

Transforming Health and Wellbeing Outcomes

This document outlines Healthcare Improvement Scotland's approach to supporting the redesign and continuous improvement of health and care services to deliver transformation in health and wellbeing outcomes for people in Scotland.

May 2021

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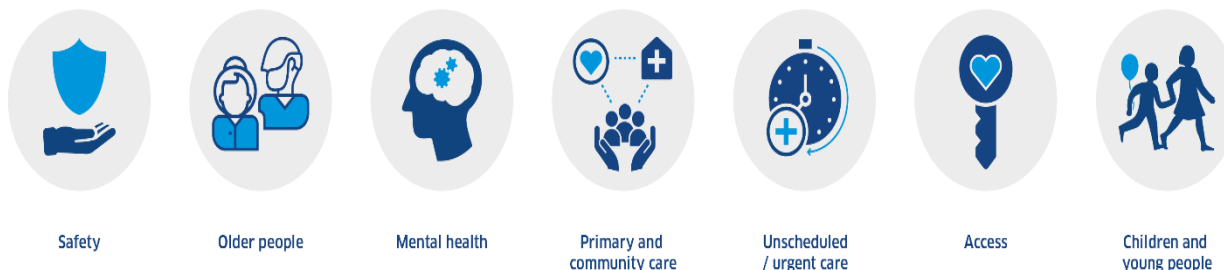
1.0 Introduction

The last year has seen our health and care system face unprecedented challenges. It has also demonstrated that, when enabled to do so, our system can innovate at pace and scale. As we move from the initial response to the pandemic into the longer term work of recovery and redesign, we need to do so in a way that also supports the recovery of our workforce, as well as placing the people who use our services at the heart of redesign and improvement.

Addressing the challenges ahead will require some innovative and radical rethinking about what we do and how we do it. However, success will also be dependent on us embedding a culture of continuous improvement to ensure we are delivering the highest quality and most efficient care we can with the resources available. We've always maintained that transformation requires a focus on both redesign and continuous improvement and this has never been more critical.

The aim of this document is to outline the approach and support that Healthcare Improvement Scotland provides for the vital work ahead of redesigning our health and care system and embedding a culture of continuous improvement.

In providing support for the redesign and recovery of health and care services we are focusing on the following seven key delivery areas.



“As an organisation, we are driven by a passion to see sustainable and affordable improvements in the health and wellbeing outcomes for the people in Scotland. We are not interested in solutions that look good on the surface, but won’t deliver sustainable improvements. We are in it for the long haul, which means that success for us is when we see real and meaningful improvements in health and wellbeing outcomes for people.”

Carole Wilkinson, Chair, Healthcare Improvement Scotland

2.0 Our remit in supporting redesign and continuous improvement

As Scotland's national improvement organisation, Healthcare Improvement Scotland (HIS) has a remit to support the transformation of health and social care through:

- the **redesign of clinical and care services**, and
- the development of **cultures of continuous improvement**.

We also have a statutory duty to support, ensure and monitor community engagement activities across NHS boards and Integration Authorities. In addition, we carry out independent quality assurance of community engagement in key circumstances, for example, where the Cabinet Secretary for Health and Wellbeing views a proposed change to a health service as major. For more information, visit:

<https://www.hisengage.scot/service-change>

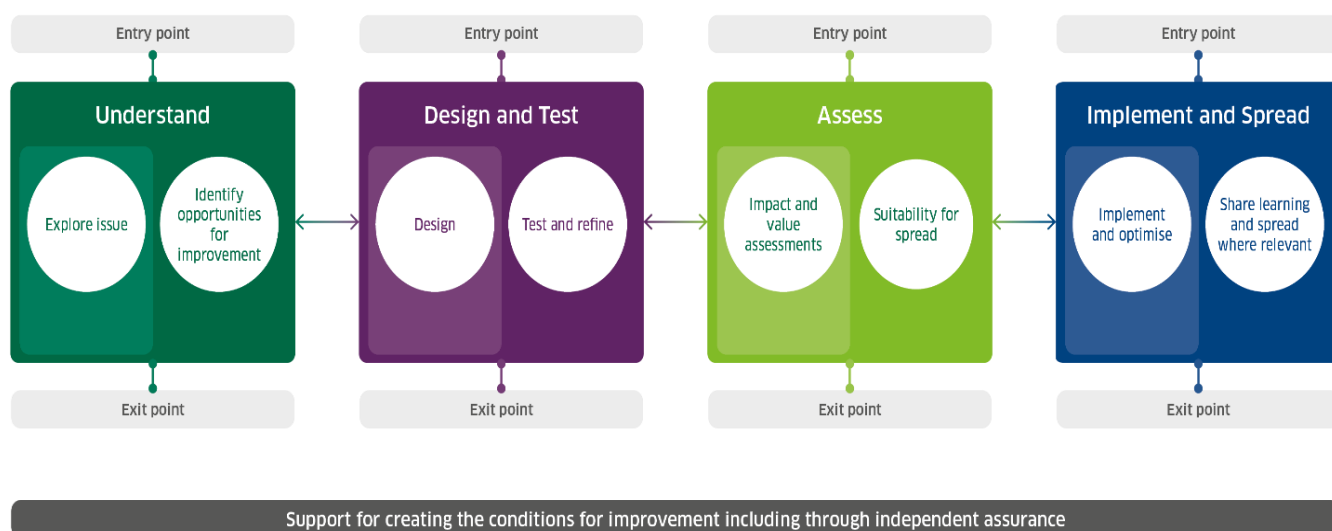
We recognise that transformation can and is delivered through **both** large scale redesign and bottom-up iterative improvements. It requires a combination of the following areas of focus:

