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INTRODUCTION

The Scottish Health Council was established in April 2005 to ensure that the views of patients, carers and the public are properly taken into account by the NHS. In order to monitor whether this involvement results in better and more responsive services for patients, all Boards in Scotland (including Special Health Boards) are required to complete an annual Patient Focus and Public Involvement self-assessment framework.

This self assessment details how Boards have involved patients in their own care and how they have identified and responded to the needs of individual patients and carers, so that whatever their needs may be, such as, religious, dietary or communication, services are patient focused, for example, providing patient information in large print. Boards are also required to communicate continuously with patients and the public so that people are informed and understand how the NHS works. The Board must also show how it works in partnership with patients and local communities when planning and developing services, for example, designing a new appointment system.

The information provided by Boards in their self assessment is collected under five key headings:

- A) Involving patients, carers and the public
- B) Supporting staff
- C) Monitoring Patient Focus and Public Involvement
- D) Developing Patient Focus and Public Involvement
- E) Related strategies, for example, carers and volunteering policies

This information is submitted to the Scottish Health Council so that we can assess how well Boards have involved patients and the public. In order to help us check the information provided by Boards we have asked patients, carers and local communities about their experiences and how they were involved. This report is our assessment of NHS 24 based on the information provided by NHS 24 (including its staff), patients and the public.

Included in this report are suggestions on how the Board can work more effectively with patients, carers and communities so that local people can see year-on-year improvements in the way their Board works with them.

This report does not include information on any significant service change carried out by NHS 24. The Scottish Health Council will review this information in a separate report, which will include an assessment of the Board's activities measured against specific standards and guidance set by the Scottish Executive Health Department. Details about reviews of specific consultations (and completed reports) are available from the Scottish Health Council Greater Glasgow and Clyde office.

2 SUMMARY

NHS 24 has provided a number of examples of how it responds to feedback from service users in its self assessment, including its work (in partnership with Help the Aged) with members of the public to develop a booklet for older people.

Following feedback from a speech and hearing impaired couple, NHS 24 developed an out-of-hours fax sheet. NHS 24 involved the complainants and their local Board. The service users were very satisfied with the fax sheet and their involvement in the process. The fax sheet has been shared with Boards across Scotland, however awareness of the sheet across Scotland is limited.

Although some progress has been made against key priorities for 2004-2005, there remain a number of areas for action. For example, NHS 24 should ensure that the new Clinical Governance framework facilitates the integration of Patient Focus and Public Involvement into clinical governance activity. In addition, the Board should ensure that work to identify and make contact with 'hard-to-reach' groups is maintained. The Board should also identify training requirements for patients and the public in order to enable their participation in its activities.

Development issues from this year's assessment include reviewing the direction of Patient Focus and Public Involvement across the organisation including initiatives with the public (such as 24 Voices), staff (such as Patient Focus and Public Involvement Pioneers) and at strategic level. NHS 24 should also further develop services initiated under the Transformation programme and deliver on its emerging strategic objectives.

Further work is also required to develop and implement its Volunteering policy and its strategies for Advocacy, Carers and Spiritual Care.

The establishment of Public Partnership Forums across Scotland provides an opportunity for NHS 24 to develop links with local patient and community representatives across Scotland. The Forums will be an invaluable resource and allow NHS 24 to disseminate information about its service, elicit feedback from patients, carers, communities and the voluntary sector and allow it to involve patients and carers in all of its work.

NHS 24 should ensure that it has accurate information and contact details for the new independent advice and support services across Scotland and consider how it will support patients and the public to offer feedback on the service or raise a complaint about NHS 24.

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CONTEXT

3.1 Self Assessment

NHS 24 submitted evidence of Patient Focus and Public Involvement activity from across its work. However, some sections of the self assessment were incomplete or included examples that were not relevant to the specific indicator.

3.2 Board Issues

In 2005-2006, NHS 24 underwent a Ministerial Independent Review. The Review group was established in February 2005 to identify performance improvements to ensure that NHS 24 developed and delivered high quality services for patients. The group delivered its final report in October 2005.

NHS 24 established its Transformation programme in March 2005 to develop services including the establishment of five satellite centres across Scotland.

