

Greater Glasgow NHS Board

Board Meeting
21st February 2006

Board Paper No. 06/5

Peter F Hamilton, Chair, Involving People Committee

Patient Focus and Public Involvement in NHS Greater Glasgow

Recommendation:

Members are asked to:

- i. Note the progress made by the Involving People Committee in delivering the Patient Focus Public Involvement (PFPI) agenda
- ii. Note the outcome of regular discussions between the Scottish Health Council and the Involving People Committee and the submission made in relation to the 2005/06 Performance Assessment Framework
- iii. Consider how in future the Involving People Committee should discharge its remit and how Patient Focus and Public Involvement will be achieved in the context of a reorganised and enlarged NHS Greater Glasgow

1 Background

The NHS Board approved the establishment of an Involving People Committee in July 2004 (Board Paper 04/43) and met for the first time in Autumn 2004.

The Committee's remit is to ensure that NHS Greater Glasgow discharges its legal obligations to involve, engage and consult patients, the public and communities in the planning and development of services and in decision-making about the future pattern of services. A full list of the Committee's responsibilities in discharging this remit is to be found at **Appendix One**.

Primarily, the Committee takes on governance of the delivery of Patient Focus Public Involvement (PFPI) across all of NHS Greater Glasgow's services. This includes the specific obligation on the NHS Board under the NHS Reform (Scotland) Act 2004 to fulfil a Duty of Public Involvement.

Membership of the Committee includes six Non-Executive Members of the NHS Board, the Director of Communications (who is the Scottish Executive-recognised 'Designated Director' for PFPI), a patient representative, the Pharmaceutical Advisor to the NHS Board (who is also a Member of the Area Clinical Forum) and the Chief Executive of the Glasgow Council for the Voluntary Sector. The Area Partnership Forum is to nominate a representative to join the Committee.

Committee meetings take place every two months and a wide-range of topics is considered. Staff from NHS Greater Glasgow are asked to attend meetings as and when the services they are responsible for feature on the agenda.

The Scottish Health Council also sends two observers to meetings. Support for the Committee, as well as the lead role for 'corporate' PFPI projects is provided by the Head of Public Affairs.

2 The Committee's Year

2005/06 has been a year of significant challenges. There has never been such an intense period of reform and change in the history of Greater Glasgow's NHS and this has touched on all spheres of activity, including PFPI. The cumulative effect of the NHS Reform Act, organisational restructuring, the introduction of CHPs, the introduction of Agenda for Change, new waiting times targets, the re-drawing of NHS Argyll and Clyde's boundaries will be far-reaching for NHS staff and stakeholders.

The Involving People Committee's members spent their early sessions getting to grips with their remit. Throughout 2005/06, emphasis has shifted towards making sense of the strategic and infrastructural imperatives of PFPI and on reviewing key pieces of work being undertaken within services.

The NHS Reform Act and earlier guidance issued by the Scottish Executive requires the NHS Board to put in place structures to support patient/community involvement. However, the Committee has been forced to work within the limitations of timing imposed by the move towards single system working. The Committee has had to bide its time in seeking the new structures required to fulfil the Act – it will not be possible to move further ahead until the new Directorate structure is fully in place and key contacts identified. Subsequently, the Committee has concentrated on encouraging the maintenance of existing arrangements (such as patient groups and volunteering) which exhibit good practice to tide delivery of PFPI over until it is possible to be less circumspect about future arrangements.

In effect, the Committee has put on hold some priorities from its action plan while taking the opportunity to build and strengthen those initiatives that will assume greater importance in the future. This is in keeping with the philosophy that PFPI is actually a matter of long-term organisational development rather than a series of 'ticked boxes' or 'quick fixes'.

3 Progress with Key Issues and Projects

Involving People Action Plan – An ambitious action plan was drawn up by the Committee in 2005 and subsequently phased for delivery up until the end of 2006/07. This was designed to demonstrate 'corporate' actions and strategic issues that were not particular to any one service or department within NHS Greater Glasgow. A large proportion of the actions have been delivered. The Plan will be modified and updated in the light of emerging corporate priorities.

