

# Improving mental health services in Scotland

Developing a strategic framework for quality improvement

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Consultation - April 2005

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### **Responding to this Consultation**

You can respond to the issues raised in this document by either:

- Completing a consultation response document enclosed with this report. Responses should be sent, using the pre-paid envelope provided, to:  
Mental Health Team  
NHS Quality Improvement Scotland  
Elliott House  
8-10 Hillside Crescent  
Edinburgh  
EH7 5EA
- Completing the online consultation document at [www.nhshealthquality.org](http://www.nhshealthquality.org).

Further copies of the consultation documents can be requested from Fiona Brown, tel. 0131 623 4376.

All responses will be considered ahead of final publication.

Responses should be received by Monday 27 June 2005.



## Introduction

Mental health has been one of the key clinical priorities for NHSScotland for some years. There is clear evidence for a continuing high prevalence of mental health problems in the Scottish population (as for the rest of Europe), and for the loss of quality of life for affected individuals. There is also extensive evidence for the effectiveness of a range of treatments and interventions: social; psychological; and pharmacological. These are provided by a combination of primary and secondary health, as well as care from local authorities (housing and social care) and from voluntary organisations. No single organisation can hope to provide all the services an individual with a mental health problem may require. Local services have to work in partnership, listening all the time to the continuing experience of service users, those who care for them and partner agencies. All mental health services in Scotland are staffed by hard working and committed individuals and teams. Their skill and dedication helps to improve the lives of many people with mental health problems. Yet, despite their efforts, official reports have regularly described the difficulties faced by services. Many of these difficulties lie within systems that are proving to be slow to change and adapt to meet the requirements placed upon them.

How can this be addressed? NHS Quality Improvement Scotland (NHS QIS) was established to improve the quality of care and health outcomes for people in Scotland. A key part of the work of NHS QIS involves mental health services and has been inherited from previous organisations. Each previous organisation had a different approach to quality improvement and it has become increasingly apparent that work in this area is not yet linked together in a coherent plan. That sets the direction which has to be followed now. NHS QIS will learn and take the positives from its previous experience of different approaches.

The key conclusions of this report are that:

- clear evidence of benefit for users and carers must be the key test for any mental health service intervention or programme of quality improvement
- the CSBS Clinical Standards for Schizophrenia have stimulated much quality improvement activity in many, but not all parts of Scotland. They remain central to the work of NHS QIS
- in mental health NHS QIS should be concerned with the quality of care given to the whole age range, including children and young people, and older people, in community settings as well as in hospital, and across mental health specialist services too
- there is a pressing need to improve the consistency of delivery and recording of care processes in mental health services. This will best be achieved through the local development of integrated care pathways (ICPs) and the appropriate use of information
- all those concerned with improving mental health services have to learn from the experience of previous improvement efforts
- NHS QIS contains many, but not every, component necessary to make a lasting difference to the quality of service delivery. It must work closely with other agencies and the Scottish Executive Health Department (SEHD) to achieve its aims.

The proposed strategy outlines action in three distinct areas – information, outcomes and ICPs. This builds on the work already taking place to implement the schizophrenia standards but eventually should be extended to cover all mental health services. We are proposing a new approach based on supporting local services to improve care through:

- the development of ICPs
- a new focus on outcomes for individual users
- the development of better information systems to standardise the delivery and recording of care processes which will help services measure how they are performing.

Major changes are in store for mental health services. These include: implementation of the Mental Health (Care and Treatment) (Scotland) Act, the establishment of Community Health Partnerships (CHPs), changes in the way services are provided and changes within the workforce. This is a good opportunity to re-focus on the measures that are needed to ensure that continuous improvement is built in to the development of mental health services across Scotland.

Important lessons have been learned within NHS QIS from the experience of the past few years. The organisation has a strong commitment to its work in the field of mental health. It is important that we now use this experience to learn how we can do things better. NHS QIS will arrange, within two years, to review what further progress has been made in the implementation of the schizophrenia standards.

The NHS QIS strategic framework gives a context within which NHS QIS's activities can be developed with the aim of delivering better outcomes for all those receiving mental health services. The report is being issued for consultation to get as much feedback as possible on the proposed framework. Although our remit extends only to the health service, we are fully aware of the important role played by other agencies in improving mental health services. We believe in the importance of involving all our partners in shaping future developments.