NHS 24 is currently consulting patients and the public across Scotland on its three-year strategy.

3.3 Key priorities identified from the assessment of NHS 24's 2004-2005 submission and progress to date as reported by the Board.

- **The Integration of Patient Focus and Public Involvement into clinical governance activity.**

NHS 24 has recently established a Clinical Governance Framework, which details the Board's governance structure. In addition, the Patient Focus and Public Involvement Co-ordinator participates in regular meetings with the Clinical Governance Team, Quality Manager and Patient/Customer Relationship Manager to ensure a proactive approach to the Patient Focus and Public Involvement agenda.

- **Further development of an equality and diversity approach.**

NHS 24 has appointed an Equality and Diversity Advisor to develop the Board's work. Following a review of the Board's governance structures, NHS 24 has established the Equality and Diversity Committee which incorporates the Board's Public Involvement Forum.

- **Develop and implement plans to involve 'hard-to-reach' groups.**

The Board has developed a programme of public involvement, outlined in its Patient Focus and Public Involvement strategy, which is supported by the Patient Focus and Public Involvement Co-ordinator and the Communications Manager. The Patient Focus and Public Involvement Co-ordinator has begun work with the Equality and Diversity Advisor to identify and make contact with 'hard-to-reach' groups.

- **Identify patient/public training requirements.**

While the Board has identified and trained Patient Focus and Public Involvement champions across the three contact centres, there has been limited recent progress in this area. However, the Patient Focus and Public Involvement Co-ordinator and Communications Manager are working together to ensure that this work continues.

- **The development of Spiritual Care policy and practice.**

NHS 24 is in the process of appointing, in collaboration with The National Waiting Times Centre Board (Golden Jubilee National Hospital), a Spiritual Care provider. The post holder will have responsibility for developing the Spiritual Care policy.

- **The development of a plan to ensure Advocacy services are available to service users.**

Following the issue of advice on advocacy from the Scottish Executive Health Department, and a meeting with Citizens Advice Service Scotland, NHS 24 has developed an Advocacy plan. Information on local advocacy services can be made available to the public by front line staff accessing the Board's electronic health information system.

4 VERIFICATION METHODS

4.1 National Standards and Templates

In order to ensure national consistency and a robust process across all Boards, national verification templates have been developed from the National Standards for Community Engagement. The standards were endorsed by the Scottish Health Council in June 2005.

4.2 Methods

Methods used to verify examples within NHS 24's self assessment included:

- review of documentary materials – websites, patient and staff information leaflets, publications and evaluation materials
- face-to-face and telephone interviews.

4.3 Stakeholders and Participants

A range of people and organisations participated in the verification process.

These included:

- service users
- community and voluntary organisations
- NHS 24 staff
- staff from other NHS Boards.

4.4 Review and Analysis of Data

The self assessment was reviewed by Scottish Health Council staff and Local Advisory Council members. The examples selected for further verification included areas where:

- Local Advisory Council members had expertise and existing networks in the topic
- lessons learned from the engagement exercise could inform future activity.

In order to provide the context for verification, supporting information for each example was obtained, for example, through interviews with the lead contact and other health/local authority professionals. The pertinent themes from the National Standards for Community Engagement were used to inform the verification process (for example, development of questionnaires and interview schedules).

The information gathered during the verification process was reviewed to identify the key themes. These responses were used to inform the findings of this report.

5 OVERALL ASSESSMENT

NHS 24 states that it supports the principles of Patient Focus and Public Involvement and is committed to the ongoing development of this agenda.

5.1 Involving Patients, Carers and the Public

NHS 24 has provided information about how it has involved patients and the public in its work. For example, it has encouraged community groups to visit its contact centres in order to promote understanding of the service and to gain user feedback. NHS 24 has gathered feedback from patients and the public through, for example, a postal survey on patient experience and has developed a database to record compliments, complaints and comments. The Board has used feedback to develop information about its services including a booklet for older people which it developed in partnership with Help the Aged.

NHS 24 acknowledges that further work is required to enable patients, carers and the public to participate in its activities and reports that it is holding events in 2006-2007 across Scotland to explore ways to address this.

