



**NHS LANARKSHIRE
PATIENT FOCUS and PUBLIC INVOLVEMENT
SELF-ASSESSMENT
2009/10**

April 2010

Section 1

1. Summary

In December 2006, Lanarkshire NHS Board approved the Patient Focus and Public Involvement (PFPI) Strategy 2006-2010. Since then, the Action Plan related to the Strategy has been reviewed every six months to note developments and progress. This responsibility has more recently been that of the Stakeholder Engagement Group, which reports directly to the NHS Lanarkshire Modernisation Board.

The PFPI Strategy reflects the Board's commitment to work in partnership with the people of Lanarkshire to improve health, reduce health inequalities and build trust and confidence in our relationships with the public, staff and organisations with whom we work. In support of this commitment, NHS Lanarkshire has a set of organisational values developed through meaningful public and staff contribution. Further details on these values are available on our website.

<http://www.nhslanarkshire.co.uk/About/Values>

The Action Plan related to the Strategy provides a summary of a range of workstreams, each with individual action plans and governance arrangements to ensure their implementation, and reflects progress made. The Action Plan sets out an Executive Lead and lead officer for each of the workstreams and the governance arrangements to ensure implementation.

To date, NHS Lanarkshire has used three main indicators as measures of overall achievement in relation to Patient Focus and Public Involvement. These are: patient feedback through the Better Together programme, Patient and Public Partnership Forum feedback utilising a survey and the Scottish Health Council annual assessment. However, the assessment of PFPI has evolved and NHS Lanarkshire is responding to the challenge of delivering a self assessment from April 2010 in consideration of the new *Participation Standard* and the revised guidance on *Informing, Engaging and Consulting People in Developing Health and Community Care Services* (CEL 4 (2010)) and in line with the process adopted by the Scottish Health Council in its changing role.

Each Community Health Partnership now has a well established Public Partnership Forum (PPF) and underpinning locality structure. Each has a Working Agreement in place and programmes of work and activities. They will continue to develop and extend their areas of work and activities, for example, by representation and input to NHS activities and groups, and by increasing coverage in terms of extending community involvement both geographically and in terms of interest groups.

Following a training session for PPF members on the NHS Lanarkshire Equality and Diversity Policy, it was agreed to that equality and diversity would be incorporated into their existing action plans, to ensure that they mainstreamed the work. The Equality and Diversity Manager spent an additional morning session, following their one day training session, working through the existing work plan and identifying areas that need further development. The workshop held on 26 January 2010 was attended by four PPF members, a Volunteer and a Community Council representative.

The PPF members were able to amend and build equality and diversity into their existing action plan to work towards making PPFs as inclusive as possible. This was a highly successful exercise for members in terms of ensuring that all strands of their activities were in line with Equality and Diversity targets.

The PPFs also intend to review present membership, and actively encourage and support membership from hard to reach groups and the wider public to participate fully in the work of the PPFs.

A publicity campaign is planned to take place to widen the membership in order to gain a more representative view from our communities on health matters. The PPF members are linked into the NHS Lanarkshire planning structure through Service Improvement Boards (SIBs) and the Modernisation Board. All service changes are influenced by the view of the PPFs.

What has worked well for us re: PFPI in 2009/10? The further development of PPFs, their networks and links to Community Planning is helping to support increased involvement across a wide range of health agendas, and to improve engagement with disadvantaged or hard to reach groups. Continued focus on engaging with young people is beginning to bear fruit and is expected to improve significantly in 2010/11. Review of activities and business methods is leading to more structured approaches, for example, the implementation phase of the Operational Guidance for PPFs.

What further work is required? All of our actions have progressed well in 2009/10, but as suggested last year, much of this is likely to be ongoing. Many are at the stage of implementing Action Plans (e.g., Diversity & Equality, PPFs Development Plans and Operational Guidance, Customer Care Standards, and Carers) and these will be monitored throughout 2010/11, with further review and action determined thereafter.

Support has been provided to public and patient engagement activities at a number of levels. Structurally, dedicated support and significant funding has continued to enable PPFs to develop as organisations over the past three years by involving the public. The difference made by improved patient and public input can be seen in the qualitative information that now feeds into service redesign work, ensuring that the experience of individual users is captured and used to improve services. The involvement of members of the public in specific activities (for example, HAI; Sampling of Hospital Food) also brings personal knowledge and experience to bear in a very direct and practical way.

