

Patient Focus and Public Involvement

Draft Framework

2006 - 2009

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Foreword

Eleanor Lewis,

Designated Director of Public Involvement

I am delighted to introduce this new Framework within which NHS QIS will extend and develop its Patient Focus and Public Involvement [PFPI] over the next three years. It follows on from the first framework we have used to build our PFPI foundations over the last three years. Our approach to PFPI remains the same - to ensure that our partnership working with patients and members of the public helps us to:

- improve the quality of health services in Scotland by ensuring that these are sensitive to the needs and preferences of patients,
- promote openness and transparency by enabling the public to review the quality of the NHS and be involved in our processes,
- learn from the experiences of patients and carers and gain an improved understanding of their needs and preferences, and
- focus our work on patients and encourage public accountability by providing an essential complement to the expertise from health professionals and information from scientific literature and research.

I welcome your opinions, comments, suggestions and ideas to help us strengthen the draft PFPI Framework and our partnership with patients and the public.



Introduction

Margaret Thomson,
Chairperson of Board Working Group

It was in 2003 that we published our first Framework on Patient Focus and Public Involvement [PFPI]. A Public Involvement Champions Group, drawn from staff across the organisation, was established to oversee the implementation and delivery of that Framework's Action Plan. Late in 2004, the Champions Group took the decision to invite lay people to join them in their work, thereby embedding the principles of PFPI in the monitoring and management of progress with the Action Plan.

During 2004, it was agreed that for the work required to revisit and refresh our original Framework for the new challenges we face in the next 3 years, we should adopt the core principle of PFPI and involve the public in that work from the start. A Board Working Group was established to undertake the work in drafting a new Framework. The Group had seven lay members and two Board members (see Appendix 1).

The remit of the Group was:

- to ensure that the NHS QIS patient and public involvement strategy is clear, robust and well implemented. Key elements of the Group's work in developing a new PFPI framework will include:
 - to map existing PFPI activity within NHS QIS and present the data in accessible and user-friendly format to enable the Group to have a deeper/wider knowledge of the PFPI activity within and across NHS QIS,
 - to agree a roll-forward of the PFPI framework to 2006-09 building on the outcomes to date. The new framework will take account of the need to have relevance to the capacity of NHS QIS to influence the rest of NHSScotland. The new framework should be brief and focused on setting key strategic aims.
 - to include in the new draft PFPI framework, relevant strands from the Equality & Diversity framework,
 - to agree key areas in the new PFPI framework where work will be done to demonstrate that PFPI makes a difference, and
 - to recommend to the NHS QIS Board that a body similar to the Board Working Group be established to be responsible for the strategic monitoring of progress with implementing the new PFPI framework.

As Chairperson of the Board Working Group, I am pleased to offer this new draft PFPI Framework for consultation. Before commenting on it, I would recommend that you read the background and summary of our achievements over the last three years, which put in context what we now propose. The draft Framework itself can be found on pages 15 and 16.

Consultation on our PFPI Framework – the process

Consultation on our PFPI Framework offers opportunities for the public to inform and influence the approach we will take to ensure that PFPI is built in to all that we do. Through this consultation we aim to strengthen our partnership approach with the public and ensure that the process provides equality of opportunity for all communities to inform the PFPI Framework.

We welcome comment and discussion on how effective the Framework will be in delivering its stated aims. We will provide the following opportunities for all those who wish to put forward their opinions, comments, suggestions and ideas on the draft PFPI Framework:

- circulate the PFPI Framework to our existing pool of lay people, our own staff and Board members, other NHS Boards, the Scottish Executive Health Department, the Scottish Health Council, local authorities, a range of relevant national voluntary organisations, and others who have an interest in our approach to PFPI
- enable our existing pool of lay people to have face-to-face debate on the PFPI Framework at their annual conference in May 2006
- commission an independent organisation/individual to undertake focus groups on our behalf, to determine the views of particular groups or communities on the draft PFPI Framework
- on request, meet and discuss the draft PFPI Framework with interested groups and stakeholders, and
- make the draft PFPI Framework available on our website:
www.nhshealthquality.org

To assist our efficient handling of your response to this consultation, we would ask that wherever possible you cross-refer your comments on the proposed Objectives (see pages 15 and 16) to the numbering used in the paper. This will help us ensure our feedback to you is clearly focused on what you said.