Involving People Network – The network – underpinned by a database – has been gradually built up since 2004 to the extent that around 3,500 organisations and individuals are represented. However, to date the Network has been very much a passive force, essentially restricted to the distribution of information and opportunities for consultation and engagement. In the course of 2005/06, new management arrangements for the database have been put in place, which have allowed for more regular and extensive mailing and also prepared the ground for future expansion. Additional contacts have resulted from media and *Health News* articles encouraging requests for New Victoria and Stobhill DVDs.

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Early steps have been taken to review the way the Network functions and how, for example, it will relate to CHPs and Public Partnership Fora. Initial thinking is that the Network will be stratified so that members can choose their preferred level of involvement within NHSGG – all the way from passive reception of mailings up to and including active volunteering. This issue will have to be taken forward further in the course of 2006/07.

Priorities Resulting from the 2004/05 Performance Assessment Framework (PAF) - After the delivery of the previous PAF submission to the SEHD in December 2004, feedback was given on NHSGG's performance on delivering PFPI and recommendations given as to issues that had to be treated as a priority. Progress made against these priorities over the last year is as follows:

- Involving clinical staff in delivering PFPI – at a strategic level the Involving People Committee has established links with the Area Clinical Forum and the 2005/06 PAF carries many good examples of front line clinical involvement. However a more systematic approach has to be considered and this is discussed further in Section 5, below
- An organisational approach to patient focus – this is a long-term issue and again is subject to further discussion in Section 5, below. Clearly, the current restructuring of NHS Greater Glasgow has precluded action on this issue for the time being
- Consistent approach to quality control of patient information – an initial meeting between information officers across NHSGG has taken place. However, this issue will have to be revisited once restructured services have bedded in. Early thinking suggests there should be central production of 'corporate' information and that Directorates will be responsible for 'local' information aided by templates and guidelines based on best practice
- Integration of PFPI into CHPs and PPFs – Fiona Moss, Assistant Director of Health Promotion has led on this issue and commissioned the Glasgow Council for the Voluntary Sector to engage a wide range of stakeholders in setting out proposal for the structure and function of Public Partnership Fora in Glasgow City. The report is close to being finalised. Additionally, it has been agreed that PPFs will adopt Communities Scotland's guidelines for effective involvement and consultation to ensure that Local Authorities and CHPs are working on the same understanding
- Develop a system-wide policy regarding integration of PFPI principles into training system-wide – There are many local examples of PFPI-related training at Divisional level and some degree of organisational consistency will emerge from the core skills attached to the Agenda for Change Knowledge and Skills Framework. However, a truly pan-NHSGG approach should be developed in the light of reorganisation
- Develop staff knowledge and skills in dealing with complaints – the introduction of the new national complaints policy has been accompanied by general awareness sessions for staff during induction and specific courses for complaints officers. However, in future the Committee is keen to see staff adopt a less formally mechanistic approach to complaints and support a philosophy based on preventing the need for complaints in the first place rather than simply responding to them – much in line with the First Minister's recently expressed desire for a positive, problem-solving public sector

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Communications – A Communications Strategy for 2005 – 2007 has been drafted and incorporates a number of objectives that are central to the delivery of PFPI. In particular, the importance of providing a base of good quality information to support engagement is recognised. There are commitments to prioritise production of *Health News*, of which 400,000 copies are distributed and in organising focus groups this month to ensure public/service user input to the design and content of the ‘unified’ NHSGG website. The importance of improving the flow of information to the media is also recognised as, for better or worse, this is the source best accessible to most people. Regular ‘media measurement’ feedback indicates an increasing level of ‘factual’ or ‘positive’ coverage of NHSGG, by far outweighing negative coverage.

Our Health Events – on 23 March, the fourth *Our Health* event will be staged. The level of public and stakeholder interest in the series of events has increased noticeably and feedback has been positive. The events are designed to reach out to those patient, community and voluntary representatives who take an active interest in healthcare issue, many of whom can be regarded as opinion-formers. The next event will concentrate on issues surrounding the transformation of local GP and Pharmacy services.

Acute Services Information Campaign – Whilst the Community Engagement Team organised a summer outreach programme (see section 4, below), a full range of information materials was assembled to support the roll-out of detailed architectural plans and the initiation of preparatory works for the construction of the New Victoria and Stobhill Hospitals. Feedback suggests that the emergence of tangible detail about the new hospitals is delivering a more open-minded stance on the part of the public than was possible earlier when discussion was limited to concepts only.