Section 2

Case Study 2 - Development of Public Partnership Forums

Having put in place our new operational guidance in July 2009, we agreed with the PPFs that this year should focus on monitoring and evaluation to ensure that it is fully embedded within NHS Lanarkshire. The guidance makes it easier for us to jointly manage access to PPF involvement, underpinned by the National Standards for Community Engagement. To make the engagement meaningful, the PPF members need to know why they are being asked for their input and in what areas they can expect to influence the particular pieces of work. They need to have complex information summarised in plain English and they need to be supported to understand the content. All of these issues are covered in the guidance both for documents being submitted to the PPFs and for requests to join meetings/committees. The guidance also sets out responsibilities and expectations of the PPF members.

Evaluation occurs at regular meetings with the Reference Group chair, the PFPI Facilitator, and the Head of Planning & Performance; at Reference Group Meetings and at development days.

The guidance is already having a positive impact and NHSL is confident that it will support us to improve engagement and to achieve best value from the time that PPF members devote to working with us. As we move forward with new arrangements for involving young people in North and South Lanarkshire, these guidelines will help ensure their contribution is valued and used to best effect.

Case Study 3 - Continue to involve patients and the public in service improvements and redesign programmes and activities and apply learning

NHS Lanarkshire held a stakeholder event and a focus group involving members of the public in April 2009 to help us decide the best way to promote our bowel screening initiative which was to launch in August 2009. Because of the nature of the subject matter, participants said they would be more empathetic with a member of the public discussing bowel screening rather than a clinician, as they would more directly relate to someone of their own age or who had similar life experiences, or an individual who had had health concerns in the past – particularly those who have had bowel cancer.

One of the aims of the screening programme was to break through the barriers that prevent many people discussing bowel issues, so it was agreed through these events that we should establish a network of volunteer local champions who would visit local community/tenants groups etc., to explain why taking the test is so important and explain how to take the test. It was agreed that specialist cancer nurses would accompany the champions to answer any clinical related questions. Nine champions were recruited and trained to undertake a five minute presentation to groups and to answer basic questions in relation to the screening. To date the champions have addressed almost 30 groups attended by over 400 people.

Case Study 4 – Continue to improve our communications with patients

Following the positive feedback from NHS Quality Improvement Scotland on the leaflet “Going to Hospital”, produced in 2008/09, NHS Lanarkshire is continuing to develop leaflets in Easy Read format.

Work has been ongoing throughout 2009 to develop a suite of information leaflets in Easy Read format to support people with learning difficulties, their families and carers, as well as NHS staff. The leaflets focus on routine, high repetition medical examinations and tests that occur in acute and primary care situations. Members of Lanarkshire ACE (a local advocacy group) and their carers have met with NHS Lanarkshire staff regularly to review the draft leaflets and offer feedback.

It is intended that an information catalogue will be made available electronically via the NHS Lanarkshire Public website and staff intranet as well as being available in hard copy in acute hospitals and at Kirklands Hospital. The catalogue will be promoted through the Pulse, the staff weekly brief and the local press when produced.

Case Study 5 – Continue to implement the Carers Information Strategy and Action Plan

The following is one of a number of carer case studies that reflect the benefits of having an acute and community based NHS Lanarkshire Carer Support Team.

Mr L contacted North Lanarkshire Carers Together on 5 November 2009 having obtained the details from the notice board in his GP practice. His call was taken by the administration officer. Mr L explained his concern and confusion in relation to having his wife, children (young adults) and himself immunised against ‘swine flu’. The administration officer passed the referral to the Co-ordinator for Carers who telephoned Mr L at his home on 6 November 2009. Mr L relayed his concern in relation to ‘swine flu’ vaccination, which related to the fact that his young adult family had severe learning difficulties and polypharmacy¹ issues. He wanted more information than was available in the public domain i.e. information specific to his situation. He also expressed his desire for he and his wife be immunised at the same time as the children. He wanted advice and reassurance that this was an appropriate decision. The Co-ordinator supplied Mr L with information and suggested that he discuss his concerns directly with the NHS Lanarkshire Department of Public Health’s Infection Control Nurse. Mr L was happy to agree to this and had no objection to sharing relevant information. The Co-ordinator contacted the NHS Lanarkshire Department of Public Health on the same day and discussed the matter with the Infection Control Nurse who offered to contact Mr L next morning. The Co-ordinator advised Mr L to expect this call. The Infection Control Nurse contacted Mr L and supplied information and reassurance. Mr L, his wife and family were immunised the following week. Mr L contacted North Lanarkshire Carers Together to express his gratitude.

