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# **Scottish Health Council Forth Valley**

**‘Let’s Get Together’  
Event  
16<sup>th</sup> March 2007**

**Report**

**If you require extra copies of the report or an alternative format please do not hesitate to contact us.**

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# 1

## INTRODUCTION



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The Scottish Health Council was set up in April 2005 to ensure that the views of patients, their carers and members of the public are properly taken into account by NHS Boards.

It was recognised that in order to provide a better Health Service the NHS has to involve patients, carers and the public in decisions which will affect them.

***“Participation should mean that patients, carers and local communities’ views are actively sought, listened to and acted on, and treated with the same priority as clinical standards and financial performance. “***  
**(Partnership for Care, Scottish Executive February 2003)**

It is not the function of the Scottish Health Council to speak on behalf of patients but to make sure that both patients and the public have the chance to express their own views and opinions and ensure that they have been listened to, understood and have had their views acted upon.

As part of its remit, The Scottish Health Council has to independently verify that NHS Boards have taken adequate and appropriate steps to ensure that all sections of society, including “hard to reach” groups, are involved in decisions affecting them and their specific needs.

We live in a diverse and multicultural society and as such there should be representation of the views and opinions of society as a whole. As an organisation we have to be aware of some of the issues and barriers that “hard to reach” groups have in participating in this process and to

***“ensure that individual patients and carers who have views about their health services that they wish to express have the opportunity and, where necessary, the support to do so”.***  
**(A New Public Involvement Structure for NHSScotland, Patient Focus and Public Involvement, A Draft for Consultation, 2003).**

# 2

## THE EVENT



### **The aims of the event were:**

- to raise awareness of the Scottish Health Council in Forth Valley amongst voluntary sector organisations working with people who might be excluded from planning health services relevant to their needs
- to gain an understanding of the key health issues facing these groups
- to gain an understanding of their experience of patient focus and public involvement in Forth Valley
- to identify ways of working together on an ongoing basis to see what improvements can be made to patient focus and public involvement in Forth Valley.

The presentation covered the background to the Scottish Health Council, its role and functions and, in particular, looked at the role in relation to assessing how effectively NHS Forth Valley delivers patient focus and public involvement and identifying areas for development. Particular reference was made to the annual assessment process and assessing public involvement in cases of significant service change.

See appendix 6 for a copy of the presentation slides.

### Facilitated Workshops

## 1. What do you think are the priority health issues for your client group?

- Alcohol/drug problems
- clients cannot get emergency appointments
- health services only seeing the person's addiction
- lack of knowledge/training amongst staff
- Stigma
- there is a definite need for staff to see patients as individual people and not assume things about them
- lack of recognition of signs of domestic abuse
- circulating info on domestic abuse via Health Promotion Department
- mental health issues
- collective advocacy if there is a collective problem/theme
- hidden carers
- people don't always see themselves as carers, eg family members
- need for carers' rooms in new hospital
- lack of publicity around the role of voluntary sector
- how can groups publicise their service? Practice Managers' meetings suggested, CREATE sessions (GP staff training days)
- GPs using Independent Contractor label as an answer to things not being changed
- communication gaps between specialties, specifically for dual diagnosis patients
- survey the **whole** patient experience from appointment making to return to the community and follow up
- some good experiences with patient focused booking
- transport for those in rural areas to newly centralised services eg mental health now only in Falkirk
- learning disabilities - lack of understanding of needs e.g. when a patient's behaviour is bad, treatment is taken as being refused when really it is because they are afraid, may need a supporter or relative to be present to explain why the patient is reacting this way, especially in Emergency Care situations
- not made known to patients with learning disabilities that they can have a double appointment where consultations may need longer to allow for explanations by carer
- access to Dentists and GPs is increasingly difficult because of the number of new houses in Forth Valley
- even children are now not able to have NHS dental treatment locally
- the shuttle bus operates between SRI & FDRI but those in Clackmannanshire still have to find their way to Stirling to use it
- notes not being available for patients appointments, especially when the patients was having to be seen in various locations
- lack of information about new situations after changes, these should be constantly updated to the public/patients
- lack of commonplace politeness from frontline staff could be improved, such as notifying those waiting if there are delays to the appointments

