

A newsletter produced by the Scottish Health Council to promote Patient Focus and Public Involvement in Scotland

Public Partnership Forums event focuses on the 'seldom heard'

Encouraging 'seldom heard' groups to become more involved in health services was the main theme of the day as representatives from Public Partnership Forums met at their annual networking event in Glasgow.

The event, which was organised by the Scottish Health Council, brought together Public Partnership Forum Chairs and Vice Chairs and healthcare professionals from across Scotland.

A key feature of the day was 'story telling', with a series of presentations that gave delegates an insight into the issues faced by 'seldom heard' groups and what can be done to improve engagement between these groups and healthcare providers.

Stories included accounts of how young people have been involved in designing health services in Inverclyde; the development of patient-focused services in Forth Valley; and the experiences of gypsy travellers in Fife. The story tellers described how the groups had been engaged with, what difference their involvement made, and what they would do differently in future.

These sessions were followed by discussion which highlighted a number of issues including the



The Scottish Health Council, which produces this newsletter, was set up in 2005 to ensure that NHSScotland listens to people and takes account of their views.

We monitor how well NHS Boards engage with their communities and work with them to develop new ways of involving people in the design and delivery of services. We also help patients, carers and the

public to feedback their views on services to NHSScotland.

We have a national office in Glasgow and 14 local offices, each working with a team of voluntary Local Advisory Councils who help us assess how their NHS Board is engaging with its local population.

You can find contact details for each of our offices on the back page.

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possibility of using networking sites such as Bebo and Facebook to improve engagement with young people; the importance of talking to people, not at them; maintaining a flexible approach when engaging with travelling communities, and avoiding jargon.

Delegates could also attend training sessions conducted by organisations including the Scottish Homelessness Involvement and Empowerment Network (SHIEN), the Scottish Refugee Council and Barnardos to learn and discuss different techniques on engagement.

More than 80 people attended the event, which was chaired by John Mitchell, Vice Chair of South Lanarkshire Public Partnership Forum.

Attendees agreed that they want the networking opportunities to continue, and that the next event should be held early in 2010; meanwhile, a newsletter covering the learning from the event is being produced and will be circulated to all Public Partnership Forums and NHS staff.

Scottish Health Council Development Manager Rosemary Hill said: "Thanks again to everyone who took part in this event. Feedback suggests that people found the story telling and training useful, as well as the opportunity to network and share good practice."

More choice for people with disabilities in Lothian

NHS Lothian has agreed a new strategy aimed at giving people with physical and complex disabilities more power over their own lifestyles.

The five-year strategy has been jointly created by healthcare professionals, service users, families, local authorities and voluntary organisations.

Rona Laskowski, NHS Lothian Strategic Programme Manager – Disabilities, said: "Service users told us loud and clear that they wanted to be able to access the same services as the rest of the population, and be treated in the same manner as anybody else.

"Our biggest ambition is for people with disabilities to have the same choices and opportunities as anyone else and to be in control of their lives."

NHS Lothian has already started to make this happen by introducing changes in the way staff approach their work with clients who have physical disabilities, or who have a combination of needs.

These include:

- improved disability awareness training across the organisation
- a new staff award which celebrates the most innovative approach to equality and diversity.

In partnership with the Scottish Government and the local authorities, NHS Lothian is also exploring how to give people the chance for greater control over the services they receive.

It is hoped that this can be done through direct payments, providing them with a budget so they can choose when and how certain services are provided.

Local plans have been created for each of the four local authority areas.

Councillor Paul Edie, Health and Social Care Convener, said the City of Edinburgh Council is committed to developing personalised services which have disabled people and carers at the heart of all developments.

He said: "As part of this strategy we are investing heavily in Telecare and have for some years led the way in Scotland in developing direct payments and self-directed support.

"These are central to expanding individuals' control of their lives, increasing independence and offering truly personalised services.

"The carers and short breaks strategies will integrate with these developments to ensure that carers get the support they require when they need it.

"It's crucial that we don't just focus on healthcare and support when trying to ensure full access for everyone with physical and complex disabilities.

"We need to look at all areas of society by tackling key issues such as employment, housing, transport and leisure."



Shona Robison meets the Scottish Health Council Chairman Brian Beacom and Director Richard Norris at the organisation's annual review.