Focus	Definition	Examples of our work in this area
Point of Care improvements	Improving a step or a number of steps in an existing care delivery process.	<ul style="list-style-type: none">• Led the roll-out of Near Me across primary care working with 652 practices across 10 boards and contributing to an 877% increase in video consultations.• Supporting effective workflow optimisation in primary care which has delivered an average 44% reduction in paperwork. In one practice that measured this equated to six hours of GP time saved per week.
Designing and implementing new models of care	Significant changes to the composition and/or focus of an existing team/service or the introduction of a new team/service. Will incorporate point of care improvements.	<ul style="list-style-type: none">• Currently supporting spread of Hospital at Home – working with six areas to support its introduction: Aberdeen City HSCP, Aberdeenshire HSCP, Dundee HSCP, NHS Forth Valley, Glasgow City HSCP and NHS Western Isles. In doing this we are sharing learning and good practice from the established services in NHS Lanarkshire, NHS Fife and NHS Lothian.• Supporting design and testing of community-led models of care: 37.5% decrease in social work waiting list in Borders, 20% decrease in social work team case load in South Ayrshire.
Redesigning pathways of care to ensure the person gets their needs met first time, by the right	Combination of actions that results in a different pathway of care for a particular disease or population group. May include changing the order of interventions, new service models and/or a	<ul style="list-style-type: none">• Implementing Serial Prescribing (early data showing a reduction in GPs signing >500 prescriptions/week).• Access QI – in partnership with NES, supporting application of Quality Improvement to redesign elective pathways with impact including NHS Tayside's Colorectal service reducing the number of patients waiting more than 12 weeks by 65% and the total number of patients on the waiting list by over 50%; from 2,137 to 970 patients.

Focus	Definition	Examples of our work in this area
person in the right way	series of point of care improvements.	<ul style="list-style-type: none"> Undertaking a “Gathering views” exercise to ascertain potential enablers and barriers to accessing new Urgent Care service.
New systems of care which usually incorporates action across all of the above	Significant level of change across a whole system of care that results in a significantly different way of delivering services for a population of people.	<ul style="list-style-type: none"> Bespoke support to an IJB to deliver a transformational change strategy for older peoples’ service and an NHS board to develop a new mental health and wellbeing strategy. Assurance of NHS Lanarkshire’s engagement on the Monklands Replacement Project which enabled them to meet the national guidance on public engagement in major service change and ensure the views of local people and communities meaningfully shaped significant changes to service provision.

Whether the focus is large scale redesign or bottom up point of care, sustained improvement requires a systematic approach to ***understanding the challenge, designing solutions, testing and refining changes, assessing the impact of any change and spreading at scale.***