The Board Working Group on Next Steps in Patient Focus and Public Involvement has overseen the development of this revised PFPI Framework and they will take the final decisions on changes to be made based on the consultation responses received. All aspects of the draft PFPI Framework are open to change, provided that the case for changes to be made will strengthen the overall aims of the Framework.



All comments should be submitted by post, telephone, fax or email by Friday 16 June 2006 to:

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Consultation – feedback

All the comments we receive will be acknowledged and responded to by the Public Involvement Unit. At the end of the consultation period all comments will be analysed and considered by the Board Working Group on Next Steps in PFPI. The Board Working Group will agree amendments, or not as the case may be, and make their recommendations to the NHS QIS Board to endorse the PFPI Framework. A summary report on our conclusions to the consultation process will be made available on our website: www.nhshealthquality.org and on request from the Public Involvement Unit.

Background

The draft PFPI framework has been developed in line with the broad themes outlined in Patient Focus Public Involvement (Scottish Executive Health Department [SEHD] 2001). These build on the aims and key focus of Our National Health: A Plan for Action, a Plan for Change (SEHD 2000), which continue to be developed by Partnership for Care (SEHD 2003). Both of these health White Papers emphasise a culture change in the way that NHSScotland interacts with the people it serves and the way that services are delivered.

More recently, in 'Delivering for Health' (SEHD Nov 2005), these themes were re-affirmed with the commitment:

“We will continue to give patients an influential voice in the future of the health service and in their own individual care. NHS Boards will be asked to demonstrate how they are working to achieve year-on-year improvements by involving the public in service delivery and in individual decisions about their personal health care.”

In 2001 the Scottish Executive published Fair for All¹ to address problems of access to and use of NHSScotland services for people from black and minority ethnic communities. Partnership for Care² further committed the SEHD and NHSScotland to extending the principles set out in Fair for All across the NHS to ensure that “our health services recognise and respond sensitively to the individual needs, background and circumstances of people’s lives”. The National Health Service Reform (Scotland) Act 2004³ turned this into specific duties to promote public involvement and equal opportunities – these duties came into effect on 30 September 2004.

In addition to the requirements set out in the NHS Reform (Scotland) Act 2004, there is other legislation which must be adhered to. Equality and Diversity Impact Assessment (EQIAS) (SEHD HDL (2005)9) is an approach which will ensure that all policies and



¹ Scottish Executive, 2002 www.scotland.gov.uk/library3/society/ffar-00.asp

² Scottish Executive, 2003 www.scotland.gov.uk/library5/health/pfcs-00.asp

³ National Health Service Reform (Scotland) Act 2004

www.scotland-legislation.hms0.gov.uk/legislation/scotland/acts2004/20040007.htm

functions used by NHS Boards to design and deliver services are checked to ensure that no community will be adversely affected. EQIA covers six key strands of equality and diversity, these are: age, disability, gender, race/ethnicity, religious faith/beliefs and sexual orientation or any combination of these. The majority have a degree of legislative backing, and all will by the end of 2006.

Within the next phase of the Patient Focus and Public Involvement agenda the SEHD plans to focus on two key aspects:

- engaging with the public, and
- responding to the individual needs of patients.

Within these, specific considerations will need to be given to what assistance equalities groups will require to fully participate and contribute to the design, development and delivery of policies and services.

In the context of our activities, the 'public' can be thought of as being found in at least five overlapping groups. Each may want to be involved in a different way and to a different extent. Whenever we undertake a new activity, we will consider carefully which people from within these groups should be invited to be our partners for the purpose of the activity and how best to involve them.

1. The general public:

People as citizens of Scotland and service users who have used or who have the potential to use the services of NHSScotland, i.e. anyone in Scotland.

2. Patients (or users):

People who are using services or have recently used services.

3. The actively interested public:

People who take an active interest in services, such as carers, advocates, and the family and friends of patients. This group may sometimes be integrated with patients.

4. Patient and Public interest groups:

People in organisations that can provide information about common and differing perspectives, and needs of groups of patients or service users.