The Minister for Public Health and Sport Shona Robison MSP praised the part the Scottish Health Council is playing in ensuring patients and the public have a voice in health services when she chaired its annual review.

During the review the Minister heard about the work the Scottish Health Council has undertaken in 2008-2009 and the progress it's making with its action plan that sets out the organisation's direction of travel for the future.

Speaking at the review, Ms Robison said: "It is important that patients and the wider public continue to have their voices heard. Boards need to demonstrate involvement of the public and I am reassured that the Scottish Health Council is improving its performance, and ensuring community engagement is happening in a way which is real and is building on good practice."

Scottish Health Council Brian Beacom said: "This annual review gave us the opportunity to tell the Minister about the progress we have made in 2008-2009 and to identify actions for the future, notably around the development and introduction of the Participation Standard and the restructuring of the Scottish Health Council following the independent review of the organisation."

A video of the annual review and a copy of the Minister's follow-up letter, can be viewed at <http://www.scottishhealthcouncil.org/shcp/925.html>

Conference focuses on patient experience

Staff from across NHSScotland gathered at the Beardmore Conference Centre for a one-day conference to hear how patient experience can drive forward service improvement.

The event, held on 17th September, was hosted by the national Better Together programme and supported by the Scottish Government's Improvement and Support team.

Delegates in attendance included Organisational Development leads, Improvement leads, Directors of Patient Focus and Public Involvement and NHS staff who want to share best practice in using patient experience to make improvements in healthcare.

The event was 'small scale' by design to ensure that everyone in

attendance was able to take an active role in discussions.

Presentations included a keynote speech by James Munro on how patient opinion has helped healthcare providers use patient experience to deliver better services in England.

Other speakers included Harriet Hughes, Programme Manager of the Scottish Government Improvement and Support Team and Carol Sinclair, Director of Better Together.

Speaking about the work going on in Scotland, Carol Sinclair says: "We are not starting with a blank canvas in Scotland, we know there is good work already happening. Better Together is not simply about involving, informing or consulting with patients. We must strive to fully understand the patient experience and demonstrate that we are using

these precious insights to improve how we deliver patient centred care in Scotland. We must focus our improvement efforts on the areas that matter most to our patients."

Better Together was launched last year and supports many of the themes identified in the Scottish Government action plan Better Health, Better Care, in particular the concept of mutuality where patients and NHS staff are co-owners of NHS Scotland.

The Programme will be developed over 2008 and 2009. It will then run on an annual basis across Scotland. It is not intended that the programme will end, instead the programme will become part of the annual cycle of work undertaken by Health Boards.

More information on the programme can be found at www.bettertogetherscotland.com

Parents help redesign children's asthma services in Lanarkshire

Parents have been playing their part in redesigning asthma services for children in Lanarkshire.

A Children's Asthma Practice Support (CAPS) team – comprising local parents, nurses and doctors – joined forces with NHS Lanarkshire's paediatric respiratory services team to share experiences and design a new model of children's asthma care.

The new model is now being piloted in Motherwell and Wishaw, with the intention that it will be rolled out to all Lanarkshire areas.

Linda Duncan, specialist nurse in respiratory paediatrics, said: "CAPS will benefit children with stable asthma as their care will now be shared by both clinicians at the hospital and the primary care settings.

"This will release valuable clinical time for the hospital clinicians to concentrate on more difficult and brittle asthma cases.

"At the moment these children visit the asthma clinic at Wishaw General four times a year.

"CAPS means they only need to attend the clinic twice a year and on the two other occasions can be seen at their local health centre."

A total of 22 nurses completed specialised training so every health centre in Motherwell and Wishaw has a practice trained nurse updated in the latest asthma management model.

Consultant paediatrician Dr Donna Corrigan added: "We have



Improving asthma services: from left, Elaine Anderson, specialist nurse respiratory paediatrics, Dr Donna Corrigan, consultant paediatrician, Dr Alwaly Majumdar, lead GP Wishaw locality and Linda Duncan, specialist nurse respiratory paediatrics.

been working closely with GPs and paediatric nurses to ensure that children can receive more of their care within their local practice."

"We are also ensuring we're sharing educational materials and asthma plans, and trying to ensure consistency of care across primary

and secondary care."

