



NHS Greater Glasgow and Clyde

Patient Focus and Public Involvement

Self-Assessment Report

2007 / 08

June 2008

1 Summary

1.1 Background

The case studies and actions from the portfolio, as well as the actions for 2008/09, were selected on the advice of a range of stakeholder representatives who attended an event on 23 May 2008 in Glasgow. The draft report has been shared with participants from this community event and feedback sought from them. A copy of the independently produced report on the event, which lists the groups and interests represented, can be downloaded from our website (www.nhsggc.org.uk).

NHS Greater Glasgow and Clyde (NHSGGC) has 44,000 members of staff who care for 1.2 million residents and provide regional services for up to 3 million people. Patient Focus and Public Involvement (PFPI) is embedded throughout all of NHSGGC's services – from the involvement of individual patients in their own care to advisory groups that help us develop services and to the major public consultations around important decisions.

1.2 PFPI Governance Arrangements

NHS Board Level – Ultimate responsibility for ensuring obligations under the NHS Reform (Scotland) Act 2004, and succeeding legislation and guidance, are met lies with Greater Glasgow and Clyde NHS Board. The Board's Involving People Committee has been established specifically to oversee governance of this responsibility. The Committee, with two exceptions, consists of Non-Executive Directors and external representatives. Co-ordination of PFPI delivery is achieved by the PFPI and Communications Group, which brings together officer representation from Acute Hospital Services, Community Health (and Care) Partnerships and the Mental Health, Learning Disability, Addictions and Homelessness Partnerships.

Service and Locality Level – Involvement arrangements permeate services and can be based on service/condition interests, specific projects and geographical areas. Public Partnership Forums (PPFs) are attached to each Community Health (and Care) Partnership. There are patients' groups attached to service development on specific conditions, such as Diabetes, and others attached to regional services, such as Cancer Care. Others, such as the Youth Forum, influence our modernisation programmes, in this case the new children's hospital. Many of these groups are represented in NHSGGC's Involving People Network, which is now over 5000 strong.

1.3 Progress with Public Partnership Forums (PPFs)

There are Public Partnership Forums attached to each of the 5 Community Health Partnerships and 6 Community Health and Care Partnerships in Greater Glasgow and Clyde. These are building a central role in future delivery of PFPI and it has been a year of good progress in establishing and bedding down the Forums. PPF members have been helpful in responding to national initiatives such as engagement on *Better Health, Better Care* and *Better Together*, as well as the local services and community planning that are their primary focus.

There are variations in the stages PPFs have reached – the Inverclyde PPF was only established in 2007, for example. PPF members and non-members alike have suggested to us that there is now an opportunity to build upon progress in 2007/08 and raise the profile of PPFs in the communities they represent.

1.4 Progressing PFPI

There has been progress across a range of different services and initiatives in 2007/08 such as:

- Patient Information Points – modular pods piloted at Easterhouse Health Centre and Gartnavel General Hospital to overcome patient and visitor problems in finding leaflets and information. Survey feedback at the sites indicates very high approval ratings.

- NHSGGC Website – focus group feedback to indicate how successful the January 2007 redesign of the website (itself based on user feedback) had been. There were high approval ratings, particularly for innovations such as video sequences and British Sign Language captions.
- Maternity Services – an engagement programme based on a survey of women using the Southern General Maternity and community focus groups which contributed to plans for future services and the Final Business Case for the New South Glasgow Hospital.
- New Children's Hospital – Youth and Family Panels have been instrumental in informing the re-design of services to be housed in the new hospital, following a shift in focus away from the architectural design of the hospital building.
- New South Glasgow Hospital – there has been significant engagement with communities around the site of the Southern General site to raise awareness of the wider opportunities offered by the project for local people and the planning process. Briefings have been provided to local elected members, agencies and stakeholder forums with an interest in the socio-economic benefits.
- West of Scotland Regional Heart and Lung Centre – the creation of a regional service, implementation of which began in February 2008, followed consultation and engagement in 2004. There was further engagement with users at the end of 2007 to make some changes to the way pre and post-op diagnostic, preparatory and follow-up appointments were organised to make sure the system was as efficient as possible for patients.
- 'Our Health' Events – two events in the long running series were staged at Glasgow Royal Concert Hall. The first, 'Getting the Best from your NHS' attracted over 600 delegates and the second was an innovative online debate based on the Director of Public Health's report
- Patient Befriending Volunteers – an innovation based on using trained and supported volunteers at the Southern General to assist patients with eyesight or literacy difficulties.
- 'Health News' – five editions of the NHSGGC's newspaper reached a combined circulation of over 1.5 million. Particular effort has been made to cover major issues of interest to the public, including a special West of Scotland edition focusing on cancer services.

