



## **NHS National Services Scotland**

# **Patient Focus Public Involvement Summary Report**

**2007/2008**

## **1. Summary**

### **Governance Arrangements**

Within NHS National Services Scotland, Patient Focus Public Involvement (PFPI) is overseen by its Clinical Governance Committee which is a sub committee of the Board. It receives quarterly reports on PFPI activities and progress against the actions agreed with the Scottish Health Council. The Clinical Governance Committee is supported by the work of the PFPI Designated Director and the organisation's Involving People network. The Board also is advised by an Equality and Diversity Forum which meets twice a year and comprises lay members and representatives of national diversity organisations.

### **Development of Public Partnership Forums**

NHS National Services Scotland is a national organisation that provides a range of specialist support services to other NHS Boards to support them deliver frontline patient services. Public Partnership Forums are not appropriate to this remit. We endeavour, however, to work with appropriate stakeholders, voluntary organisations and patient groups on specific reviews and projects.

### **What has worked well in progressing PFPI**

Over the last year we have worked collaboratively both with other national NHS Boards and with territorial Boards to engage with patients and the public. Two consultation events on *Better Health Better Care* were held in November in collaboration with four other national NHS Boards. Around 40 patients and members of the public, drawn from the Boards' different networks, attended each event. A combined response from these events was submitted to the Scottish Government.

In February we held a patient engagement workshop for the Integrated Primary and Community Care (IPACC) project. This was co-ordinated and facilitated by our National Information Systems Group (NISG) and involved 13 representatives from NHS Boards including representatives from Public Partnership Forums and patient organisations.

We have supported *Better Together*, Scotland's Patient Experience Programme, through participation on the programme Steering Group and by working closely with the programme through our Information Services Division to understand and exploit data linkage opportunities. National Procurement is leading the procurement exercise to establish a framework contract for NHS Boards for procuring research and improvement services.

We published our Gender Equality and Disability Equality schemes and undertook a number of impact assessments. We also quality assured our service delivery for disabled people through the inclusion of people with disabilities including our own staff.

### **Further Work Required**

We need to improve communications with and information for patients particularly in relation to registration with GPs.

More work is required to mainstream the equality impact assessment process to ensure that staff are confident in using the tool and fully understand the rationale behind it.

### **How public/patients have been supported to be involved and the difference it has made**

We have supported the participation of public and patients by meeting their access, dietary and communication needs. The latter has included providing material in different formats including Braille, recorded onto CD, large print, easy read and in community languages. We have also reimbursed travel expenses.

## **2. Progress against actions for 2007/08**

### **2.1 Case Studies**

#### **Case Study 1 Improving Donor Experience**

The feedback the Scottish National Blood Transfusion Service (SNBTS) has received from donors through the Top Box Donor Satisfaction Survey has identified waiting times as one of the three issues most important to donors. This information is corroborated by analysis of donor complaints; while the number of donor complaints is very low at only 0.07% of donor attendances, the most common cause of complaints is waiting times.

Waiting times are now formally recorded for all teams and all sessions using consistent and nationally agreed measures. These are analysed alongside staffing levels and performance against collection target; the nominal target for average waiting time from arrival to needle insertion is 30 minutes. These are monitored monthly and compared among teams and are used to effectively troubleshoot problems that arise.

SNBTS is currently piloting an appointments system in Perth to assess its ability to control donor flow and thereby reduce waiting times. An analysis of queue management is also being planned as part of service redesign to streamline the

donation process and reduce waiting times. Plans have also been put in place to assess the impact of sending the Donor Healthcheck Questionnaire to donors' homes in advance of donor sessions to assess how effectively this would reduce waiting times while maintaining adequate levels of safety.

## **Case Study 2          Ethnic Monitoring**

As part of its work to support NHS Boards collect equality and diversity monitoring information, our Equality and Diversity Information Programme worked in partnership with the Scottish Consortium for Learning Disabilities (SCLD) to consult with people with learning disabilities and family carers about their willingness to disclose personal information.

Five groups in different locations across the central belt were consulted; two of these were self-advocacy groups; two were carer groups and the fifth group comprised young people with learning difficulties, their parents and siblings.

They were asked about their present experience of giving information to and receiving information from the NHS. They were asked about their willingness to disclose further personal information in the future. They were also asked to suggest how, where and when this information should best be collected. Participants were asked about their willingness to disclose a range of personal information including ethnicity.

Although all written material used in this consultation was in easy to read format, many people still found the process difficult to follow and it raised questions about the best way of getting information ethically and effectively. It highlighted the importance of skilled, individual support being available at the point when such information is being collected for use by the NHS.

Recommendations from the consultation, to improve the quality of the information collection process, have been published and shared with NHS Boards through the Diversity Information Implementation Network.