5.2 Supporting Staff

NHS 24 reports that it provides support to staff to participate in the designing and planning of services, for example, through protected time for staff to attend workshops and meetings. The Board notes that staff are supported to respond to patient and public feedback through, for example, induction training.

The Board included details of how it plans to develop staff support in 2006-2007, for example, through the dissemination of information on Patient Focus and Public Involvement and the Patient Focus and Public Involvement Pioneers initiative.

5.3 Monitoring Patient Focus and Public Involvement

The Board provided limited evidence in this section. For example, there was no information provided on how the public are involved in the setting and monitoring of performance targets. The Scottish Health Council notes that these will be key development areas for NHS 24 during 2006-2007.

Progress on the review of the Patient Focus and Public Involvement Framework and monitoring of Patient Focus and Public Involvement activities was delayed by the resignation of key staff. As a result, the Patient Focus and

Public Involvement Forum met once during 2005-2006. It is noted that the establishment of monitoring mechanisms is an important area of work for 2006-2007.

5.4 Developing Patient Focus and Public Involvement

NHS 24 has recently appointed a Patient Focus and Public Involvement Co-ordinator. Further work is required to develop effective mechanisms to recognise and share good practice, including how to monitor and evaluate the outcomes of Patient Focus and Public Involvement activities.

5.5 Related Strategies

NHS 24 reports that its Spiritual Care strategy will be developed following the appointment of a Spiritual Care provider, a post jointly supported by the National Waiting Times Centre Board. The Board notes that its Volunteering policy and Advocacy and Carers' strategies are under development.

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VERIFIED EXAMPLES

6.1

How have staff and patients worked together to agree an individual's care and treatment?

Out-of-Hours Fax Sheet

In response to a complaint from a speech and hearing impaired couple, NHS 24 developed an alternative method for patients with such impairments to share information about their health condition or problem with their local out-of-hours service. This consisted of a form which would be completed by the patient and returned by fax. The form was developed in collaboration with the complainants and their local Board, NHS Tayside. NHS 24 has shared this work, and the fax sheet, with other NHS Boards.

What we did and who we involved

A questionnaire was completed by the couple who had been involved in developing the fax sheet and an interview was held with the NHS 24's Nursing Director. Supporting materials provided by the Board were reviewed. A sample group of managers of out-of-hours services across Scotland was contacted to review awareness of the out-of-hours fax sheet.

What we found

The service users involved in the project reported they felt "able to easily feed in [their] ideas and comments" and that their views were taken on board by NHS 24. They indicated that the fax sheet was more responsive to their needs – for example, using the fax was quicker and less expensive than using a textphone or the Typetalk system (national telephone relay system for people with communication difficulties) and was more suitable for emergency situations. In addition, they preferred the fax sheet as it protected privacy (unlike the Typetalk service which requires the involvement of another person).

Four out of the five Out-of-Hours Service Managers contacted had not heard of the development of the out-of-hours fax sheet but noted that they would like to receive copies of it.

Consensus with Board's Report

The two participants felt they had been appropriately and successfully involved in the development of the fax sheet. The fax sheet should enable staff to be

more responsive to the needs of communication-impaired service users when agreeing treatment.

However, the fax sheet had not been as widely distributed as NHS 24 notes.

Conclusions

The development of the out-of-hours fax sheet highlights the value of working with service users to develop a responsive mechanism for agreeing treatment and care. The Board should consider how it shares this work across the organisation and with partner agencies. NHS 24 may also wish to review how it uses this work to inform other activities.

6.2 How did you provide information to patients, carers and the public on your activities?

NHS 24 Booklet for Older People

Following feedback from a Help the Aged Conference in 2004, NHS 24 held a focus group to review its information materials. The focus group included representatives of older people's forums and was facilitated by Help the Aged. The focus group developed an information booklet about NHS 24 for older people which was piloted in the summer of 2005.

The project has been evaluated by Help the Aged, and NHS 24 notes that the focus group will reconvene in 2006 to review the results and advise NHS 24 of any amendments which need to be made to the booklet. The revised booklet will be distributed across Scotland.

What we did and who we involved

Interviews were held with two of the members of the focus group and the focus group facilitator. Documentary material, including the focus group's report and drafts of the evaluation report, was reviewed.

