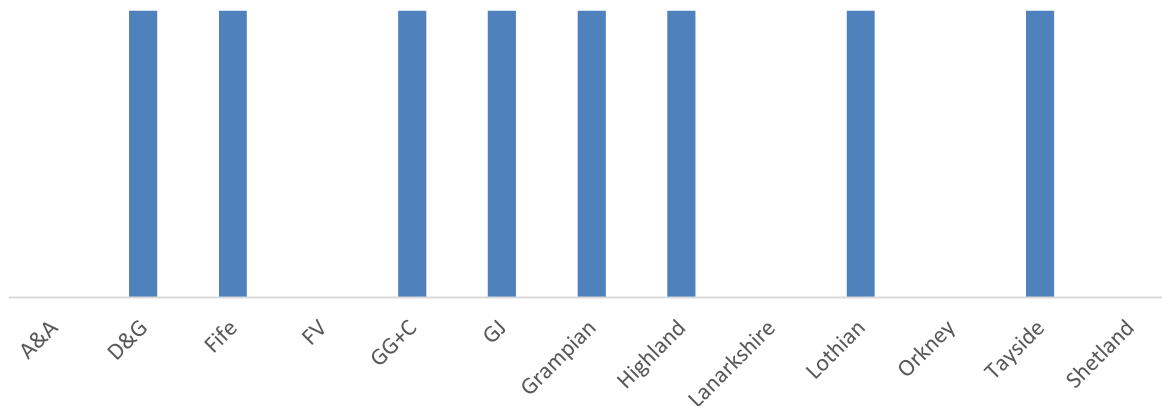
Does your board have a high-quality, sustainable, coherent and whole-systems approach to the management of health technology in place as required by Deliverable 1 of the HCS National Delivery Plan?



The Life Sciences – Progress points

Improvement programme	Deliverables for NHS boards and their Healthcare Science Leads, Managers and Heads of Service
Streamline health technology management	NHS board healthcare science leads will work with stakeholders to deliver a high-quality, sustainable, coherent and whole-systems approach to the management of health technology.
Point-of-care testing	All Boards with functional Point of Care Testing committee and governance
Demand optimisation	Scottish “Demand Optimisation Group”
Developing sustainable services	Focus on Histopathology dissection and enhanced bacteriological/microbiology roles
A new integrated model for clinical physiology services	NHS board healthcare science leads will work with stakeholders to develop a sustainable integrated service model to enhance clinical physiology service delivery and quality.