5. Communities of people who encounter barriers to accessing health services and who are not currently, routinely involved in our partnership work:

For example, people from deprived or remote or rural or island communities; people with mental health problems; people with learning, physical or sensory disabilities; frail older people; children and young people; people who are lesbian, gay, bisexual or transgender; people who are carers; people for whom English is not a first language, people from ethnic minority communities; people who are travellers; people who are homeless; people in prison; or people seeking asylum.

'Fair for All - the Wider Challenge' is an NHSScotland strategy which aims to develop a culturally competent health service that works to eliminate discrimination and promote equality of opportunity for everyone. We have already made real progress towards that objective. Over the next three years this PFPI Framework will provide new opportunities to be involved as partners in our work, which are equally available to all of Scotland's diverse communities of people. This will help ensure that our work in improving the quality of care and treatment of patients meets the needs of all.

Throughout the rest of the PFPI Framework we will refer to the 'public' which may encompass one or all of these groups. We will work in partnership with individual patients and members of the public, voluntary organisations, NHS boards, local authorities, the Scottish Health Council, and other appropriate agencies and networks to maximise patient focus and public involvement in our work through a partnership approach.

Achievements in Patient Focus and Public Involvement

As we look to the next three years of extending the work started on public involvement, it would be remiss to pass over the considerable achievements made with the first PFPI Framework used by NHS QIS to embed patient focus and public involvement in all that we do. At the same time, grateful acknowledgement is made of the important contribution made to these by all the lay reviewers, the staff of the Public Involvement Unit and our staff.

One of the ways to convey a sense of achievement is to describe the scale of involvement. In 2004/05, for the first time, all public involvement was logged and tracked. This revealed that there were 255 lay people involved in our work during the course of that year; between them they attended 189 meetings; and the total of the personal, unpaid time committed by them in attending, preparing for and working during and outwith those meetings came to over 1,200 months.

Other milestone achievements included:

- a standard was set and implemented for ensuring that all our events where we engage with the public are organised to maximise accessibility
- improved physical access to our offices, as well as installing textphones and loop systems
- set and implemented standards for ensuring our publications are accessible, both in format and content
- crystal marking by the Plain English Campaign of our two most recent annual reports
- started work on the process for identifying and selecting our future work topics is accessible to all and transparent in operation
- introduced annual satisfaction surveys on training, support and information needs of lay reviewers
- started to develop good practice in responding to consultation comments we receive
- completed a review of how we recruit, train and use lay people in our work
- put in place an advocacy strategy to ensure those people



- with particular support needs can choose to be involved in our work
- piloted the involvement of people with learning disabilities in the review of learning disabilities services, and
- started work in developing opportunities for involvement by users of mental health services.

All who have been involved with us over these last three years should be proud of these achievements. We are confident this new PFPI Framework will allow us all to accomplish even more and contribute directly to improving the patient experience in the NHS.

Monitoring and evaluation of Patient Focus and Public Involvement

It is our intention that the implementation and monitoring of progress with this PFPI Framework will be undertaken by a Board Working Group, which will have a similar membership composition to that used in drawing up this draft Framework.

One of the first tasks of the group will be to agree, in partnership with Public Involvement Unit staff, a detailed action plan to guide implementation over the next three years. Key to this, will be the design of systems to monitor the quality of changes introduced to the way we deliver wider and deeper public involvement, as well as the development of indicators and measures which will allow evaluation.

A report on this and other aspects of progress with implementation of our new PFPI Framework will be presented to the NHS QIS Board, published annually, disseminated widely, debated at our annual conference for lay people, and made available on our website.

The following section sets out our specific objectives for the next three years.

Objectives for Patient Focus & Public Involvement

A Framework for 2006-09

Objective 1

- 1 Continue to develop existing NHS QIS models of patient focus and public involvement to ensure a partnership approach for involving people in all aspects of our work, in ways which take their individual needs and circumstances fully into account
 - 1.1 identify under-represented communities across the profile of NHS QIS public involvement and develop partnerships with organisations of those communities
 - 1.2 in those partnerships, develop strategies and action plans, and allocate dedicated resources to projects which deliver increased involvement of people from those communities
 - 1.3 develop options for person-centred training and development opportunities to facilitate patient focus and public involvement
 - 1.4 develop systems to support patient focus and public involvement across all NHS QIS activities using clearly explained methods for allocation and monitoring
 - 1.5 establish person-centred performance feedback systems.