What we found

The focus group members felt able to freely express their views and felt they had a strong influence on the development of the information booklet. One member noted: "The very first draft...came from NHS 24 and Help the Aged... after we got our hands on it, it changed quite dramatically from the original." As another noted: "there were no restrictions put on you, which was a big change from a lot of the meetings." Members of the focus group felt that the

process had been worthwhile. One stated: “Input and recommendations are being clearly listened to and acted upon and I view it as a truly inclusive piece of consultative work.”

Participants were happy with the booklet. One commented: “It makes a good job of explaining NHS 24 to older people.” The evaluation found that most respondents felt the booklet was very useful.

Consensus with Board’s Report

NHS 24 actively sought input from service users to develop an information booklet for older people. Participants felt that their views had been encouraged and had influenced the development of the booklet.

Conclusions

The Board has provided evidence of working in partnership with service users and voluntary organisations to develop accessible and acceptable information. The Board may wish to consider how it can involve service users from other care groups to develop relevant information.

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OVERALL CONCLUSIONS

The Board has provided evidence of how it responds to feedback from service users, for example, in the development of its booklet for older people and the out-of-hours fax sheet.

Although some progress has been made against key priorities for 2004-2005, a number of areas for action remain, including the integration of Patient Focus and Public Involvement into clinical governance activity and the identification and establishment of contact with 'hard-to-reach' groups.

Development issues for 2006-2007 include reviewing the strategic direction of Patient Focus and Public Involvement and the Patient Focus and Public Involvement initiatives with the public (such as 24 Voices) or staff (such as Patient Focus and Public Involvement Pioneers).

NHS 24 should continue to develop its Volunteering policy and its strategies for Advocacy, Carers, and Patient Focus and Public Involvement.

The establishment of Public Partnership Forums across Scotland provides an opportunity for NHS 24 to develop links with local patient and community representatives across Scotland. The Forums will be an invaluable resource and allow NHS 24 to disseminate information about its service, elicit feedback from patients, carers, communities and the voluntary sector and allow them to involve patients and carers in all its work.

NHS 24 should ensure that it has accurate information and contact details for the new independent advice and support services across Scotland and consider how it will support patients and the public to offer feedback on the service or raise a complaint about NHS 24.

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DEVELOPMENT ISSUES FOR 2006/2007

All Boards are asked to consider some generic issues in addition to issues raised by this year's assessment.

Generic issues:

- NHS Boards are required to nominate a Designated Director for Patient Focus and Public Involvement to provide leadership and co-ordinate activities across the Board. This should involve the establishment of a governance structure to hold the Board's operational units to account for delivering the statutory and policy requirements placed upon the Board including its Equality and Diversity responsibilities.
- All Patient Focus and Public Involvement activity, including staff training, should be evaluated so that NHS 24 can demonstrate the impact of patient involvement and how communities have influenced service development.
- Knowledge and experience of the implementation of statutory guidance in relation to Patient Focus and Public Involvement should be shared across the organisation.
- Staff should be supported to contribute to shared practice initiatives and regional and national networking opportunities. A register of recent Patient Focus and Public Involvement activity should be developed and the Scottish Health Council would welcome the submission of examples of current Patient Focus and Public Involvement activity to its new website.
- NHS 24 should maximize the significant opportunity provided by the emerging Public Partnership Forums to enhance its relationship with patients, carers, communities and the voluntary sector across Scotland.
- NHS 24 should ensure that information on the independent advice and support services across Scotland is collated so that it is able to direct callers appropriately. It should also consider how patients and carers will be supported in making a complaint about NHS 24.

Issues from this assessment

- NHS 24 should generally seek to strengthen the support given to staff to work with patients, carers and the public, in particular the provision of Patient Focus and Public Involvement information and training. NHS 24 should review its Patient Focus and Public Involvement Pioneers initiative.
- NHS 24 should further consider the means of supporting those who may have difficulty using its services including the elderly and those with communication difficulties. The out-of-hours fax sheet, which was developed to solve the communication problems experienced by a speech and hearing impaired couple, should be shared across the system once the evaluation is complete.