The new model is based on the British Thoracic Society Guideline (2008) and recommendations from the NHS Quality Improvement Scotland local report on asthma services for children and young people, also published in 2008.

Health board election pilots

NHS Fife and NHS Dumfries and Galloway will pilot the first ever direct elections to health boards.

For the first time members of the public will be able to stand for and vote in elections which will see elected members - including council representatives - form a majority on the health board.

Also in a Scottish and UK first, 16 and 17 year-olds will have the right to stand and vote in a UK election.

Making the announcement Health Secretary Nicola Sturgeon revealed that alongside this NHS Lothian and NHS Grampian will run two non-statutory pilots which will test ways to improve the existing engagement and involvement mechanisms between the public and the NHS.

Ms Sturgeon said: "With the

selection of Fife and Dumfries and Galloway as pilot boards, we have taken a further step towards the first ever direct elections to Scottish health boards.

"This is designed to ensure that the views of local people about the NHS services they pay for can no longer be ignored.

"This approach reflects the ideals laid out in the publication 'Better Health, Better Care' for a mutual NHS.

"I am confident the people of Fife and Dumfries and Galloway will welcome this chance to be at the heart of healthcare decisions and their examples could set the pattern for the whole of Scotland."

The selection of the pilots follows the Scottish Parliament's



unanimous passing of the Health Boards (Membership and Elections) Bill in March. The choice of Fife and Dumfries and Galloway is designed to ensure that the pilots can test the full range of issues likely to be encountered by a health board in both predominantly urban and rural settings.

Elections will take place in Spring 2010 and run for at least two years before an independent evaluation. The elections will be carried out as all-postal ballots, along similar lines to elections to Scotland's National Park Authorities, with votes cast on a single transferable vote basis to make sure every vote cast counts.

Disabled people help shape services in Greater Glasgow and Clyde

A group of patients and members of the public, all of whom are disabled people with a range of impairments, have produced a special guide for NHS Greater Glasgow and Clyde filled with design recommendations on good practice for hospital accessibility.

Publication of the 'Better Access to Health' Guide is the culmination of five years of hard work by the group which was commissioned in 2004 by NHS Greater Glasgow and Clyde to help with the design of the two new £200 million Stobhill and Victoria Hospitals.

The group has played a key role in the design of the two new hospitals and their recommendations on best accessibility practice have now been made into a booklet which



Patients played a part in the design of Stobhill Hospital.

all NHS Greater Glasgow and Clyde staff will refer to when designing new or refurbished healthcare facilities.

NHS Greater Glasgow and Clyde Non-Executive Board Member Grant Carson said: "This booklet provides evidence of the added value that can be brought to a project by having productive discussions

about accessibility with the patients and public who use our healthcare facilities. Good access to premises is a keystone in enabling patients and disabled people to live full, active and healthy lives within their communities.

"The recommendations in the booklet will be of great assistance to our staff in designing new build or refurbished premises and shall ultimately help us in our efforts to deliver the highest quality medical care in world class accessible buildings."

The design guide produced by the group advises on best accessibility practice in a number of areas including consulting rooms, toilets, waiting areas, signage and the selection of furniture.

Renfrewshire kids have their say



The views of more than 5000 school pupils are set to shape the way health and education services for young people in Renfrewshire are provided in future.

Pupils in S1-S6 from 11 secondary schools, one special needs school and one alternative provision unit took part in a major study into the health and wellbeing of young people.

The study, which was commissioned by NHS Greater Glasgow and Clyde's Renfrewshire Community Health Partnership and local community planning partners, saw pupils answer detailed questionnaires on topics including pupils' feelings, health, relationships, bullying, discrimination, behaviour and services for young people.

The Health and Wellbeing Survey of Secondary School Age Young People in Renfrewshire highlighted both positive and negative findings about young people's behaviour and

social circumstances and the results will now be used to shape policy and as a basis for future comparison.

Renfrewshire Council Leader Derek Mackay, chair of the Renfrewshire Community Health Partnership said: "This study gives us an in-depth look into the lives of young people in Renfrewshire. It provides us with a clear and detailed picture of the issues and difficulties they are facing and the areas where we are succeeding in providing the right support and services for them.

"The results of this survey will enable us, along with our community planning partners, to further target those areas where more work is needed and to build upon the many areas where we are doing well.

