

'Showcasing and Sharing'

West of Scotland Patient Focus and Public Involvement Network Event

Hilton Hotel, Argyll Street, Glasgow
Wednesday 24 February 2010

Adrian Rootes, Acting Regional Manager West, welcomed participants to this West of Scotland Network event. He gave an overview of the day and introduced the speakers.

Alastair Pringle, Patient Focus Manager, Scottish Government Health Directorate

Alastair indicated a number of initiatives that the Scottish Government is currently progressing in relation to patient focus. These include:

- Quality Strategy Framework
- NHS Inform
- Better Together
- Single Equality Bill
- Patients' Rights Bill

The Quality Strategy Framework draws on the themes from 'Better Health Better Care', and what people see as most important:

- Caring and compassionate services
- Collaboration between services and other agencies
- Clean and safe environment
- Access to care
- Clinical care

Work to date:

- Six dimensions of quality: patient centredness, equitable, effective, efficient, safe and timely (include review of HEAT in relation to Quality Strategy)

NHS Inform (Spring 2010)

- Online, helpline, on the High Street
- Health information in zones: mental health, carers, medical conditions, youth
- Healthinmylanguage.com
- Guide on 'How to use the health service' (audio visual) – 17 languages including British Sign Language
- Health Information

Better Together

- 500,000 GP surveys sent out
- 64,000 inpatient survey sent out

Single Equality Bill

- UK wide
- Rationalises over 100 pieces of existing legislation
- Bans age discrimination in services
- 'Wrath of Pope' (religion/lesbian, gay, bisexual, transsexual)
- New socio-economic duty

Issues raised by participants

- How do you address those without email access?
- The surveys for 'Better Together' are paper-based. We are trying to identify gaps and three approaches have been taken for NHS inform.
- Healthy lifestyles – high levels of satisfaction indicated in surveys may be due to ignorance
- Deafblind Scotland – the patient interaction with GP is crucial – how is that captured?
- It's difficult to measure relationships, especially where person has a sensory impairment. The Patients' Rights Bill will include advocacy and translating services.

Patients' Rights Bill – this will clarify to patients and staff their rights and responsibilities:

- Consultation September 2008 to January 2009
- 230 written submission
- Need for legislation
- Bias towards acute services

How do we articulate and implement the Patients Rights Bill?

- Staff education
- Patient information
- Public involvement
- Build support infrastructure

Suggestions from participants

- Young people – more imaginative approach. Talk to them directly (suggested by a young person)
- GPs to signpost – going through existing agencies
- Community Engagement / Planning Officers
- Can't legislate for 'responsibility' – demonstrate impact.

John Davidson, Public Involvement Manager, Scottish Government Health Directorate

- Support Boards with PFPI activity
- Sponsors the Scottish Health Council – accountable for their work, funding, impact
- Participation Standard
- Public Partnership Forums – support, resource (widen to community/volunteer group)
- Service change (guidance) – crucial especially in next few years
- Other – direct elections, transport

What progress is being made?

- Participation Standard – focus on improvement and support, identify strengths and weaknesses; useful but not bureaucratic. Running behind for 1st April
- Guidance for service change - just issued. Welcome comments
- Direct elections – pilots in Dumfries and Galloway, Fife and 2 others will be subject to evaluation
- User engagement in Policy and Planning within the Scottish Government. Cohesion and how people can be involved in strategic direction. Scottish Health Council are scoping this work
- PPFs – Ministerial commitment. Range in levels of effectiveness.

Issues/comments raised by participants

- East Kilbride PPF – we are happy to co-operate but we don't get enough time to respond to documents. Please get your act together so that we can give proper consideration to documents. Agree with lady; not as co-ordinated as could be; aiming to plan activity better.
- Youth: re elections for 16 –18 year olds – how will you convince young people that it's worthwhile to vote? Social marketing ie rather than the Scottish Government and Boards doing it to use we will use local authorities and Young Scot. Scottish Health Council is talking to young people – Cabinet Secretary is keen to get young people involved in this agenda.
- For people who are blind/partially sighted, it would be helpful to get accessible documents at the same time as everyone else. John agreed that public agencies need to get better at this.
- Attract young people. Don't go to agencies – get into schools and talk to children directly.

John Davidson then asked – “How can Public Partnership Forums work more closely with other community/voluntary groups to engage with wider community?”

- PPFs to look at their membership and develop annual and forward action plan
- PPFs need to go out and explain their role to other community groups
- PPFs don't have decision-making powers. This would give them greater credibility.
- Communicate with other groups and work with different agencies to promote the PPF.

John Davidson asked – “What support do Public Partnership Forums need to strengthen and develop their role?”

- PPFs need help to make the documents they're considering more accessible. Can you give that help? (*may be a responsibility of the Board.*)
- A development model that includes models of good practice – a living document – to be shared with PPFs less developed.
- Little guidance was originally given on setting up PPFs – would welcome more development taster sessions similar to those provided by Scottish Health Council in 2008.
- Members need time to share information with their networks. Greater recognition of the impact/commitment of PPF members.

Richard Norris, Director Scottish Health Council

New approach and the Participation Standard

Richard noted that the diagram in his presentation is not to scale, eg Community Engagement and Improvement Support would be much larger than Participation Network in terms of staffing levels.

Assessment

- Needs to be robust but proportionate
- Need for comparative data and national level
- Involvement of the public will be key
- Need to focus on important areas – can't cover everything
- Need to capture year-on-year improvement for annual reviews – but also a longer cycle

Restructuring of the Scottish Health Council

- National office and 14 local offices – moving from regional / geographical arrangement to specialised teams (lead to consistency in our support).
- Was this a cost-saving exercise? No, cost neutral with an opportunity to improve communications and develop staff's expertise. Sharing examples of good practice – though agree it is good to share bad practice eg Evolving Practice – case studies to demonstrate learning across Scotland.

Comments from participants

- Will the Participation Standard be applied to eg nine PFPI actions? No the Board will be asked to focus on specific themes.
- New role of Community Engagement; support and development. I've heard this before – disappointed that taster training sessions introduced by the Scottish Health Council has not lead to national training. Richard agreed that development can mean different things. (Seldom heard groups, PPF support, sharing practice). The support role formally sits with CHPs – the Scottish Health Council is looking at how we can add value, e.g. working agreements, sharing practice from elsewhere. Scottish Health Council staff have a facilitating role, not a training one – they are not the experts.
- Understands that the Scottish Health Council has a role in the development and support of PPFs, but does it also have a role in providing support to the PPF with the CHP?