Major Consultation/Engagement Exercises – The Committee indirectly assisted with SEHD-led consultation about the re-drawing of boundaries following the dissolution of NHS Argyll and Clyde. There was direct involvement in consultation around proposals for creation of a West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital in Clydebank and a process to select a site for the new hospital to replace for the Royal Hospital for Sick Children.

4 Acute Services Community Engagement Team

As the plans to modernise Glasgow’s Hospitals move from drawing boards to building sites, the Community Engagement Team has had a busy year. The outreach programme, focussing on the past, present and future of the Stobhill and Victoria Hospitals, has reached over 7,500 people. Members of the public have given the outreach programme a positive welcome.

Many are surprised at the scale of investment going into both new hospitals and pleased to see the scale of clinical activity that they will offer. From this outreach, members of the public have requested further engagement on aspects of the new hospitals, minor injury units and day surgery being but two aspects which have generated interest and will be subject to further work. This corresponds to the reception accorded to the Minor Injury Unit and Scottish Ambulance Paramedics Roadshow. Organised by the team and Emergency Nurse Practitioners from Glasgow’s Acute Hospitals, the roadshow visited 8 areas across Greater Glasgow, providing information on these important services and allowed members of the public to question frontline staff. Public and patient feedback from both the outreach and the roadshow, will inform the next phase of work which the community engagement team is undertaking with clinical and nursing colleagues in developing unscheduled care.

The team has been also been busy developing a range of transport initiatives. One of these, Fare4All, generated much interest, political support and community engagement. Working with over 100 community and voluntary groups, and over 1500 individuals, the team examined the barriers experienced by certain communities in using public transport. Older people, parents with children and people with disabilities all shared their personal experiences and insights to form a revealing, though challenging, picture of public transport in the Greater Glasgow area. The research was presented at a conference in November, was fed into the development of a National Strategy and was used to brief elected representatives. The process continues with the findings and participants feeding into the consultation on the National Transport Strategy.

Throughout the past year, the Community Engagement Team has also been working with minority communities to increase awareness of the Hospital Modernisation Programme. A summer engagement campaign with Greater Glasgow's Black and Minority Ethnic Communities was undertaken. Culturally specific resources were produced and with help from members of Faith Groups and Community Elders, volunteer translators worked with the team to engage with the Sikh, Muslim and Hindu Communities. Work was also undertaken with refugee communities to promote understanding NHS services and how these are accessed. The team has also continued working with other minority communities to ensure the design of new hospital facilities meets the needs of diverse communities.

5 Future Status of the Involving People Committee and PFPI

The significant changes affecting NHSGG, as already discussed, collectively signal a change of philosophy in the way healthcare is being provided.

Reorganisation and reform is not just about 'unification' of management structures but also about increasing interdependence and co-ordination of service delivery around individual patients rather than around geography. It seems appropriate that an opportunity should now be taken to revisit the way PFPI is delivered and to ensure that it informs service planning.

There are a number of points on which the Committee would like to encourage discussion over the coming months:

Mainstream Integration of PFPI Principles – The Committee has been encouraged by the examples drawn from front-line services for this and previous years' PAF submissions, which show good practice in PFPI and the obvious adoption of a 'patient-focused' approach to service planning and improvement. However, this is not uniform across the whole organisation and there is still a need to emphasise that PFPI principles apply to all people, at all levels in the new structures. PFPI must be considered as a 'Quality' process intrinsic to service delivery.

Scottish Health Council (SHC) – There are quarterly meetings between representatives of the Involving People Committee and the SHC as well as regular meetings on specific issues. The relationship is developing positively. The existing Performance Assessment Framework (the SHC still use this term for the time being) criteria are to be re-assessed and altered – the Committee is of the view that an annual assessment of all aspects of PFPI may not be especially revealing and that a better option would be to work towards a rolling programme of individual service/issue reviews. These views have been expressed to the SHC.