Fig 1: The Redesign and Continuous Improvement Journey



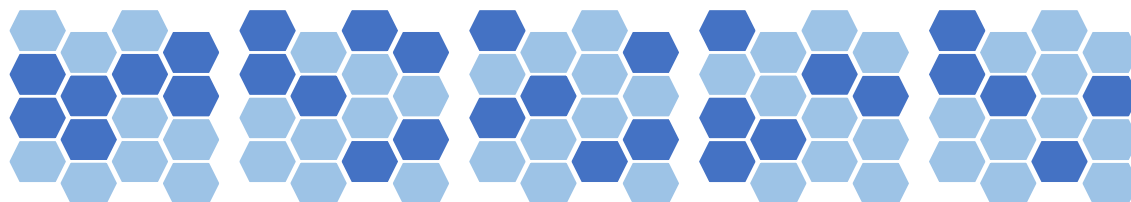
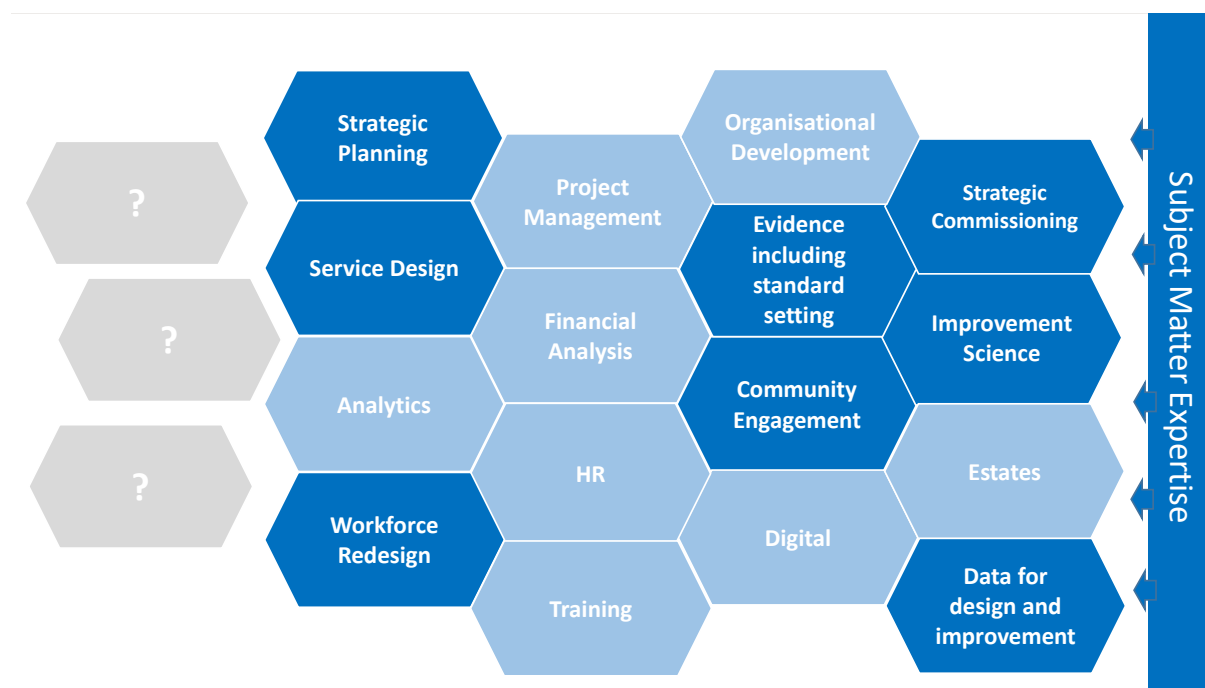
As an organisation, we have a range of skills and expertise which are relevant at every stage. At times we will support an initiative through the entire process from explore through to spread at scale (e.g. our work with primary care to reduce workload on GPs); at other times we will input at one specific element of the process, such as the work of the Scottish Health Technologies Group to assess the value of new technologies.

We also recognise the importance of creating the conditions for redesign and continuous improvement (culture, capacity and capability) and we undertake a range of activities focused on this, including through our independent quality assurance of health and care services.

Please see Appendix 2 for a more detailed description of the activities and support we provide under each of these headings and how this overall framework aligns with both the Scottish Approach to Service Design and the Quality Improvement Journey; two critical methods which we blend in our work to support redesign.

3.0 Our expertise to support redesign and continuous improvement

We recognise that the work of redesigning services is complex and that the specific approach used must be informed by the context. Over recent years we have been advocating for the need to move beyond disciplines proposing that investing in them alone is vital to increase the pace and scale of transformation. Rather we need to intentionally build and support multidisciplinary transformation teams which draw on a range of different skillsets.



The composition of a multidisciplinary transformation team should change over the life of a project to match the skills and expertise to the issues presenting at that stage.

Areas marked in dark blue above indicate where Healthcare Improvement Scotland has significant experience and expertise focused on supporting redesign and improvement work across the health and social care system. In recognition that we don't have all the skills needed and the vital importance of locally led change, we work collaboratively with a wide range of partners and colleagues across the health and care system (see Section 4.0 for more information).