Do you have a POC Committee ? - 2017



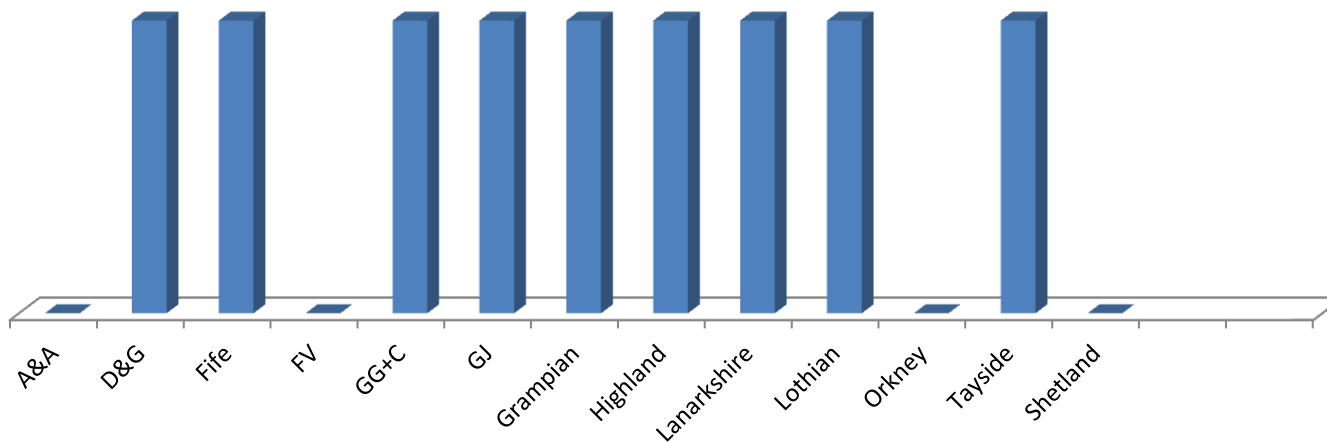
2017

2017 – 8 boards

2018 – 9 boards

Do you have a POCT committee

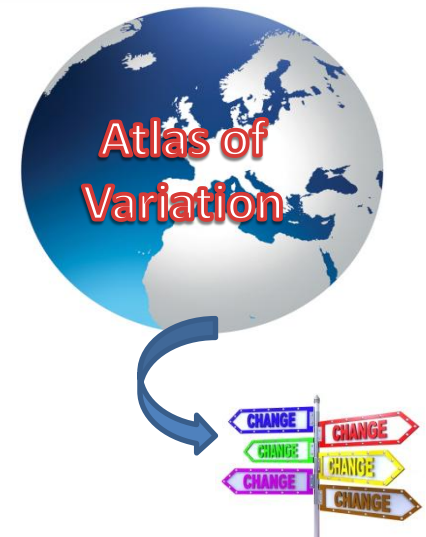
2018



2018

Demand Optimisation Phase II Project

- Data Collection and Output
 - Business Intelligence
 - Atlas of Variation
 - Audit & Feedback
- Guidance: General/IT
- Governance – Local HB based
- Communications & Engagement
- Standardisation – Data Group/Shared Services
- Specialty Specific Workstreams



Sustainable Teams and what next

NDP specifies BMS Dissection in Histopathology as a key to releasing medical capacity.

- Supported SPAN in developing a National Training School.
- Ran from 14th-18th May.
- Delivered a basic theoretical and practical overview of tissue dissection.
- Students completed a pre-training survey.
- Feedback will be gathered at 3 and 6-month intervals following the training.



- Transformational role secondment in post within Scottish Government (David Ashburn)
- Recognition of the regional and shared services agenda

Clinical Physiology - Progress points

Improvement programme	Deliverables for NHS boards and their Healthcare Science Leads, Managers and Heads of Service
Streamline health technology management	NHS board healthcare science leads will work with stakeholders to deliver a high-quality, sustainable, coherent and whole-systems approach to the management of health technology.
Point-of-care testing	NHS board healthcare science leads will work with medical directors and clinical teams to develop a local implementation plan that ensures clinical governance and effective roll-out of point-of-care testing.
Demand optimisation	NHS board healthcare science leads will work with stakeholders to develop local improvement plans to reduce unnecessary testing across primary and secondary care. This will free-up capacity to address rising demand and deliver testing that positively affects the patient pathway, supports primary care preventive measures and reduces hospital referrals and admissions.
Developing sustainable services	NHS board healthcare science leads will work with stakeholders to explore new and developing healthcare science roles that support areas of service pressure and have the potential to free-up medical
A new integrated model for clinical physiology services	Develop a clinical physiology network, promote the expanding interpretative role of physiologists within the MDT

Clinical Physiology Network

- Initial setup of a physiology network focussed on Cardiac, Respiratory, Neurophysiology & Audiology.
- 4 actions form an agreed workplan identified following a SWOT analysis.
- Workforce Analysis
- a standard "Roles " document
- Sharing of QI projects
- Training routes
- Early interest & engagement has been difficult to sustain.
- Contributors to the Network have been asked to consider how the Group moves forward.

Applications invited for the Scottish Healthcare Science innovation Fund 2018/19

- £75,000 of funding to support the implementation and measurement of your project.
- Test and develop innovative ideas that are aligned to the Healthcare Science National Delivery Plan
- Applications should demonstrate how their projects will lead to direct benefits or impact on patients.
- Open from 2nd July – 13th August 2018

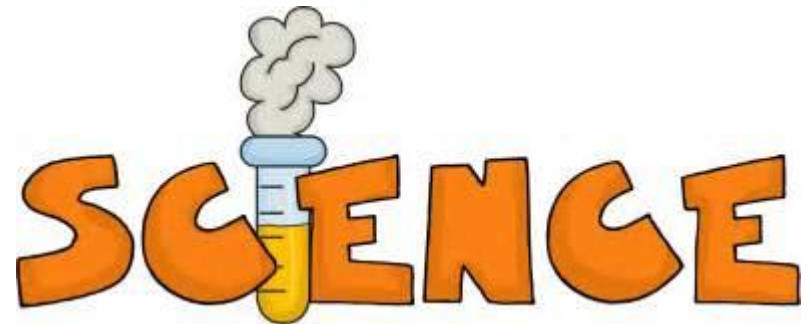
<http://www.knowledge.scot.nhs.uk/hcsleadscommunity/ndp-2015-2020.aspx>





Healthcare
Science

Enjoy Your Day



<https://www.bing.com/images/search?q=image+for+science&qv=im+age+for+science&FORM=IGRE>