## **Case Study 3          Waiting Times**

'New Ways of Defining and Measuring Waiting Times' has introduced a significant change in how NHSScotland collects and defines waiting times, and also how waiting lists are clinically and administratively managed. The aim of these changes is to make the management of waiting clear and transparent, with information available to patients, and a consistent approach taken throughout Scotland.

Our Information Services Division (ISD) worked closely with the Health Rights Information Service (HRIS) between April and September developing and refining a patient information leaflet and poster.

Patient input was necessary to review the 'New Ways' patient material and provide feedback which would help ISD ensure that it's message regarding patient rights and responsibilities could be easily comprehended by patients.

ISD commissioned 'The Advice Shop', an independent research body specialising in patient review of health information, to conduct two patient reviews at end August 2007. The report resulting from these two sessions allowed ISD, in conjunction with HRIS to make further refinements to the patient material before going to print. The report from patient review groups was shared with the Scottish Government and informed national guidance on the consequences to patients who 'Could Not Attend' appointments.

The 'New Ways' patient leaflets are being distributed through GP surgeries and appointment letters issued locally by the hospitals. The first publication of waiting times information post implementation of 'New Ways' will take place at the end of May 2008. More information on the production of the patient material for New Ways can be found on the New Ways website: [www.newways.scot.nhs.uk](http://www.newways.scot.nhs.uk)

#### **Case Study 4            Hand Washing Campaign for Children**

During the second year of the national Hand Hygiene campaign, a specific strand was developed for children in the three to six years age group. The aim was to develop and agree School and Nursery materials to be issued to all local authority schools and partner nurseries in time for the start of the academic year in 2007.

Existing materials were reviewed and it was decided that new material should be developed. Material was pre-tested by focus groups of members of the teaching profession and the results fed in the final version of the pack of materials which include posters, reward chart and stickers, DVD Animation and Handy Tips for Teachers.

The materials were translated into Gaelic and a sign language option was available on the DVD animation. The packs were distributed to local authority primary schools and partner nurseries in September 2007 and the contents were also published to the campaign website, [www.washyourhandsofthem.com](http://www.washyourhandsofthem.com) . These resources can be freely downloaded by interested parties, e.g. private schools and nurseries.

An online forum was established on the Early Years discussion forum to post questions and share ideas for using the materials. An on-line evaluation was also conducted which included responses from parents/carers, teachers, nursery staff and support staff which were generally very positive. In response to a request from one school, the public leaflet was translated into 15 languages, including the usual community languages and others less frequently requested e.g. Nepalese.

## 2.2 Summary table

	<b>Agreed Action</b>	<b>Progress</b>
<b>1</b>	<p><b>Improvement in Donor Experience</b></p> <p>The Scottish National Blood Transfusion Service (SNBTS) will implement the donor satisfaction survey with an aim to improve donor experience and improve services. The impact of the survey on services will emerge as it is fully implemented across the five areas.</p>	<p>The Top Box Donor Satisfaction Survey is an international benchmarking tool which allows SNBTS to monitor its own performance and compare results against those of the USA, Canada, Australia and England. Surveys were conducted in May and October 2007. The survey is repeated at irregular intervals to avoid bias in the data by repeat sampling of the donor base.</p>
<b>2</b>	<p><b>Improvement in Donor Experience</b></p> <p>Results will be shared three times per year with all stakeholders including, donors, staff, patients, and other participating blood services. All results and identification of trends and emerging issues will be monitored and tracked.</p>	<p>Survey results are shared with the Scottish National Blood Transfusion Association (the donor representative body); blood collection staff through debriefs, presentations and staff publications; with other participating countries through the International Operational Workgroup's intranet site; with the donors, patients and the public through the SNBTS web site, <a href="http://www.scotblood.co.uk">www.scotblood.co.uk</a> .</p>
<b>3</b>	<p><b>Improvement in Donor Experience</b></p> <p>Ensure that the qualitative data obtained during the surveys are effectively utilised to add value to the process.</p>	<p>Additional pieces of qualitative research have been conducted:            SNBTS Creative Development Research Proposal qualitative survey comprising: 6 focus groups, non donors, lapsed donors and current donors, surveyed in Edinburgh and Glasgow. April 2007.            SNBTS Deferred Donor Research comprising: 8 interviews with lapsed donors, 6 interviews with current deferrals, 6 interviews with returned donors, Edinburgh and Inverness, July 2007.</p>