Area of expertise	What we do
Community Engagement	<p>We provide expertise in community engagement to support health and care services to listen to and meaningfully involve people in developing and redesigning services. This includes advice and improvement support for the continuum of engagement as well as identifying tools and methodologies to be used.</p> <p>We use our engagement expertise to work with policy makers and service providers to ensure that people and communities are involved in planning and developing local health and care services. This includes:</p> <ul style="list-style-type: none"> • Identifying and sharing best practice for engaging with individuals and communities to shape local services and influence national policy. • Embedding equality and human rights to ensure everyone's voice is heard. • Collaborating and working in partnership to deliver an improved engagement experience for people and communities. • Sharing learning.
Evidence to support redesign and improvement	<p>We have an international reputation for our skills and experience in providing a range of evidence resources that support the work of redesigning and improving services. These include evidence reviews, health technology appraisals, evidence-based advice, recommendations, guidelines, standards, indicators, data measurement and evaluation.</p> <p>We also have experience in evaluating complex change programmes to understand both the impact and the suitability for spread.</p>
Strategic Planning and Commissioning	<p>We have a small but highly skilled team of strategic planning and strategic commissioning experts providing advice, guidance and support to the redesign of health and social care services.</p> <p>With experience of working in the health and social care system, they are able to combine subject matter expertise with the impartiality of an independent organisation.</p>
Service Design	<p>We are growing a dedicated team of experienced service designers. Working closely with other user-centred design colleagues from the Scottish Government's Office of the Chief Designer, and across a number of the Special boards, we support person-centred design-led approaches, methods and tools to be embedded across transformation and improvement work.</p> <p>We also lead and facilitate the quarterly Design Community of Practice for Health and Social Care, supporting greater understanding of design and the development of the practice and profession across health and social care.</p>
Improvement Science including spread methodologies	<p>We have an international reputation for our work designing and delivering successful Scotland-wide quality improvement programmes. We work in close partnership with the NES QI training programmes to deliver programmes which combine skills development with practical support for change.</p> <p>We use improvement science across both our redesign and continuous improvement work and recognise the importance of its role in both bottom up and top down change. For top down change, quality improvement approaches enable centrally designed models and systems of care to be adapted and optimised into the local context.</p> <p>We also have considerable knowledge and experience around successfully spreading improvement and innovation at scale. We recognise the importance</p>

Area of expertise	What we do
	of choosing a method for spread that aligns with the type of change being implemented.
Data for design and improvement	<p>We have significant experience in using data, both qualitative and quantitative, to identify opportunities for improvement. We also know how to use it to understand whether changes are leading to improvement and are also experienced in providing advice on evaluation of complex service change.</p> <p>Public Health Scotland is a key strategic partner and we have strong collaborative relationships in this area.</p>
Workforce Redesign	As part of our lead role in implementation of the Health and Care Staffing Act , we provide tools and improvement support for NHS boards and IJBs to develop staffing models which support safe and efficient delivery of new and existing models of care.
Subject matter expertise including how to work with complexity	<p>We bring significant subject matter expertise with over five years of experience of working successfully across the spectrum of health (primary and community, mental health, acute, tertiary), social care, third and independent sector, housing and communities.</p> <p>We have been working in the field of complex service change for many years and understand the difference between changes that can be designed top-down and adapted into local context versus those that require bottom-up co-design drawing on evidence and existing good practice.</p> <p>We have a strong professional infrastructure including a wide range of health and care professionals who undertake sessional work with us including medics, nurses, AHPs, social workers, psychologists, pharmacists and housing professionals. Any work we undertake is rigorously assured within our clinical and care governance approaches to ensure that we are improving the quality of care as an integral part of service redesign.</p> <p>Having all this knowledge and experience in one organisation provides us with key insights into the barriers to more integrated care and enables us to successfully build bridges at critical interface points such as between primary care and acute, health and housing and health and social care.</p>

4.0 Our collaborations

Healthcare Improvement Scotland's support for service change, redesign and continuous improvement celebrates the wealth of skills available across Scotland and enables people to come together to work on issues in a collaborative way.

These are the principles that underpin how we support service change, redesign and continuous improvement:

- We **enable the participation of people** with lived experience and local communities in all our work.
- We **work with people rather than do things to them**. This enables us to build the local capacity for redesign and improvement, which over time will become more self-sustaining.
- We **establish relationships based on trust** and seek to act with compassion and kindness in all we do.
- We **seek to understand and explore** before thinking about what might need to change or improve.
- We **work collaboratively across complex health and social care systems** with multiple interdependencies.
- We **focus on outcomes and evidence**, using quantitative and qualitative data, and testing our understanding at each stage of the process.
- We are **committed to continuous improvement** and learning in all that we do and to **freely share our tools, approaches, knowledge and learning** across Scotland.
- We **champion equality, diversity and human rights** and **seek to work in a sustainable way**, including identifying ways to address climate change.