- dislike of the block appointment system when patients could often wait for 2 hours
- needs not taken into consideration are those governed by conditions e.g. diabetics needing to eat regularly but delayed in doing so because of over running appointment times

## **2. How do you feel NHS Forth Valley engages with patients, carers and members of the public in changes to services?**

- It tends to be organisations involved rather than the general public
- Board and healthcare workers need to come to existing carers' groups, otherwise carers need to arrange respite care
- Alcohol Links - offered opportunity to all GPs to do a presentation on clients' needs, etc - no-one took this up
- alcohol liaison nurse in Stirling Royal - part of their remit is training staff re alcohol withdrawal; currently receive very different treatment in different wards
- suggested a one-day event for all the groups to speak with GPs/staff - lack of response
- reception staff require training around all the groups
- lack of "real people" at Public Partnership Forums - public have a responsibility to go
- use groups to survey client groups eg at drop in sessions workers could ask for surveys to be completed giving help where required
- avoid jargon and acronyms
- could good practice be fed into "Celebrating Success" event
- On the 2004 consultation the opinion was that rural area meetings were not well advertised, resulting in poor attendance, and that at them the public were told what was to happen and were not asked for their views
- Need to publicise the availability of electronic and telephone means of consultation eg dedicated lines, web pages for opinions, mobile opinion booths

## **3. Do you feel you have the necessary support to enable your voice/clients voices to be heard?**

- need to consult with people in their own environment and meet them at times to suit them
- cover expenses, childminding etc
- provide signers, interpreters etc
- NHS Forth Valley not willing to have a learning disability person as a representative, preferring one of the staff to represent them ( because it was a high level meeting and it was considered they wouldn't understand what was being discussed.)
- felt drama is a powerful medium and easily understood

- GP practice patient groups are always held in the daytime so not convenient for those who are working
- Patient groups should be compulsory at GP practices and held on CREATE days when the surgery is closed, allowing more of the staff to attend
- There should be a central information service, one point of contact for information on health and conditions as some people may not want or think to contact NHS24
- Leaflets should be more accessible for people with learning disabilities and other special needs, e.g. in a more pictorial format
- Not enough/relevant staff are available at public meetings to answer questions

**4. Do you think your organisation would benefit from receiving some awareness raising on Patient Focus and Public Involvement?**

- In general most groups attending thought this was a good idea

**5. What are your expectations of The Scottish Health Council?**

- More days like this!!
- Adequate feedback from events
- Supply information that groups can send out so people are aware
- Use links
- Publicise issues for rural areas
- Will be able to show evidence of influence on the Board's decisions.
- To have local links from the national website or our own site.
- To have a chat room site for discussions, gathering comments and opinions.
- SHC staff to use drop-in meetings of other organisations to talk about role.

## Working Together and the way forward

The purpose of this event was to gain a better understanding of some of the barriers to engagement that “hard to reach” groups face, the main health priorities for their user groups, and their experience of Patient Focus and Public Involvement with the NHS. It gave us an opportunity to learn, from issues raised during the discussions, about areas where Patient Focus and Public Involvement practice could be improved.

We wanted to listen to the groups invited, take on board all of the information given and ask the participants how we could work with them in future. We recognised that these organisations were often staffed by one or two members and we were anxious not to increase their already demanding workload.

All of the groups invited had said that they would be happy to work with the Scottish Health Council in the future in some capacity. The general consensus was that this should be an open and two way relationship.

Suggestions for future engagement:

- Identify areas from NHS Forth Valley’s annual self assessment of its Patient Focus and Public Involvement activity relevant to individual groups and ask them to comment and assist Scottish Health Council’s verification.
- Individual groups asked to comment on assessment of significant strategy consultations where appropriate.
- Use issues discussed at this event and identify generic development issues for NHS Forth Valley.
- It was identified that there was a need for local officers of the Scottish Health Council to visit groups at their own premises/meetings to raise awareness of their role.
- Groups to use awareness of the Scottish Health Council Forth Valley’s role to feedback issues where further areas for improvement within patient focus and public involvement have been identified and could be fed back to NHS Forth Valley as part of overall assessment.
- Groups to raise awareness of the Scottish Health Council where a relevant issue arises with other community organisations and encourage feedback of issues to us.
- Training needs were also identified. Some of the organisations felt that they would benefit from some Patient Focus and Public Involvement training.
- They felt that if training was delivered to both staff and service users this would help them to participate in meetings. Scottish Health Council will look to develop this.