<p><b>4</b></p>	<p><b>Improvement in Donor Experience</b></p> <p>Ensure analysis of previous surveys have identified the three issues most important to Donors and can demonstrate improvements to the donor experience as a result.</p>	<p>The Top Box and Deferrals research have highlighted key moments of truth</p> <ul style="list-style-type: none"> <li>• Waiting Times</li> <li>• Needle insertion</li> <li>• For deferred donors –improved clarity of when they can return</li> </ul> <p>Action taken to increase focus on waiting times; all venupuncturists receive feedback on failed venupuncture; national intervention project for deferred donors planned.</p>
<p><b>5</b></p>	<p><b>Complaints</b></p> <p>NHS National Services will work towards increasing the percentage of complaints responded to within 20 days from the current level of 87% to 90%.</p>	<p>Over the year we responded to 98.5% of complaints within the target time of 20 days. The actual number of complaints was skewed dramatically by a large number of complaints received from one primary care practice which is under investigation. When those complaints are excluded, 87.1% of responses were within target. The published national rate for NHSScotland in 2006/07 was 58.6%</p>
<p><b>6</b></p>	<p><b>Ethnic monitoring</b></p> <p>Equality and Diversity Information Programme will continue to collaborate and consult with particular groups and individuals to inform the process of collecting more personal information</p>	<p>Partnership working was established with the Consortium of Learning Disabilities to develop a programme of consultation with people with learning disabilities and their carers. Five consultation groups were held during August – September 2007; three with people with learning disabilities. The report of the consultation has been published on <a href="http://www.isdscotland.org/equalityanddiversity">www.isdscotland.org/equalityanddiversity</a> .</p>
<p><b>7</b></p>	<p><b>Ethnic monitoring</b></p> <p>Information Services Division will produce half yearly statistics for NHS Boards and overall Scottish position of the collection of ethnic group within SMR00 and SMR01</p>	<p>SMR00 &amp; SMR01 reports are being produced quarterly at speciality level within NHS Boards and sent to each NHS Board contact on the Diversity Information Implementation Network which is a forum for NHS Board leads.</p>

<p><b>8</b></p>	<p><b>Ethnic monitoring</b></p> <p>Work in partnership with NHS Boards through the Equality and Diversity Information Programme to support them in training of staff and in their collection of ethnic group</p>	<p>Equality and Diversity Programme has worked with the National Resource Centre for Minority Ethnic Health to establish a communication and meeting point. The Diversity Information Implementation Network has met quarterly and the Programme has provided examples of good practice from around the UK. Training support has been provided to specific NHS Boards, e.g. on data monitoring. Funding has been secured from the Scottish Government to develop a training DVD for frontline staff involved in the collection of monitoring the seven strands.</p>
<p><b>9</b></p>	<p><b>Waiting Times</b></p> <p>Information Services Division (ISD) to further test the content of the patient leaflet with other similar patient groups and use this opportunity to seek feedback on the presentation of waiting times information on the website.</p>	<p>ISD have sought the input of Health Rights Information Scotland (HRIS) and used 'The Research Shop' to facilitate patient groups. This external input helped ISD define what are the most important and meaningful messages for patients from the 'New Way's' waiting time project.</p>
<p><b>10</b></p>	<p><b>Healthcare Acquired Infection: Hand Washing Campaign</b></p> <p>A specific campaign will be undertaken to target children (primary school/nursery age). This is currently being scoped, involving partner organisations e.g. Learning Teaching Scotland, Scottish Executive Education Department, Parenting for Scotland and NHS Health Scotland.</p>	<p>A schools and nurseries pack (3-6 yr olds) was developed as part of the National Hand Hygiene Campaign and issued to all Local Authority primary schools and partner nurseries. The pack was developed and approved by a multi-organisation sub-group involving the organisations listed opposite.</p>

<b>11</b>	<b>National Cleaning Monitoring Framework</b>  Evaluation of public participation to be scoped during 2007/08. By September 2007, HFS will assess the level of public involvement in the monitoring process at local NHS Board/hospital level and will work with the Scottish Health Council on approaches to evaluate the impact of that public participation.	All NHS Boards have public involvement in the Monthly Monitoring of Cleanliness through either members of the general public or through the Public Partnership Forums who form part of the Peer Review Team. All members of the team sign the monitoring report and the Quarterly Compliance report for January to March 2008 records that increased public involvement is helping refine the scores and is supporting validation of the system.
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### **3. Scottish Health Council Verification**

The Scottish Health Council agrees that this self-assessment represents a fair and accurate account of the progress made in the last year by NHS National Services Scotland in relation to Patient Focus and Public Involvement based on the portfolio of evidence submitted.

However, the actions reported on within this self-assessment have been determined solely by NHS National Services Scotland without any involvement from the public or the organisation's stakeholder communities and therefore does not comply with Scottish Health Council's guidance and requirements.

**Christine Johnstone, Regional Manager 23 June 2008**