Our experience in collaboratively leading and designing transformation programmes has taught us that the hardest part of the journey of redesign is the implementation. The work must be owned and led by NHS boards and Health and Social Care Partnerships. However, we also understand that spending time up-front in understanding the needs and assets¹ of our populations and co-designing a set of evidence-informed solutions is how to ensure success.

As well as providing support across health and care services on how to effectively engage people and communities in the work of redesign and service change, we also assure community engagement in major changes to NHS services and share the learning from this to help ensure people's views shape the services that matter most to them.

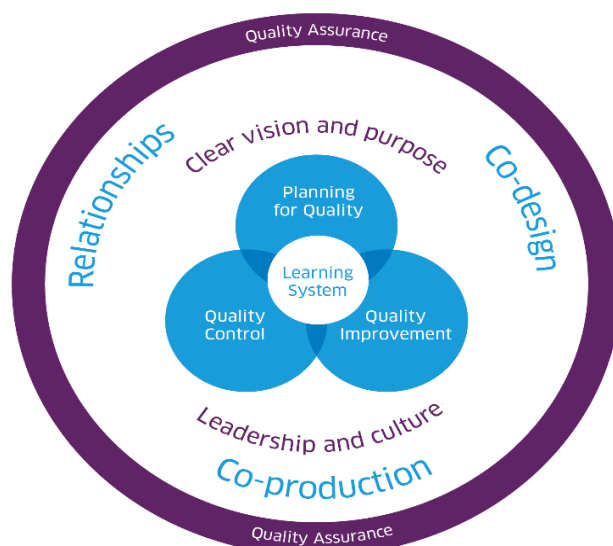
¹ By 'assets' in this context, we mean the strengths, connections, resources, knowledge and experiences of people and communities who use health and social care services.

For both the design and implementation of change, we are able to use our position as the national improvement organisation to increase the pace and scale of change by enabling successful collaborations across a range of organisations and individuals. We work closely with a wide range of other national organisations to ensure we are able to jointly offer the right support for the challenges faced. Examples of national organisations we have successfully worked in collaboration with include NES, SSSC, NSS, Public Health Scotland, Improvement Service, NHS24, Care Inspectorate, Coalition of Care and Support Providers in Scotland, Scottish Federation of Housing Associations, Alzheimer Scotland, VOX, RCGP, Health and Social Care Scotland and COSLA. This list is far from inclusive, as we work with over 100 different organisations across Scotland.

We also have an international reputation for the quality of our evidence and improvement work and we are able to tap into a broad range of UK and international networks. Examples of our international collaborations include: IHI, NHS Improvement England, Royal Free London, Public Health Wales, AQuA, Health Foundation, Cincinnati Children's Hospital, Jonkoping, NICE, Health Technology Assessment international (HTAi), International Network of HTA agencies (INAHTA), European Network for health technology assessment (EUnetHTA), and Guidelines International Network (GIN).

5.0 Our focus on sustainable improvement

Underpinning all our work is the [Healthcare Improvement Scotland Quality Management System](#) which highlights that the reliable delivery of high quality care requires organisations to have a consistent and co-ordinated approach to managing quality that is applied from team through to board.



It is not enough to **understand** and prioritise the improvement opportunities (quality planning), **design** and **test** solutions (quality planning and quality improvement), **implement** better ways of delivering health and care services which are optimised for local context (quality improvement) and **spread** learning at scale (learning systems). We must also **create the conditions** for sustainable improvement by ensuring we have clear and meaningful standards and measures to understand whether we are maintaining quality (quality control and quality assurance) and that staff at every level in the system have the skills to continuously improve (leadership and culture). Without this broad approach we risk implementing new models and pathways of care that fail to deliver the benefits and/or fail to adapt to new changes in context.

Quality improvement – the use of methods and tools to continuously improve quality of care and outcomes for patients – should be at the heart of local plans for redesigning NHS services. NHS leaders have a vital role to play in making this happen – leadership and management practices have a significant impact on quality. Studies have shown that board commitment to quality improvement is linked to higher-quality care, underlining the leadership role of boards in this area.

[The Kings Fund](#)²:

“The evidence is clear, we need quality and systematic approaches to delivering improvement at the heart of every remobilisation plan. In leading the national improvement agency, I am committed to Healthcare Improvement Scotland playing its part in supporting our health and care services to implement changes that will sustainably transform outcomes for people in Scotland.”