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Performance Assessment Framework Submission for 2005/06 – The PAF has again proven to be useful in providing a good snapshot of PFPI activity across the existing divisions. However, it is apparent that there is a lot of ‘work in progress’, notably in relation to key strategies such as volunteering and equality. Co-ordination and delivery is variable between divisions and services and more needs to be done to instil a pan-NHSGG approach which the new organisation should facilitate – yet, at the same time, local initiative must be encouraged and allowed to flourish. It is notable that CHPs will be adopting Communities Scotland standards for consultation and engagement in order to ensure compatibility with local authorities – it begs the question whether or not the NHS as a whole should also apply these standards, even if, as is the case, they are routinely exceeded by some services. Copies of the 2005/06 PAF submission are available today for Board Members to take away.

Upcoming Challenges and Priorities – There are a number of initiatives we are keen to follow up:

- Patient Information and Patient Information Points – This is a key piece of work required to deal with long-standing issues around public and visitor access to information in hospitals. The proposal is to adopt a model pioneered at Yorkhill and Addenbrookes whereby leaflets, on-line services, travel details and phone lines can be accessed from one of a number of information points. The wider context is a recognised priority to address standards of patient information in order to achieve common standards of ‘user-friendliness’ and plain English. There will have to be discussion and agreement at system-wide level as to agreement on these standards and responsibility for production and ensuring a quality-controlled documentation procedure.
- CHPs – Following final publication of the GCVS study into arrangements for the Public Partnership For a (PPFs), concrete steps will be taken towards recruiting organisations and individuals who will serve in the new bodies. The Committee will be keen to see integration of PPFs into the wider Involving People Network
- Modernisation Programme – Some major pieces of healthcare infrastructure will be delivered from 2006/07, such as the New Beatson West of Scotland Cancer Centre, the New Victoria and Stobhill Hospitals, the Rowanbank Clinic at Stobhill. Major planning and public engagement will begin around the New South Glasgow Hospital and the proposed replacement for the Royal Hospital for Sick Children
- Integration of services and communities from NHS Argyll and Clyde – There is a considerable challenge as communities and services from Renfrewshire, East Renfrewshire, West Dunbartonshire and Inverclyde come under the same umbrella as those in Greater Glasgow. No less a challenge exists in developing a common approach to PFPI as with other aspects of services and this has already been signalled by the launch earlier this month of consultation the proposed use of the name ‘NHS Greater Glasgow and Clyde’. The Involving People Committee is keen to engage with ‘Clyde’ at the appropriate time.
- Smoking Ban – NHSGG (and Clyde) will play its part in support the national smoking ban in public places as it comes into effect. There is an obligation to ensure patients, visitors and staff are clear as to our policies and practices in our facilities

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- New Waiting Time Targets – new national targets to be in force by December 2007 are being designed directly to encourage greater patient involvement in their own care – a central element is the offer to be made of three alternative appointment dates for initial treatment and there will have to be clear communications around these new rights
- Car Parking Charges – Application of the NHS Board’s car parking policy begins in 2006/07 and there is no illusion that this will be popular. However, there is an obligation to make sure public information is clear, concise and accessible and that genuine feedback is properly obtained and used so that the policy is applied in a sensible, responsive way

Reorganisation – An Opportunity – As has been implicit in this paper, the reorganisation of NHS GG brings an opportunity to deal constructively with long-standing issues around PFPI and to determine what new actions must be achieved to accompany new service structures. Arrangements to support initiatives such as volunteering and the PEAK (PEople SpeAK) group to name but two must continue. To that end, early discussion is sought with service Directors to identify who in the new services will act as PFPI leads – historically this responsibility lay with Divisional Directors of Nursing, but that situation should be reviewed.

The Way Forward – The Committee recognises that determining a new a structure around delivery of the PFPI agenda will not be achieved overnight. All stakeholders will need to be involved in the process. It is therefore proposed that engagement with stakeholders should begin with a seminar to be held in late April or May.