**Dr David Steel**  
Chief Executive  
NHS Quality Improvement Scotland

## Where we are now – the need for strategic change

There has been no shortage of reports into the state of mental health service provision in Scotland. One of the more recent is the National Assessment of Mental Health Services (2004). It highlighted:

- the limited availability of emergency, crisis and specialist services, including psycho-social interventions
- the limited skill mix of treatment teams
- difficulty in shifting the balance of care from hospital services to community-based provision
- the frequent absence of adaptive and responsive management and leadership
- a greater emphasis on short term treatment rather than longer term recovery.

Comments in the press, Parliament, and from interested organisations suggest that:

- there is a commonly-held belief on the part of the public that somehow services should be better
- the application of the Human Rights Act, and the impact of the ten Millan principles are expected by the public to change the nature of the relationship between the user of services, and those providing them
- many staff feel under considerable pressure, not least because of the increasing impact on services of alcohol problems and illegal drug use
- training for professional staff to meet the present needs of people probably lags behind what is required by at least a decade
- there is little disagreement that users and those who care for them should be fully involved and influential in service planning and delivery. Although things are improving, as yet this aim remains unrealised
- there is also very little information available to demonstrate the positive impact of the work being carried out by the many motivated and skilled staff employed in Scottish mental health services.

Together these make up a series of difficult and complex issues that have delayed the implementation of change.

Clearly, there are many challenges facing the service. The role of NHS QIS is to help identify the issues that require to be addressed and work with services to make improvements. NHS QIS's work on mental health has so far included:

- the development of the schizophrenia standards
- the publication of a best practice statement for acute in-patient service provision
- the assessment of tools for determining the needs of patients and outcome measurement (Scottish Schizophrenia Outcomes Study (SSOS))
- an audit of implementation of the recent Scottish Intercollegiate Guidelines Network (SIGN) guideline of service for the detection and management of postnatal depression
- development of an ICP in child and adolescent mental health services.

A key element of this work in the field of mental health has been the development, testing, widespread consultation on and implementation of standards for the management of schizophrenia. A report into the second phase of the standards was published in June 2004. It found that progress is being made in a number of areas and there are many examples of good practice and innovative developments across Scotland. However, service development continues to be held back in many cases by a lack of accurate record keeping, poor continuity of care, incomplete care planning and insufficient support for carers. The report also found wide variations across Scotland in the composition of community based mental health teams and the range of skills they require to meet the assessed needs of service users.

Detailed performance against many of the standards was difficult to assess because of the lack of reliable, standardised information and fragmented systems of clinical recording. Another disappointment was the lack of priority given to the findings of the first schizophrenia overview in the accountability reviews of NHS Boards carried out by the SEHD. This resulted in a missed opportunity to focus attention on the action needed to address issues raised in the report. It is important to learn from five years experience in developing and implementing a standards-based approach in mental health before embarking on any new initiative to take them forward. For sustained quality improvement, local systems need to become more responsive. That will require a national quality improvement approach that fosters the development of local initiatives – balancing a “top-down” (national) with a “bottom-up” (local) approach.

NHS QIS expects local service organisations to continue their work on the implementation of the schizophrenia standards. It expects to review progress made with them within the next two years.

Some of the work that NHS QIS has taken forward in mental health has been inherited from previous organisations. This has meant that the programme of work is not currently linked together in a coherent plan. Furthermore, a number of organisations such as the Mental Welfare Commission and Mental Health and Well Being Support Group (MHWBSG) also have a role in the review of mental health services. It is vital that the work of NHS QIS complements what other organisations are doing to avoid over-burdening frontline staff. That means that NHS QIS will continually look for opportunities to work with other organisations. If there is another organisation that can do something better, then NHS QIS should be prepared to give that activity up to allow it to concentrate on the areas where its approaches and the skills of its staff can add most value.

NHS QIS has made it a priority in the last few months to agree on the approach/ methodology it wants to follow and to link that work with other agencies to improve the capacity of the overall care system to deliver high quality mental healthcare.

## The principles that need to be applied

The key principles on which any future strategy needs to be based include:

- developing a clear focus on the experiences of users and carers
- adopting a 10-year approach while focusing in the shorter term in supporting local mental health services to implement the Mental Health (Care and Treatment) (Scotland) Act
- achieving consistency with the service elements template in the SEHD's A Framework for Mental Health Services in Scotland (1997)
- applying, to mental health services, the general clinical governance principles developed by NHS QIS Clinical Governance and Patient Safety Support Unit (CGPSSU). A draft framework and programme of work for the CGPSSU is currently out for consultation
- learning from past experience of implementing quality improvement initiatives
- dealing with the complex and difficult issues that have delayed implementation of change. This needs to be handled in a co-ordinated way with partner agencies
- promoting responsibility among managers and the workforce to take charge of their own local processes of quality improvement
- joining up the work of all local service partners in support of quality improvement
- creating an information culture within services to ensure the proper collection, appropriate use and accurate communication of the right information.