Robbie Pearson, Chief Executive, Healthcare Improvement Scotland

² The Kings Fund, *Making The Case for Quality Improvement: lessons for NHS Boards and Leaders* (October 2017)

Appendix 1 – Our Current Programmes Supporting Redesign and Continuous Improvement (updated May 2021)

Our work touches on every part of the health and care system. Our current programmes of work supporting redesign and continuous improvement are:

Sector	Programme
Communities	<ul style="list-style-type: none"> Supporting IJBs to implement community-led³ and COVID-19 compliant models of care and alternative commissioning approaches, especially for mental health and older people's services. Supporting people and communities to enhance their assets and gain new knowledge to enable them to engage with health and care services through provision of training such as Voices Scotland.
Primary and Community Care	<ul style="list-style-type: none"> ACP – providing support to ensure review and update of Key Information Summary (KIS). Part of this continued work includes an online tool being developed in conjunction with NES Digital Service which will be launched in early 2021 and resources to support MDTs to have these important conversations with patients and families. Implementation of Essentials of Safe Care (SPSP) and SPSP Learning System. Implementing Care Navigation which takes work off GPs by ensuring patients go to the right professionals at the right time and enables implementation of the Scottish Government priority re Pharmacy First. Implementing Serial Prescribing (early data showing a reduction in GPs signing >500 prescriptions/week). Working with four ADPs to reduce drugs deaths and improve access to vital health and care services for people who are experiencing homelessness. Building on our successful prototyping work with primary care around frailty and our work to improve the response to frailty at the front door of the acute hospital, we are currently scoping a combined acute/community frailty offer with aim to start offering support from July 2021. Providing improvement and implementation support to six areas to introduce Hospital at Home services and developing an implementation toolkit for further new service development and a business case toolkit, both for use in NHS boards and IJBs. Supporting implementation of new COVID-19 compliant models of support for Learning Disabilities day services and supports. Reconvening Community treatment and care services network to support remobilisation of essential primary and community care services. National Primary Care Learning System which includes PC Resilience webexes delivered in collaboration with SG and RCGP and Improving Together interactive (ITi) maintenance.

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- ³ Community Led Approaches is an umbrella term for a range of models that leverage community assets (such as community groups) within health and social care provision, and those that work differently to empower people to improve community wellbeing. They present enormous potential to improve outcomes and reduce demand on statutory services. Please see: <https://ihub.scot/media/8107/20210305-community-led-approaches-report-v20.pdf> for more info.

Sector	Programme
	<ul style="list-style-type: none"> Working with other National boards and HSCPs to scope a revised version of the eFrailty Index (eFI) which supports early identification of frailty. Supporting the implementation of the Redesign of Urgent Care through engaging with people who may use the service to understand potential enablers and barriers as well as how we communicate about the new service.
Residential and 24 hour non acute	<ul style="list-style-type: none"> Deliver the Prisons Pharmacy programme of work to support the medicines facet of the National Prison network.
Acute	<ul style="list-style-type: none"> SPSP Essentials of Safe Care and SPSP Learning System. Redesigning deteriorating patient and falls improvement offer and launch associated SPSP collaborative. SPSP Maternity focusing on reducing stillbirths. SPSP Neonatal focusing on reducing neonatal mortality, reducing term admissions, Bronchopulmonary Dysplasia (BPD) and pre term neonatal wellbeing package. SPSP Paediatrics – scoping next phase of support. Value Management – national collaborative working with six NHS boards to support clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, experience and value. Dementia in Hospitals Collaborative including national learning system delivered in partnership with the Scottish Executive Nurse Directors’ group and Alzheimer Scotland’s Dementia Nurse Consultants, alongside national organisations including NHS Education for Scotland. Supporting the implementation of Person-centred Virtual Visiting by identifying potential gaps in provision of service and supporting in-patient facilities to understand the barriers to accessing the service and mitigate against these to ensure an equity in provision of service across NHS Scotland. Health and Housing – facilitating improvements in the interface between housing, health and care to enable hospital discharge and support at home for complex needs. Access QI -- working with NHS boards to use quality improvement to sustainably and affordably improve waiting times. Providing evidence support to the Clinical Cell at Scottish Government to provide guidance to services on their recommencement. Delivering a Gathering Views exercise in relation to Elective Care and Clinical Prioritisation to understand how longer waiting times and potential changes to elective care impacts on individuals. Delivering the learning system to support national implementation of HEPMA (Hospital Electronic Prescribing and Medicines Administration) across Scotland.
Mental Health and Dementia	<ul style="list-style-type: none"> Developing, testing and supporting implementation of the Essentials of Safe Care supporting COVID-19 resilience in mental health safety through a focus on least restrictive practice and improving observation practice and SPSP Learning System. National Learning System sharing COVID-19 resilience practice in improving access to mental health services.