¹ generally refers to the use of multiple medications by a patient

Case Study 7 - Ensure the provision of high quality volunteering opportunities within NHS Lanarkshire

CEL 10 (2008) - *Refreshed strategy in volunteering in the NHS in Scotland*, instructed NHS Boards to develop strategic action plans for volunteering. We looked at where we saw volunteers within NHS Lanarkshire, how we valued volunteers and what they wanted from us. We aspired to a 'Vision for Volunteering' that set out what we and our volunteers wanted volunteering in NHS Lanarkshire to look like in five years' time. The emphasis was to be on the quality of volunteering opportunities as well as an expansion of the existing volunteer programme.

A stakeholder event in January 2009 considered what we did well in involving volunteers, what limitations there were and how we could develop. Participants included NHS Lanarkshire staff, existing volunteers, voluntary organisations and the Public Partnership Forums. NHS Lanarkshire Volunteering Action Group (which includes representatives of voluntary organisations and the PPFs) grouped the feedback from the stakeholder event into five different proposed priority areas. This formed the outline Vision for Volunteering, which was reported on in the newly re-launched volunteering newsletter. In order to test the outline Vision for Volunteering, a number of engagement events were organised in October 2009 with volunteers. A separate event was held for voluntary organisations with approximately 25% of the existing volunteers participating in the events.

Changes made to the draft Vision for Volunteering were relatively minor; however, the real strength of the engagement events was that the volunteers were given the opportunity to talk about their own volunteering, benefits to them of being involved and anecdotal evidence about how patients benefited from volunteers support. The Vision for Volunteering is a document that NHS Lanarkshire volunteers have completely embraced.

Case Study 9 – To complete the first inpatient survey to inform further developments

The Scottish Government Health Directorate issued NHS Boards with detailed guidance on how to conduct the inpatient survey. In line with these requirements and the associated timeline, NHS Lanarkshire appointed a contractor in December 2009 to manage the administration of the inpatient survey. The survey was issued by Quality Health in January 2010 to approximately 2,800 people who had been admitted to hospital in Lanarkshire between October 2008 and September 2009 and who met the qualifying criteria. NHS Lanarkshire distributed posters and leaflets giving information about the survey and issued a press release to local newspapers. The survey will close in March 2010 and it is currently anticipated that the results will be available in July 2010. Essentially, for subject areas where practice or performance is found to be in need of improvement there will be an action plan developed or the results will be fed into existing improvement projects.

Section 3

PFPI Actions for 2009/10

Action 1 - Continue to deliver NHS Lanarkshire Diversity and Equality Strategy and Action Plan	<ul style="list-style-type: none">• New chaplains recruited to cover the three acute hospitals• Spiritual Care 'Sanctuary' in Hairmyres; 24/7 on call service• NHS Lanarkshire single equality scheme published March 2010• Undertake Diversity Impact Assessment on all PFPI projects• Clear interpreting policy supports all language needs
Action 6 – Continue to support improved transport access for the public to healthcare facilities and services	<ul style="list-style-type: none">• Evening Visitor Service pilot scheme in Monklands area• Ran from January 2008 – March 2009; under used• Aimed at public with difficulty in accessing public transport• Promotional material developed and distributed in pilot area• Service model not suitable for Lanarkshire
Action 8 – Continue to support the development and availability of advocacy services	<ul style="list-style-type: none">• NHS Lanarkshire developing more coordinated approach in services• Proposal for advocacy for older people in North Lanarkshire• Funding agreement South Lanarkshire Council for advocacy services, older people.• Work ongoing with North Lanarkshire Council Social Work Department on two advocacy projects.

Section 3

The Scottish Health Council agrees that this self assessment represents a fair and accurate account of the progress made last year by the Lanarkshire NHS Board in relation to Patient Focus and Public Involvement.

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