- Cascade information to participants as and when appropriate.
- Participants were invited to contact the Scottish Health Council Forth Valley for further information/ partnership working.

We also plan to feedback the comments made to NHS Forth Valley and hope it will give them a useful insight into how they can best involve “hard to reach” groups in their work. This report has been distributed to those who attended the event or were invited to the event as well as other relevant organisations.

# 3 Appendix

Appendix 1 – Planning The Event

Appendix 2 – National Standards for Community Engagement

Appendix 3 – Organisations Invited and Attended

Appendix 4 – Programme

Appendix 5 – Review Questions

Appendix 6 – Presentation

### The Process

The initial stage in the planning process was to identify our target audience, primarily groups whose voices are seldom heard. We invited a wide range of local and national voluntary organisations which have a local presence in Forth Valley. This event aimed to build sustainable and effective mechanisms of communication to encourage and support service users to have their voices heard by health boards.

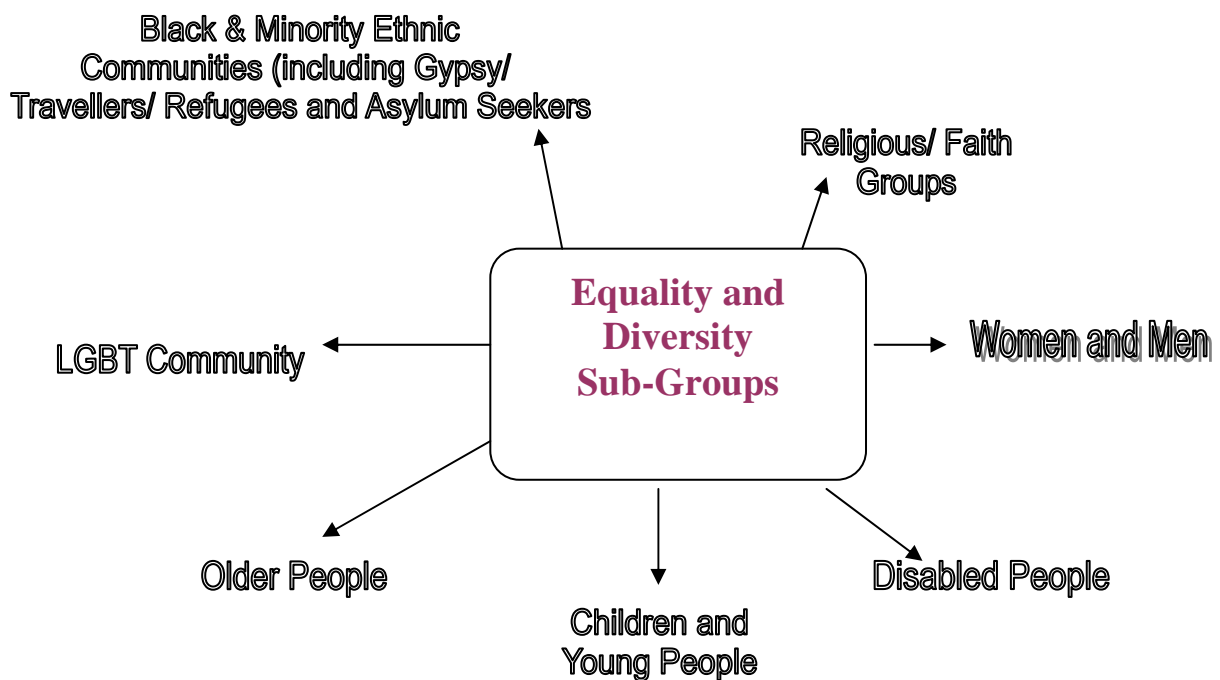
In order to gain a better understanding of some of the relevant Patient Focus and Public Involvement issues we had to identify and define clear objectives and how best to achieve them. We recognised that this would have to be an open, transparent and, most importantly, two way process. The intention was that this event should initially be an opportunity for information sharing and discussion on how Patient Focus and Public Involvement can improve the services provided to the client groups of these organisations and gain an understanding of the role of the Scottish Health Council in helping to achieve this.