Objective 2

- 2 Develop a range of options and use innovative ways to enable all communities to participate in and influence all areas of NHS QIS work
 - 2.1 build capacity for patient focus and public involvement
 - 2.2 audit key milestones in existing practice of recruitment, training, support and participation of members of the public to eliminate barriers to involvement
 - 2.3 establish an NHS QIS Board Working Group with majority public membership to oversee the implementation of and monitor progress with this PFPI framework
 - 2.4 the NHS QIS Board Working Group to identify additional areas of existing work where PFPI should be introduced.

Objective 3

- 3 Secure and support patient focus and public involvement in the strategic planning, design and development of all NHS QIS activities and develop ways of measuring the outcomes of that involvement
 - 3.1 establish patient focus and public involvement in the production of the NHS QIS Corporate and Business Plans
 - 3.2 establish patient focus and public involvement in the monitoring of performance on outcomes in NHS QIS Corporate and Business Plans
 - 3.3 establish patient focus and public involvement in the NHS QIS topic selection system.

Objective 4

- 4 Develop opportunities and mechanisms for our partners and stakeholders to give us feedback at all stages of NHS QIS work, and introduce systems to track and evidence resultant changes to demonstrate that we are listening, learning and responding
 - 4.1 implement SEHD guidance on consultation – 'Informing, Engaging & Consulting People' in all forms of NHS QIS engagement with the public
 - 4.2 establish patient focus and public involvement in all monitoring and review of consultation evaluations
 - 4.3 establish patient focus and public involvement in the monitoring of complaints, suggestions and compliments.

Objective 5

- 5 Integrate all NHSScotland strategic policy objectives on equality, diversity, patient focus and public involvement to build the cultural capacity of and create diversity in all NHS QIS staff and volunteers working with us, as well as in the working practices and cultures of NHS QIS
 - 5.1 establish patient focus and public involvement in all NHS QIS equality and diversity impact assessment across all functions and policies
 - 5.2 establish patient focus and public involvement in all monitoring and review of impact assessment outcomes
 - 5.3 establish patient focus and public involvement on the NHS QIS Fair for All Team.

About NHS QIS

Our role is to lead in improving the quality of healthcare that NHSScotland delivers to patients. We achieve this by:

- looking at the scientific evidence
- listening to the needs and preferences of patients and carers, and
- learning from the experiences of healthcare professionals.

We also keep the public informed about the quality of their health services and how they should be improved.

We work closely with patients, the public, NHSScotland and other organisations to:

- develop standards that tell the public about the level of care they should expect
- review the quality and safety of healthcare services against the standards we set
- identify and promote best practice to NHS staff to improve the quality and safety of patient care
- advise NHSScotland on how effective healthcare treatments are, and
- investigate incidents where NHS services significantly fail patients and the public.

We work closely with and support the following organisations.

- The Scottish Intercollegiate Guidelines Network (SIGN), which became part of our organisation in January 2005. It develops national clinical guidelines to reduce differences in practice in the NHS.
- The Scottish Health Council (SHC), which monitors NHS boards to make sure they are involving patients and the public in decisions about services, and taking account of their views.
- The Scottish Medicines Consortium (SMC), which advises on the clinical effectiveness and cost-effectiveness of all newly licensed medicines.

We continue to work closely with the National Institute for Health and Clinical Excellence (NICE), which advises the NHS in England and Wales on medicines, medical equipment and clinical procedures. We advise NHSScotland on the suitability of NICE technology appraisal guidance (which considers the use of new and existing medicines and treatments), and work with NICE on their interventional procedures programme (which considers the safety of certain surgical procedures).

Appendix 1

Board Working Group membership

Doreen Bell	Lay reviewer
Margo Biggs	Lay reviewer
Suzanne Clark	Lay reviewer
Margaret Dakers Thomson	Lay reviewer and Chairperson
Philippa Grant	Board member (until Dec 2005)
Maureen O'Neill	Board member
Jim Purdie	Lay reviewer
Tom Reilly	Lay reviewer
John Davies	Board member (from Nov 2005)
Ray Strachan	Lay reviewer

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