## The new approach – the action that is proposed

While the schizophrenia standards and existing best practice statements continue to apply, developing additional sets of standards for other conditions, or for other age groups is not likely to be helpful at present. Instead, NHS QIS proposes a new approach to implementation, which can apply across the whole age range and all psychiatric specialties, with three elements:

- **A focus on the outcomes for individual users**

During their first contact with mental health services all users, (and, increasingly those who care for them), undergo some form of assessment of what their needs are from the service. The identification of such needs is a key task, as it has implications for how much and what sort of resources the user is likely to require during his or her contact with the service. Needs are not the same as wants – there has to be a decision made as to whether a wish expressed by the user can reasonably be expected to be provided by the service. Also, the identification of a need does not mean it will be met by the service – there may be a more suitable resource available from another source – or it may be that the service needs to put plans in place to deal with a need which has not been expressed before. So far, this task has been dominated by a professional view on the user's situation, but this leaves many users with the feeling that issues have been missed or under-prioritised.

Although the measurement of the outcome for an individual has been a matter of concern for two decades – and is mentioned in the Framework for Mental Health Services in Scotland (1997) – there is no agreement on how it should be done, especially on how the user, carer, and professional views should be balanced. A surprising and unsatisfactory finding from the two rounds of assessment of implementation of the schizophrenia standards is that the professional and skill mix of individual community mental health teams showed little relationship to the assessed needs of services users; this may be the reason for the lack of availability of psycho-social interventions, despite the evidence base for the importance of such interventions.

The Scottish Schizophrenia Outcomes Study (SSOS) was funded by the Clinical Resource and Audit Group (CRAG) (now part of NHS QIS) to look at ways of assessing the outcome of care for individuals with schizophrenia. One way was to look at an assessment of needs using a user designed tool, the AVON Mental Health Measure (AVON), which comprehensively examines all the areas of an individual's life which could have an effect on mental well-being.

SSOS has demonstrated that the use of AVON in this national project involving several hundred staff and service users, has enabled staff to have a better understanding of the needs of the people that they care for. This has led to continuous quality improvement of care for the service users. It has shown that users, with a condition such as schizophrenia, can be involved, playing a full part in the process.

The key principles underpinning the methodology have been:

- understanding – it was essential that key-worker clinicians understood the key aims of the study
- nurturing – a culture of quality improvement with a multidisciplinary team approach to the care process
- explicit – what clinicians were asked to do had to be seen to make a difference to care planning
- relevant – only clinically relevant information was collected
- achievable – it had to be able to be done within routine daily practice without too much disruption
- involvement – service users were given the opportunity to express their views on their needs. It was also important that staff felt involved and valued within the process.
- education – the process was rigorously underpinned by continuing support, education and training
- benchmarking – clinicians had to understand the importance of benchmarking between local, regional and national practice
- dissemination – regional and national meetings were a focus for information sharing and networking

This way of working includes incorporating a process focused on determining the needs of service users within a minimum data set, and has been supported by education and training. The process has been nurtured, driven forward, and sustained through the means of a central support function. This culture of working can be generalised locally throughout mental health services and should form part of an integrated care pathway process (see below), that can ensure continuous quality improvement.

- **Establishment and accreditation of locally agreed ICPs**

ICPs involve joint local agreement, which should involve all those agencies who provide care inputs, about what the key elements of care are for a particular disorder or stage of treatment. It is, therefore, a collection of methods and means to help multidisciplinary teams and local providers to collaborate. An ICP will be based on evidence of effectiveness or, where that is not available, on what can be agreed to be good practice. ICPs can therefore be used to determine if important elements of care are missing along the patient journey. The development of ICPs for the major or problematic clinical disorders offers a new opportunity for quality improvement which is under the control of local agencies. Their use as a tool is well developed in healthcare and they are particularly effective in detecting when care that an individual should have received is not delivered. If such exceptions occur with any frequency, it suggests that changes in the way services are provided locally is required (service redesign). There never can be a national ICP as such – the content and the responsibility for delivering them is always a local matter – although national organisations can help by collecting evidence and experience from elsewhere. The role of NHS QIS will be in drawing together the essential ingredients of any ICP. NHS QIS would be able to accredit local ICPs against these agreed national criteria (as it

does at present with managed care networks) and will work with other partners to ensure their implementation.