1.5 Further Work Required includes:

- Preparation for the introduction of the national *Better Together* programme so that there is a consistent approach to surveying patient experience and applying the feedback to service development.
- Completion of NHSGGC's PFPI Framework which encapsulates the vision for PFPI and sets out a range of challenges and key actions that will have to be addressed in the period to 2010 – this will include priorities identified by stakeholders.
- Generating greater awareness of the role and impact of PPFs.
- Public engagement and consultation in the delivery of new hospitals and services.
- Encouraging greater involvement through NHS 60 events.
- Dealing with the needs of hard to reach groups – particularly in relation to low literacy levels.

1.6 Supporting Public Involvement and the Difference Made

- Offering a variety of consultation techniques to ensure that groups and individuals are able to have their say in a way that meets their needs.
- Monitoring mailing lists and consultation responses to ensure that we are providing equality of access.
- Recognising the difference between *Patient Focus* and *Public Involvement* – this means that our services must comprehensively focus on the former, whereas collectively we aim to facilitate and encourage the latter.

2. Progress against actions for 2007 - 2008

2.1 Case Studies

Case Study 1 – Evaluate the methods for recording patient experience to ensure that year-on-year improvement can be demonstrated

The Patient Experience Programme was originally due to begin implementation in 2007/08. This particular theme and its associated targets were based on a national programme that would see all NHS Boards beginning preparation to carry out a standardised patient survey to measure experience of NHS services. However, the programme was delayed and the first survey will now occur in 2009.

For that reason NHS Greater Glasgow and Clyde (NHSGGC) did not progress targets linked to the project - particularly to ensure that data collection and survey activity ties in to the criteria that will be set nationally in due course. Therefore actions have been deferred until 2008/09 and beyond. However, the influence of patient experience in its widest sense is very much valued and acted upon by our services, as this current example shows;

The Royal College of Nursing (RCN) Clinical Leadership Cohort 8 programme in NHSGGC concluded in February 2008. This programme focused on enabling clinical leaders to improve their leadership capabilities to lead teams in providing patient-centred, evidence based care in order to promote improvement in the quality of patient care. The 32 participants from all disciplines throughout the Health Board completed patient stories and observations of care as part of the programme. Each clinical leader themed their stories and these were actioned where possible. All the stories were themed and then used to influence the strategic groups.

An extracted sample of how strategic influence from this work is occurring at present is listed below.

THEME	ISSUES	ACTION
Uniform	<ul style="list-style-type: none">• “Who is who?”• “All staff wearing uniform and ID badges”• “No medical uniform”• “A range of different colours – varied over different sites”	NHSGGC Uniform Group
Food	<ul style="list-style-type: none">• “Smells good, tastes horrible, miss evening toast”• “Food great – never hungry – nurses go and get you something”• “Food not very good, meals arrive very early. Long gap between dinner and breakfast with only biscuits provided by hospital.”	NHSGGC Food Fluid and Nutrition Group
Dignity and Respect	<ul style="list-style-type: none">• “The health visitor showed caring for the whole family”• “Patients find non smoking policy very stressful”• “I’d lost all my dignity then he gave me cotton wool balls for my ears so they could chat”• “They were obviously wanting the bed for someone else”	NHSGGC Acute Division PFPI Group

Case Study 2 – Ensure that where Public Partnership Forums have gaps in representation for example equality groups or geographic representation this is addressed

Across all 11 of the NHSGGC Community Health and Care Partnerships (CH(C)P)s, Public Partnership Forums (PPF)s have been established and have got involved in various strands of work. Examples from two of our CH(C)Ps are provided here.

East Renfrewshire:

- The PPF Executive is actively seeking new members to fill “gaps.” This is being done in advance of the Open meeting in June so that new members can be introduced at this meeting.
- The PPF Executive has recently had contact with young people through Youth Health Information Drop-In service to examine the most appropriate way for both parties to engage.
- The PPF raised the issue that there were no members of the public on the Project Board for the new health centre in Barrhead. The Project Board were concerned that it was too technical for members of the public to understand. A member of the PPF did join the Project Board and it “has made a big difference to the public as they have had lots of public meetings and had a real say”. (Quote from PPF member).

North Glasgow:

- The PPF has reported that there is a lot of outreach activity within North Glasgow and with regard to Inequalities groups the PPF states that “you have to go to them”.
- A significant amount of Health Improvement work with Asylum Seekers has taken place.
- A number of issues have been raised regarding the Springburn Health Centre and the public have been involved in that. “It really made a difference”. (Quote from PPF member).
- The PPF continues the recruitment of new members to the Executive Group
- Through the work of the Community Development Team, engagement with local community groups has improved eg asylum seekers, refugees, vulnerable men.