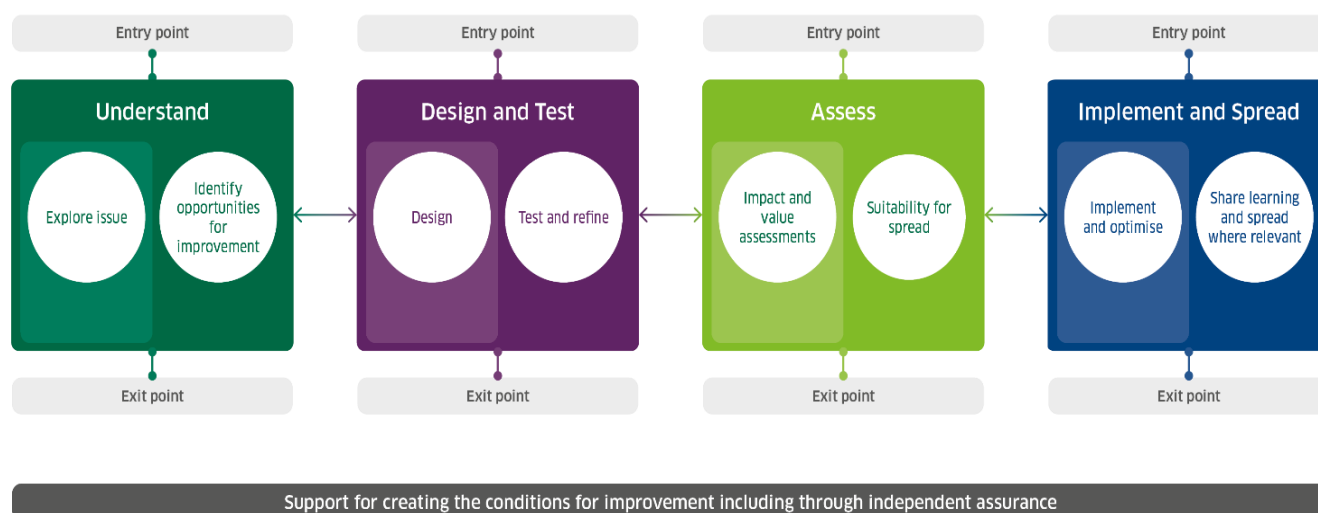
Sector	Programme
	<ul style="list-style-type: none"> • Integrated Mental Health and Substance Use Pathfinder work with NHS Tayside. • Enabling improvements to the quality of and access to dementia diagnosis and post diagnostic support through a national dementia learning system, production of implementation resources and supporting the evaluation of shifting the delivery of post diagnostic support from specialist to primary care settings. • Early Intervention in Psychosis – supporting design and implementation of evidence informed models of care with the aim of significantly improving health and wellbeing outcomes for individuals experiencing psychosis. • Working with IJBs and NHS boards to progress plans for whole system redesign of adult mental health services to reduce pressure on inpatient services. • Supporting the Children and Young People’s Improvement Collaborative in work with Moray HSCP and Falkirk HSCP to redesign support for young people’s mental health and wellbeing as part of a three country collaboration with Jonkoping and Cincinnati Children’s Hospital. • Prototyping whole system redesign to support care co-ordination for people with dementia in the community with a focus on identification of people with dementia at high risk of crisis in order to support prevention of hospital admission during the current wave of the pandemic. • Provision of evidence which supports improvement in mental health services including SIGN guideline on the management of people with eating disorders (including anorexia nervosa, bulimia nervosa and binge eating disorder) for all ages and gender groups, in any health or social care setting. • Supporting identification and sharing of learning from suicide reviews, working in collaboration with NHS boards, Mental Welfare Commission for Scotland and other partners with a shared interest in this area.
<p>Creating the conditions to deliver redesign and continuous improvement of health and care services</p>	<ul style="list-style-type: none"> • The Scottish Health Technologies Group is part of HIS and SHTG Health Technology Assessment (HTA) process allows for the assessment of any new and existing health technology, including those that may facilitate a significant shift in care from an inpatient to a homely setting. • The Scottish Medicines Consortium is part of HIS and as above, SMC is prioritising the HTA of medicines that may reduce pressures on acute services or facilitate a significant shift in care to a homely setting. • Supporting the ongoing development of inclusive and sustainable volunteering in NHS Scotland. • Lead and facilitate the Health and Social Care Service Design Community of Practice. • CQI allocation to NHS boards supporting QI work focused on safety and improving access. • Building the skills, knowledge and resilience of QI practitioners across Scotland through facilitating a range of QI networks and webinars (including QI connect) and producing resources which are supporting rapid transfer of learning across Scotland. • Scottish national partner lead for Health Foundation’s “Q” initiative.