NHS QIS intends to appoint a national manager who will be responsible for co-ordinating the work of a national network to support and advise local activity. NHS QIS is well aware of the excellent work carried out so far in Scotland by Integrated Care Pathways Users Scotland (ICPUS) and wishes to work with ICPUS to build on its achievements by supporting the wider application of ICPs.

- **Development of an information culture**

This will involve NHS QIS supporting the work currently being carried out in developing a Scottish Mental Health Information Strategy. This is being led by the SEHD Mental Health Division and the Improving Mental Health Information Programme of Information Services (formerly ISD). It is also proposed that NHS QIS should seek to ensure that quality improvement processes are built in to the workings of mental health services within CHPs. This should focus on the key problem areas described in the National Assessment of Mental Health Services (2004).

These three elements will be used by NHS QIS to focus its activity on key areas where practice – or the lack of it - is known through the two phases of implementation of the schizophrenia standards to have a detrimental effect on service quality. It will involve building on existing work by NHS QIS to roll out routine assessment of both the risks to, and the needs of, users and carers across Scotland. The extent to which these identified needs have been met would then form the basis for a proxy routine measurement of outcome.

It is also proposed that NHS QIS appoints a person to take the lead on mental health. This person will be supported by a small team of individuals working from the service on a seconded basis, as well as by users and carers.

Within NHS QIS, a mental health team is being formed, to work across the organisation, tapping in to all the skills and approaches available in NHS QIS, to support implementation of these proposals.

Some things, like the development of an information culture and ICPs, are already happening and, as such, are not matters for consultation. Where feedback is required is about how we can best use such developments to achieve the aim of improving the quality of mental health services.



## How will success be measured?

Key elements of success will include:

- the extent to which meeting the needs of users and carers are central to the way care is delivered
- a clear commitment by CHPs to the quality of mental health services
- the development of an information culture where up-to-date information is shared within agreed principles of confidentiality across service boundaries on the basis of a common data set
- the establishment of locally agreed ICPs for each significant diagnostic group or stage in a treatment process to make each individual journey of care responsive to need
- the local adoption of ICPs backed up by support at national level
- the existence of good partnership working with other organisations
- the extent to which the internal workings and processes of NHS QIS, including its mental health team, are well informed. This will allow its actions to carry weight, leading to acceptance by leaders, managers, professions and the workforce across mental health services.



## Glossary

<b>accountability review</b>	The method by which NHSScotland can systematically demonstrate to the Scottish Executive its performance locally, and as a whole.
<b>acute care</b>	Where a patient is treated for an acute (immediate and severe) episode of illness, injuries related to an accident or other trauma, or during recovery from surgery. Acute care is usually given in a hospital by specialised personnel using complex and sophisticated technical equipment and materials. Acute care is often necessary for only a short time.
<b>acute sector</b>	Hospital-based health services which are provided on an inpatient or outpatient basis.
<b>AVON</b>	AVON Mental Health Measure.
<b>benchmarking</b>	Use of a standard or point of reference for the purpose of comparison, usually in the context of improving performance.
<b>best practice statements</b>	Statements of best practice focus on specific aspects of care. They are usually developed after wide consultation, taking into account a broad range of views from health professionals.
<b>CHP</b>	See Community Health Partnerships.
<b>Clinical Standards Board for Scotland (CSBS)</b>	The Clinical Standards Board for Scotland was a statutory body, established as a Special Health Board in April 1999. Its role was to develop and run a system of quality control of clinical services designed to promote public confidence that the services provided by the NHS met nationally agreed standards, and to demonstrate that, within the resources available, the NHS was delivering the highest possible standards of care. On 1 January 2003, CSBS was merged, along with four other clinical effectiveness bodies, to form NHS Quality Improvement Scotland (NHS QIS). See NHS Quality Improvement Scotland.
<b>Community Health Partnerships (CHPs)</b>	These seek to integrate the work of primary and secondary care and integrate health and social care services. Resources and decision making are devolved to frontline health and social care professionals with the aim of their working jointly with a picture of care recognisable from the patient's point of view. Website: <a href="http://www.show.scot.nhs.uk/sehd/chp/index.htm">www.show.scot.nhs.uk/sehd/chp/index.htm</a>