## Equality and Diversity Strands

On March 16<sup>th</sup> 2005, the Scottish Executive Health Department sent a letter to all NHS boards informing them of the need to undertake Equality and Diversity Impact Assessments (EQIA).

***“To comply with our Partnership for Care and National Health Service Reform (Scotland) Act commitment and to ensure that all policy and service developments within NHS Scotland can be shown not to disadvantage any of the people we serve, Boards should in particular ensure that their policies, procedures and service developments do not disadvantage individuals because of their age, ethnicity, gender, religion or faith, disability or sexual orientation.”***

The Equality and Diversity Strands are illustrated below.



The Scottish Executive commissioned Communities Scotland to produce a set of community engagement standards.

***“These National Standards for Community Engagement will help to develop and support better working relationships between communities and agencies delivering public services”***

(Malcolm Chisholm, Minister for Communities)

The standards are listed below along with some ways in which we aim to use them in our engagement with the organisations involved.

### **1. INVOLVEMENT: We will identify and involve the people and organisations who have an interest in the focus of the engagement.**

After discussing the aims and objectives of the event and how best to achieve this we set about trying to identify the people and organisations we would invite. We contacted a number of organisations spread across the Equality and Diversity strands.

### **2. SUPPORT: We will identify and overcome any barriers to involvement**

We asked organisations of any individual needs which required to be met to enable them to attend eg signers, translators. The venue was chosen specifically because it met all the requirements for disabled access. We also invited groups to tell us of any way they would like to be involved other than by attending this event.

### **3. PLANNING: We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken**

Prior to the event we sent out a list of facilitation questions to allow the organisations to prepare for the event. The data gathered from the facilitation sessions will form the basis on any further engagement.

### **4. METHODS: We will agree and use methods of engagement that are fit for purpose**

We asked the organisations directly what methods of engagement they would like to use, e.g. email, telephone, face to face contact etc.

**5. WORKING TOGETHER: We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently**

We sent to groups the format of the day and questions to consider in advance and facilitated the day in a way that allowed everyone to participate.

**6. SHARING INFORMATION: We will ensure that necessary information is communicated between the participants**

We will send out this report to all participants. We plan to set up a network steering group which will be administrated by local officers who will keep members updated on relevant information and will co-ordinate meetings.

**7. WORKING WITH OTHERS: We will work effectively with others with an interest in the engagement**

The purpose of this event was to invite organisations that have an interest in Patient Focus and Public Involvement along to see how we can work together effectively in the future. We will continue to reach out to a range of voluntary organisations.

**8. IMPROVEMENT: We will develop actively the skills, knowledge and confidence of all the participants**

We can identify development needs within the voluntary sector to ensure more effective patient focus and public involvement across NHS Forth Valley.

**9. FEEDBACK: We will feed back the results of the engagement to the wider community and agencies affected**

We will send out a summary of the report and findings to both the organisations involved and to other relevant organisations. In addition to this we will provide feedback around any future relevant work we do.

**10. MONITORING AND EVALUATION: We will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement**

This will be discussed internally and with the organisations on an ongoing basis as further engagement develops.