Sector	Programme
	<ul style="list-style-type: none"> • Commissioning NES to deliver QI knowledge and skills development across health and social care and working in a strong collaborative arrangement to ensure alignment of training and implementation support. • Working with NES to support implementation of Active Governance. • Enabling spread of evidence and good practice in person-centred design and improvement including work across Scotland to support person centred virtual visiting. • Developed a resource, Engaging Differently, to support professionals to continue meaningful engagement with people and communities throughout the pandemic, identifying new and innovative methodologies. • Delivering service design support for embedding the Scottish Approach to Service Design within the Technology Enabled Care Transforming Local System Pathfinder Programme. • Support, assure and monitor a range of major service changes undertaken by NHS boards and IJBs such as the NHS Lanarkshire's Monklands Replacement Project. • Supporting NHS boards and IJBs to deliver and improve their community engagement and involvement activity through our network of local engagement offices such as providing advice on methodologies, tools and techniques (Participation Toolkit). • As part of our lead role in implementation of the Health and Care Staffing Act providing tools and improvement support for NHS boards and IJBs to develop staffing models which support safe and efficient delivery of new and existing models of care. • Further development and implementation of Excellence in Care quality indicators which will enable a better understanding of “how good care is” at any moment in time.

Appendix 2 – Our approach and what we contribute at each stage of the redesign and continuous improvement journey

Whether the focus is large scale redesign or bottom up point of care, sustained improvement requires a systematic approach to ***understanding the challenge, designing solutions, testing and refining changes, assessing the impact of any change and spreading at scale.***

Fig 1: The Redesign and Continuous Improvement Journey



Both the [Scottish Approach to Service Design](#) and the [Quality Improvement Journey](#), align with this broad framework and we have significant experience of blending these methodologies alongside a range of other approaches to deliver sustainable transformation of health and wellbeing outcomes for people in Scotland.

The following table identifies the specific activities we undertake at each stage of the redesign and continuous improvement journey.

Domain	Healthcare Improvement Scotland's Support
Understand opportunities for improvement	<p>We provide the following advice and practical implementation support to support health and social care systems to understand their priority opportunities for improvement:</p> <ul style="list-style-type: none"> • Conduct reviews of the evidence • Develop service standards • Advice and/or run a 90 day innovation processes • Advice and practical support: <ul style="list-style-type: none"> ○ on applying QI and service design approaches including user research ○ to undertake effective data analysis, interpretation and visualisation ○ to develop strategic transformation plans ○ to embed equality impact assessments from beginning • Facilitate learning networks and intelligence sharing • Support health and care services to involve people who use services and wider communities • Conduct independent inspections • Connect to UK and international networks working on similar challenges • National leads providing clinical and subject matter advice
Design and Test Solutions	<p>We provide the following support to enable health and social care systems to design and test of new ways of delivering services:</p> <ul style="list-style-type: none"> • Working in partnership with local systems to prototype new pathways and models of care • Advice and practical support: <ul style="list-style-type: none"> ○ to apply service design and QI approaches including co-design approaches ○ to undertake effective data analysis, interpretation and visualisation ○ to ensure effective engagement of people, communities and stakeholders ○ on approach to evaluation including use of logic models • Advice and/or run 90 day innovation processes • We provide advice to organisations in testing phase with regards to requirements of Health Technology Assessments • Connect to UK and international networks working on similar challenges • National leads providing clinical and subject matter advice

Domain	Healthcare Improvement Scotland's Support
Assess impact, value and suitability for spread	<p>We provide the following support to enable health and social care systems to understand whether changes are suitable for scale-up and spread:</p> <ul style="list-style-type: none"> • Conduct Health Technology Assessments • Conduct assessments of suitability for spread • Advice and practical support on effective use of data (qualitative and quantitative) to assess impact • Conduct evaluations • National leads providing clinical and subject matter advice
Implementation and Spread	<p>We provide the following support for spread of good practice across Scotland:</p> <ul style="list-style-type: none"> • Apply improvement science to the design and delivery of national spread programmes • Build social movements for change • Develop practical tools which support implementation at scale • Advice and practical support: <ul style="list-style-type: none"> ○ to develop and use qualitative and quantitative measures to enable effective implementation ○ to ensure effective engagement of people, communities and stakeholders ○ on using outcome based commissioning to enable implementation ○ on approaches to evaluation alongside some limited capacity to conduct evaluations • Connect to UK and international networks working on similar challenges • National leads providing clinical and subject matter advice

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