<b>Confidentiality and Security Advisory Group for Scotland (CSAGS)</b>	A group consisting of members from various professional bodies whose remit is “to provide advice on the confidentiality and security of personal health-related information to the Scottish Executive, the public and to health care professionals”. Website: <a href="http://www.show.scot.nhs.uk/csags/">www.show.scot.nhs.uk/csags/</a>
<b>CSBS</b>	See Clinical Standards Board for Scotland.
<b>data set</b>	A list of required and specific information.
<b>diagnostic</b>	The process of determining the nature of a disorder by considering signs and symptoms.
<b>ICP</b>	See integrated care pathway.
<b>Improving Mental Health Information Programme (iMHIP)</b>	The programme supports the development and implementation of mental health policy in Scotland. Its main tasks are to: make current data and resources more accessible; prepare a mental health information strategy for Scotland and an implementation plan; to build an information culture by involving users, carers and professionals who are interested in information; to agree minimal information sets (information bundles) to be shared to support joined-up care for individuals; and review and make recommendations on the information systems required (including mobile access). Website: <a href="http://www.isdscotland.org/isd/collect2.jsp?p_applic=CCC&amp;p_service=Content.show&amp;pContentID=1354&amp;">www.isdscotland.org/isd/collect2.jsp?p_applic=CCC&amp;p_service=Content.show&amp;pContentID=1354&amp;</a>
<b>Information and Statistics Division (ISD)</b>	The Information and Statistics Division is part of National Services Scotland. Health service activity, manpower and finance data are collected, validated, interpreted and disseminated by the Division. This data is received from NHS Boards, NHS Trusts and general practices. Website: <a href="http://www.isdscotland.org">www.isdscotland.org</a>
<b>Integrated Care Pathways Users Scotland (ICPUS)</b>	An established network of NHS staff from all over Scotland, who are using integrated care pathways in many different clinical areas. Website: <a href="http://www.icpus.ukprofessionals.com">www.icpus.ukprofessionals.com</a>

<b>integrated care pathway (ICP)</b>	<p>An integrated care pathway is an explicit agreement by a local group, both multidisciplinary and multi-agency, of staff and workers to provide a comprehensive service to a clinical or care group on the basis of current views of good practice and any available evidence or guideline. It is important that the group agree on communication, record keeping and audit.</p> <p>There should be a mechanism to pick up when a patient has not received any care input specified by the pathway so that the omission can be remedied. The local group should be committed to continuous improvement of the integrated care pathway on the basis of new evidence of service developments or of problems in implementation.</p>
<b>intervention</b>	Healthcare action intended to benefit the patient.
<b>ISD</b>	See Information and Statistics Division.
<b>managed care network</b>	Similar to managed clinical network but involving health, local authorities and other staff. See managed clinical network.
<b>managed clinical network (MCN)</b>	<p>A formally organised network of clinicians. The main function is to audit performance on the basis of standards and guidelines, with the aim of improving healthcare across a wide geographic area, or for specific conditions.</p> <p>Each MCN is required to have a Quality Assurance Framework describing the standards the service will meet. The Framework has to be accredited by NHS QIS, and an annual report on progress is also required.</p>
<b>MCN</b>	See managed clinical network.