Case Study 3 – Evaluate cessation services in Glasgow including customer satisfaction and health economic assessment planned for April 2007 with Glasgow Centre for Population Health

Across the NHS Board, Smoking Cessation programmes have increased significantly and are now available in all CH(C)P areas, in acute and mental health services, and in pharmacies. The following is feedback from some individuals involved in Smoking Cessation.

- One patient member reported that the doctor had been good, and had tried everything. The member stopped smoking last Saturday, is going to a support group next week, and thinks that they will be helpful.
- One representative stated that she was new to the smoking cessation involvement group but that the training is very good. Another member stated that ‘excellent’ progress had been made on the actions in the portfolio and that NHSGGC are leaders in the ‘Keep Well’ activity. The other member was in agreement, albeit that perhaps some more publicity and promotion of the existence of the smoking cessation activities would be useful.
- Interpreters are used where appropriate and this improves the accessibility of the smoking cessation programme to black and minority ethnic communities.
- Good progress was made in terms of actual outputs i.e. number of smokers who had stopped smoking.

Case Study 4 – Demonstrate that information of the Independent Advice and Support Service is publicised and widely available in appropriate forms.

NHSGCC has been organising a programme of awareness raising to ensure patients are able to access and use the Independent Advice and Support Service (IASS) that is attached to the complaints system. The Board has publicised information on IASS and has made information widely available in appropriate formats. Examples of this activity include 30,000 leaflets and 3,000 posters distributed through NHS facilities (GP practices, wards, clinics) and libraries. Top-up arrangements are in place.

Staff awareness of IASS as a whole, and leaflet availability will be included in revised training programmes for staff in the coming months

2.2 Summary table

	Agreed Action	Progress reported by the Board
1	Inequalities Sensitive Practice Initiative (ISPI) leads will work with local services in order to support user involvement and feedback. This will be used to inform the final project outcome when the project ends in August 2008.	<p>Initiative has been extended to December 2008. Extensive user involvement has been carried out in maternity setting. Report produced on findings. Currently being fed back through Maternity Services to identify actions for improvement.</p> <p>Evaluation of ISPI ongoing with report being produced December 2008.</p>
2	Evaluates the methods for recording patient experience to ensure that year-on-year improvement can be demonstrated.	The Royal College of Nursing (RCN) Clinical Leadership Cohort 8 programme in NHSGGC concluded in February 2008. This programme focused on enabling clinical leaders to improve their leadership capabilities to lead teams in providing patient-centred, evidence based care in order to promote improvement in the quality of patient care. The 32 participants from all disciplines throughout the NHS Board completed patient stories and observations of care as part of the programme. Each clinical leader themed their stories and actioned these where possible. All the stories were themed and then used to influence the strategic groups.
3	Promote and raise the profile of the Public Partnership Forums (PPF) through local events, networks and media.	<p><u>South East Glasgow CHCP PPF</u></p> <ul style="list-style-type: none"> • PPF has sponsored/hosted series of events to raise profile. • PPF has had a stand at key engagement events in South East and played key role in Staff Conference event. • PPF subgroup established to raise PPF awareness and advice on promotional material, including regular PPF feedback to and from the newly established Health Forums (5 across south east), poster campaign and PPF leaflets distributed and newsletter developed to inform the wider PPF network, articles periodically in local newspapers and currently involved in local festivals and annual health promotion campaigns – carers week etc. • PPF annual event planned for October 2008 to engage wider community and involve election/re-election of PPF members.

4	<p>Ensure that where Public Partnership Forums have gaps in representation for example equality groups or geographic representation this is addressed.</p>	<p><u>East Renfrewshire CHCP PPF</u> PPF Executive has been set up with geographical and “communities of interest” representation. A couple of gaps exist at present. This is being actively addressed. With regards to the network itself there are gaps in representation, specifically young people, black and minority ethnic and faith communities PPF Executive actively seeking new members to fill “gaps.” This is being done in advance of the Open meeting in June so we can introduce any new members. Regarding the network itself, the PPF Executive has recently had contact with young people through Youth Health Information Drop In service to examine the most appropriate way for both parties to engage.</p> <p><u>North Glasgow CHCP PPF</u> Continued recruitment of new members to Executive Group. Through work of Community Development Team engagement with local community groups eg asylum seekers, refugees, vulnerable men. PPF has held focus groups – going out to meet them, not expecting them to come to us. Focus group report from North West Women’s Centre as part of health visitor review engagement. Youth Health Services engagement with North Glasgow Youth Stakeholders Groups Work of Health Improvement Officer in engaging with asylum seekers regarding health issues.</p>
5	<p>Liaise with the National Ethnic Minority Resource Centre regarding what publicity/awareness campaigns they have undertaken or have planned, to assess whether local action is needed.</p>	<p>Board has representative on Diversity Implementation information Network (DIIN) and Equality and Diversity, Research and Information Planning and Implementation Group. Communication on this issue takes place through these groups. The Corporate Inequalities Team also liaises with Equality and Diversity Information Programme (EDIP) to progress the issue and share learning, issues etc. Board continues to contribute to DIIN and has representatives on working group led by Health Scotland to produce a training DVD on collecting inequalities questions. Experience of pilot work to assess patients views carried out in Glasgow is being used to improve monitoring. Marked improvements have been noted.</p>