The purpose of the seminar will be to identify the issues which must be confronted, to determine what is on the agenda for discussion and future action and then agree who will take forward the necessary actions. To prepare for the seminar, small focus groups and one-to-one discussions are being organised with a small sample of NHS and other stakeholders. They will help us flag up the issues that must be addressed in order to allow PFPI to be delivered in NHS GG in future. It is likely that the following will count among these issues:

- Governance, monitoring and review – The Involving People Committee must look closely at how it discharges its Governance role by monitoring and reviewing services internally, before there is ‘external audit’. The model being considered is a rolling programme of review similar to that employed by Local Authorities under the *Best Value* process
- Joining up service re-design, clinical governance and PFPI – The NHS Board has previously discussed the relationship between service redesign, stakeholder feedback and links between this and clinical governance. It is important that clinical staff in particular see PFPI as part of patient care and not an imposition or add-on which has no relevance to front-line services. The Scottish Health Council has made it clear that it wants to see these links being made on the basis that services must adopt a philosophy of ‘patient focus’ in how they organise and develop themselves.

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- The patient's voice – One of the aims of the NHS Reform Act was to ensure that mechanisms existed to project the 'patient's voice' into service delivery and development. An ongoing problem is how to deliver this – no one 'solution' is entirely right and the Committee's preference is to ensure that every service has the potential to use a multitude of methods to properly engage with patients and local communities. Services and networks should not rely simply on one person being picked to sit on a committee or steering group to represent all residents or patients. Everything from patient information and routine feedback through to specially constituted groups and surveys should be possible.

This does not take away from the need to ensure that these opportunities are made identifiable and accessible to stakeholders and that the fact that an overarching structure is required. It has been proposed that, aside from 'stratifying' the Involving People Network, local initiatives can be complemented by an 'NHS 100', 'Patients' Jury' or 'Advisors Network' (the name is still an issue !!) which works towards strategic engagement alongside PPFs

- Wider interaction – If there is one fundamental point in the introduction of CHPs, or indeed the overall reorganisation of NHSGG, it is that the NHS does not work alone – its functions overlap and dovetail with a variety of agencies and charitable organisations. It seems logical that PFPI structures and initiatives should also exist in partnership. This is explicitly recognised in discussion about the links between PPFs and Community Planning structures but there needs to be further consideration as to how the whole of NHSGG can work together with other agencies. Adopting Communities Scotland standards for consultation and engagement system-wide may be appropriate in this respect
- Infrastructure – The Committee has long-recognised that a support 'infrastructure' is needed to underpin overarching and local PFPI initiatives. This would range from networking to integration of PFPI into training and service delivery. Again, there needs to be wide discussion as what is needed and how this can be established in a way that best suits stakeholders and service providers

7 Conclusion

Board Members are asked to reflect on the work of the Involving People Committee to date and on the forthcoming challenges.

In conclusion, external assessment on our performance over past two years in relation to the PFPI agenda has been very positive – due to the commitment, professionalism and openness of NHS Greater Glasgow's staff - but we are not complacent and we recognise and welcome the challenges ahead.

Peter F Hamilton
6th February 2006

APPENDIX ONE

Involving People Committee - Responsibilities

- 1. To ensure the mainstream integration of the principles of Patient Focus and Public Involvement in planning, delivering and sustaining services.*
- 2. To scrutinise NHS Greater Glasgow services on a continuous basis to ensure implementation of best practice in achieving Patient Focus and Public Involvement.*
- 3. Leading the development of a sustainable NHS Greater Glasgow Involving People Framework and ensuring that it is delivered via approved strategies and action plans across the totality of service provision.*
- 4. Encouraging and promoting the skills required deliver effective Patient Focus Public Involvement among NHS Staff and patient and local community representatives.*
- 5. To ensure that delivery of Patient Focus Public Involvement across NHS Greater Glasgow is co-ordinated, consistent and linked to the work of partner organisations, including Community Planning structures.*
- 6. Reviewing, interpreting and supporting the implementation of national Patient Focus and Public Involvement objectives and priorities at the local level.*
- 7. Driving the development, introduction and maintenance of corporate initiatives and structures to support the effective delivery of Patient Focus and Public Involvement.*
- 8. Promoting dialogue with patients and public regarding progress with Patient Focus and Public Involvement.*
- 9. Linking with the new Scottish Health Council and supporting NHS Greater Glasgow's day-to-day relationship with its officers and advisory council members.*
- 10. Facilitating continuous and formal annual accountability and quality assurance reviews as part of the accountability review process.*
- 11. Ensuring the NHS Board is kept fully informed on progress in mainstreaming and delivering PFPI, in part by formally reporting to the Board on a quarterly basis.*