<p><b>Mental Health (Care and Treatment) (Scotland) Act 2003</b></p>	<p>A major overhaul of mental health legislation designed to bring improved rights for users of mental health and learning disability services and their carers in Scotland. The new Act provides:</p> <ol style="list-style-type: none"> <li>1 New rights and safeguards for people with mental disorders and new and extended duties on NHS boards and local authorities providing services to them.</li> <li>2 New, fairer procedures for the compulsory treatment of people with mental disorders.</li> <li>3 Fairer and safer procedures in relation to people with mental disorder within the criminal justice system.</li> </ol> <p>The Act is due for implementation in October 2005. Website: <a href="http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2003/20030013.htm">www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2003/20030013.htm</a></p>
<p><b>Mental Health and Well Being Support Group (MHWBSG)</b></p>	<p>The Mental Health and Well Being Support Group was formed on 31 March 2000. The Group's aim is to support service users, carers and organisations to advance strategic developments that will help improve the nation's mental well being and mental health services. Website: <a href="http://www.show.scot.nhs.uk/mhwbsg">www.show.scot.nhs.uk/mhwbsg</a></p>
<p><b>Mental Welfare Commission (MWC)</b></p>	<p>An independent organisation set up by Parliament with the responsibility of protecting the welfare of people with mental disorder (including learning disabilities and dementia) in Scotland. The Commission has a duty to anyone with a mental disorder whether they are in hospital, in local authority, voluntary run or private accommodation or in their own homes. The Commission's work includes visiting people in hospital and in the community, investigating cases of deficiency in care or treatment, and providing information and advice. Website: <a href="http://www.mwcscot.org.uk">www.mwcscot.org.uk</a></p>
<p><b>Millan principles</b></p>	<p>In 1999, a Committee chaired by the Rt Hon Bruce Millan was asked to review the Mental Health (Scotland) Act 1984. Its comprehensive report, <i>New Directions</i>, was published in 2001, and included a framework of principles to underpin mental health law. Website: <a href="http://www.scotland.gov.uk/health/mentalhealthlaw/millan/Report/rnhs-08.asp">www.scotland.gov.uk/health/mentalhealthlaw/millan/Report/rnhs-08.asp</a></p>
<p><b>minimum data set (MDS)</b></p>	<p>A minimum set of information related to a specific medical condition - may include demographic, clinical management and outcome data.</p>

<b>MWC</b>	See Mental Welfare Commission.
<b>National Assessment of Mental Health Services (2004)</b>	A Scottish Executive assessment of the current ability and readiness of the partner agencies to implement the new provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003. The report was published after wide-ranging consultation. Website: <a href="http://www.scotland.gov.uk/library5/health/mnhsaf-01.asp">www.scotland.gov.uk/library5/health/mnhsaf-01.asp</a>
<b>NHS Board</b>	NHS Boards are responsible for the strategic planning, service delivery, performance management and governance of each of Scotland's 15 local health systems.
<b>NHS QIS</b>	See NHS Quality Improvement Scotland.
<b>NHS Quality Improvement Scotland (NHS QIS)</b>	NHS Quality Improvement Scotland is a statutory body, established as a Special Health Board in January 2003. Its role is to focus on improving the quality of patient care and the health of patients. It has a particular emphasis on the quality of care and the patient journey for vulnerable groups. Website: <a href="http://www.nhshealthquality.org">www.nhshealthquality.org</a>
<b>outcome</b>	The end result of care and treatment and/or rehabilitation. In other words, the change in health, functional ability, symptoms or situation of a person, which can be used to measure the effectiveness of care and treatment, and/or rehabilitation.
<b>patient journey</b>	The pathway through the health services taken by the person who is receiving treatment, and as viewed by that person.
<b>pharmacological</b>	Relating to the properties of drugs and their effects on the body.
<b>primary care</b>	The first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, though by no means exclusively, delivered through general practices. Primary care services are the most frequently used of all services provided by the NHS. Primary care encompasses a range of family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners.
<b>psychological</b>	Relating to human behaviour.

<b>psychosocial</b>	Involving both psychological and social aspects.
<b>risk assessment</b>	A systematic process to determine risk management priorities through finding out the frequency of an outcome, and its consequences.
<b>Scottish Executive Health Department (SEHD)</b>	The Scottish Executive Health Department is responsible for health policy and the administration of NHSScotland. Website: <a href="http://www.show.scot.nhs.uk/sehd">www.show.scot.nhs.uk/sehd</a>
<b>Scottish Mental Health Information Strategy</b>	See entry for Improving Mental Health Information Programme (iMHIP)
<b>Scottish Schizophrenia Outcomes Study (SSOS)</b>	The Scottish Schizophrenia Outcomes Study is a national study which aims to monitor the outcomes of care for service users with schizophrenia. Website: <a href="http://www.schizophrenia-outcomes.org">www.schizophrenia-outcomes.org</a>
<b>secondary care</b>	Care provided in an acute sector setting. See acute sector.
<b>SEHD</b>	See Scottish Executive Health Department.
<b>social services</b>	Social work services provide advice and practical help for problems resulting from social circumstances. A social worker is a person who has obtained a professional qualification in social work. A social worker supports vulnerable people and their carers with the aim of enhancing the quality of all aspects of their daily lives.
<b>social work</b>	Social work services provide advice and practical help for problems resulting from social circumstances. A social worker is a person who has obtained a professional qualification in social work. A social worker supports vulnerable people and their carers, including people who have mental health problems, with the aim of enhancing the quality of all aspects of their daily lives.



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