6	Implement and monitor the new system for handling complaints, ensuring that it responds appropriately to users' needs.	Monitoring Reports are sent to the NHS Board in the Quarterly Complaints Monitoring Report. Detailed reports on performance are provided at Directorate level in Acute to allow clear focus on targets. One Directorate piloting a clinically led system for assessing whether complaints should be recorded as "upheld", "not upheld" or partially upheld". Review of complaints handling in Acute concluded and new arrangements focused around clinical services to be brought into place from 1 July 2008 with the aim of improving quality and timeliness of responses.
7	Demonstrate that information of the Independent Advice and Support Service (IASS) is publicised and widely available in appropriate formats.	30,000 leaflets and 3,000 posters have been distributed. Information leaflets have been reviewed and distributed by library. Leaflets/information in GP practices, wards, clinics. Top-up arrangements set up via main store. Staff awareness of IASS as a whole, and leaflet availability to be included in revised training programmes for staff.
8	Evaluate cessation services in Glasgow including customer satisfaction and health economic assessment planned for April 2007 with Glasgow Centre for Population Health.	Research project is underway and Glasgow Centre for Population Health will report back in Summer 2008. Views of service users collected, some examples include: <ul style="list-style-type: none"> • One patient member reported that the doctor had been good, and had tried everything. The member stopped smoking last Saturday, is going to a support group next week, and thinks that they will be helpful. • One representative stated that she was new to the smoking cessation involvement group but that the training is very good. Another member stated that 'excellent' progress had been made on the actions in the portfolio and that NHSGGC are leaders in the 'Keep Well' activity. The other member was in agreement, albeit that perhaps some more publicity and promotion of the existence of the smoking cessation activities would be useful. • Interpreters are used where appropriate and this improves the accessibility of the smoking cessation programme to BME communities. • Good progress was made in terms of actual outputs.i.e. number of smokers who had stopped smoking.

9	A new joint funded post with Glasgow City Council based within the Looked After and Accommodated Children (LAAC) service will involve young people and carers in establishing support on tobacco issues for young people and carers	The Board has been delivering the project in two phases. Firstly, focussing on establishing supporting smoke free environments for young people. We have undertaken a survey with LAAC carers and staff to determine smoking behaviour and attitudes to smoking and training needs. Research and report completed and being fed back to relevant organisations. We aim to implement smoke free homes initiative within foster carers's premises – where all foster carers provide a smoke free environment for children. We will work with agencies and carers to implement. The second phase will involve the development of smoking cessation service for LAAC young people.
10	Undertake further work by the West of Scotland Cancer Network Partnership Forum to develop links with black and minority ethnic groups	Contact has been established with Racial Equality & Community Health REACH Govanhill Health Centre and the Partnership Forum is working closely with them to determine how they can work together to address needs of this client group. Meeting held with the Equality and Diversity Team. Work undertaken to raise awareness of needs of this client group. Partnership Forum working with Macmillan Cancer Support. Regional work initiated to tackle inequalities. NHSGGC will lead this on behalf of West of Scotland Boards.
11	Induct and train stakeholder reviewers to enable volunteers to work alongside NHS staff and be aware of standards, identify poor practice and necessary corrective action (in relation to Healthcare Associated Infection).	Public and peer reviewers trained and included in the process for monitoring performance against the National Cleaning Services specification. Reviewers are a core part of the monitoring team.
12	Establish the Infection Control Committee in its new configuration. Patient and public representation on the Infection Control Committee will provide a service user's perspective on practice and communication.	New Board Infection Control Committee (BICC) and associated structure in place. Public Representation included in standing membership. The lay member on BICC is now also involved in the QIS Health Acquired Infection Standards Steering Group.

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 the NHS Greater Glasgow and Clyde Board in relation to Patient Focus and Public Involvement.

Sheila McGoran, Regional Manager West
6 June 2008