"All of this is good news for young people in Renfrewshire. We are listening to their views and feelings and it is they who are helping us to shape the services and support that they need."

Fiona MacKay, Renfrewshire Community Health Partnership's Head of Planning and Health Improvement and Chair of the Healthier Renfrewshire Group, said: "The survey shows a complex picture of the health issues faced by Renfrewshire's young people.

"We will now work closely with the council and other agencies to bring forward a long term plan that will focus on addressing the issues raised in the report.

"The survey has been a very useful exercise and also highlights the value of giving young people a voice in relation to their own health and wellbeing."

The survey showed that the majority of pupils are in good health, with 83% regularly taking part in physical activity and 50% taking part in team sports like football and netball. However, those with high depression scores were more likely to have taken no exercise in the last week.

In my view



The Scottish Health Council welcomes a range of views from individuals and organisations as to how patients, carers and the public are involved in health services.

In this issue we hear the thoughts of Fiona Garven, Director of the Scottish Community Development Centre. The opinions expressed in this article are the views of the author and do not necessarily reflect the views of the Scottish Health Council.

“As practitioners, managers and strategists working across the statutory and voluntary sectors, and as consumers, our main interest and focus lies with helping to create a strong, healthy and equal society in Scotland. At the Scottish Community Development Centre we subscribe to the belief that health is not just about absence of disease and the control and treatment of illness. We believe that there are wider determinants of health such as poverty, the environment we live in and the access we have to social and educational opportunities.

A large body of evidence backed up by some stark statistics tells us that significant health inequalities exist in Scotland. Many people living in our most disadvantaged areas do not have sufficient access to the social and material resources needed for good health and are therefore more

exposed and more vulnerable to factors that are detrimental to health and even mortality.

The challenge of addressing those health inequalities lies not only with health professionals but with colleagues across sectors – community development, regeneration and education to name but a few. At a local level we now have Single Outcome Agreements in place requiring partners to engage with one another and with their communities to identify specific local issues and to work together to put strategies and plans in action to address local need. Effective planning is essential – it requires commitment on behalf of all partners to invest in the planning process and critically, it requires partners to engage with local people and service users as a fundamental part of that process.

The shift in modern governance processes towards a participation model is supported by substantial evidence which suggests that when people are meaningfully involved in shaping services and service delivery, those services meet their needs more directly, more effectively and more efficiently. Participation, however, is not just about engaging communities in decision making processes – it is also about communities independently delivering local services to meet local need.

There is now evidence of structured activity around consultation and shared decision making – an example of this within the context of health services is the Public Partnership Forum. What we see less evidence of is a consistent and sustained approach at strategic and operational levels to supporting disadvantaged communities to build their capacity to address the issues which affect their health and their life circumstances. At the Scottish Community Development Centre we believe that increased investment in the area of community capacity building is required to

support disadvantaged communities to not only engage effectively but also to help communities towards independent action. Direct support is needed to help build local support systems to enhance neighbourhoods and bring people together to reduce isolation; to build and develop community resources for local people to access, e.g. parenting and child care resources, health education, learning opportunities and; to help communities develop local solutions for local issues, e.g. fresh food through food co-operatives, shared equity through local finance initiatives or local energy savings initiatives and environment enhancing schemes.

The process of building the capacity of our disadvantaged communities requires investment in both commitment and finance. Due to economic recession we now face a radical diminution of funding for public services over the next few years and potentially beyond. But, with every crisis comes a potential opportunity – lack of available funds may help us to convince policy makers of the need to invest in the long game, to front end resources at equipping communities with the skills and capacity to deal with the impact of a reduction in public services and the potential resulting increase in the adverse social and economic factors affecting the health of our population.

We have a choice – we know that there will always be a legitimate need for traditional healthcare services but, we either continue to push the majority of resources at a treatment model, reacting and responding to demand, or we rise to the challenge and increase investment at strategic and local levels in a cross-sector community development model, working across agencies and communities to jointly mitigate against the impacts of ill health and to build communities across Scotland which are liveable, sustainable and equitable.”

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You can read and download this newsletter – and other information about the Scottish Health Council – from our website at www.scottishhealthcouncil.org. We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and in community languages.

We welcome your comments and views on this newsletter – please contact Rob MacPhail, tel: 0141 225 6992, email: editor@scottishhealthcouncil.org