## Organisations Invited

## Appendix 3

Aberlour Childcare Trust  
Airthrey Park Medical Practice  
Alcohol Link  
Alcohol Support and Counselling  
Alloa Mosque  
Alzheimer Scotland - Action on Dementia  
Alzheimer Scotland - Falkirk  
Autistic & Asperger's Support Group  
Blind & Disabled Club  
Bo'ness Group  
Bothkennar Centre for Citizen Education  
Braveheart  
Citizens' Advice Bureau Clackmannan  
Caledonia Clubhouse  
Caledonia Youth Ltd  
Campbell Blair Drummond  
Carers Reference Group  
Central Scotland Chinese Association  
Central Scotland Chinese Women's Group  
Central Scotland Islamic Centre  
Central Scotland Racial Equality Council  
Clackmannanshire Council  
Community Training and Development Unit  
Council on Disability  
Crossroads Care Attendant Scheme  
- 2 local groups  
D.A.S.H  
Dial -a- Journey  
Dialogue Youth  
Dialogue Youth Unit  
Doune - Dunblane Arthritis Care  
Dunblane Blind Association  
Enable – 3 local groups  
Enable Scotland  
Epilepsy Connections  
Falkirk + District Association for Mental Health  
Falkirk Asian Welfare Association  
Falkirk Central Group  
Falkirk Council  
Falkirk Islamic Centre  
Falkirk Muslim Association  
FLAGS Lesbian Gay Bi-sexual Transgender  
Forth Valley Advocacy  
Forth Valley College  
Forth Valley Visually Impaired Bowlers  
FV Prostate Cancer Support Group  
Grangemouth Group for Carers  
Grapevine  
Home from Home  
Homestart  
Indian Community Centre  
INSTEP  
Joint Dementia Initiative:  
Services For Younger People  
Klacksun & Ochil Carers  
Lunch Club  
Manic Depression Support Group  
OPALS (Older People with Active Lifestyles)  
People First (Scotland)  
PLUS  
Princess Royal Trust Carers Centre –  
Alloa Office  
Princess Royal Trust for Carers  
Quality Action Group  
Quarriers @ the Bridge  
Quarriers' Falkirk Children's Rights Service  
Raploch Community Police Officer  
Relate - 2 local groups  
Salvation Army  
SDAMH (Stirling District Assoc for Mental Health)  
St Ninians Medical Practice  
Stirling Carers' Centre  
Stirling Council  
Stirling Council Youth Services  
Stirling Family Support Service  
Stirling Health and Wellbeing Alliance  
Stirling Users Network (StUN)  
The Princess Royal Trust Centre  
Town Break Befriending Service-  
(Alzheimer Scotland)  
Travellers Caravan Park representatives  
VIPs (Visually Impaired People)  
Wisecrack Peer-led Drug Education Project  
Woman's Aid – 2 local groups  
WRVS Community Transport / Good Neighbours

A number of invited organisations could not attend but asked to be included on a mailing list for future events. The local officers have offered to visit the organisations who were unable to attend to enable engagement with them in the future.

## Organisations Attended

Stirling Users Network  
Alcohol Link  
Signpost  
Camphill Blair Drummond  
Stirling District Association for Mental Health (SDAMH)  
Clackmannanshire Council (Community Development)  
Falkirk & District Association for Mental Health (FDAMH)  
Stirling Womans Aid  
Princess Royal Trust Carers Centre – Falkirk  
Princess Royal Trust Carers Centre – Alloa  
Quality Action Group  
Home-Start Stirling

## Local Advisory Council Members

M Biggs  
P Quinn  
H Macguire

## Scottish Health Council Representatives

Louise McFarlane  
Karen Rattray  
Elizabeth Taylor  
Irene Walker



**Scottish Health Council Forth Valley**

**“Lets Get Together”**

**Forth Valley Sensory Centre,  
Redbrae Road,  
Camelon.  
FK1 4DD**

**16<sup>th</sup> March 2007, 10am – 2pm**

**Programme**

10:00 - 10:15	Refreshments
10:15 – 10:20	Welcome and Introductions
10:20 – 11:00	Presentation
11:00 – 12:30	Discussion Group
12:30 – 13:00	Feedback and Questions & Answers
13:00 - 14:00	Lunch and Networking

## REVIEW QUESTIONS

**Please consider the following questions prior to the event. These will form the basis of the facilitation sessions.**

1. What do you think are the priority health issues for your client group?
2. How do you feel NHS Forth Valley engages with patients, carers and members of the public in changes to services?
3. Do you feel you have the necessary support to enable your voice/clients voices to be heard?
4. Do you think your organisation would benefit from receiving some awareness raising on Patient Focus and Public Involvement?
5. What are your expectations of The Scottish Health Council?