

## **INVOLVING PEOPLE COMMITTEE**

Minutes of the meeting of the Involving People Committee  
3 Centre Dalian House  
At 10.00 am on Monday 22 March 2010

### **PRESENT**

Peter Hamilton

Scott Bryson	Jessica Murray	Pat Bryson
Ally McLaws	Barry Williamson	Ravinder Kaur Nijjar
Helen MacNeil	Joe McIlwee	

### **IN ATTENDANCE**

Jim Whyteside	Head of Public Affairs
Ross McFarlane	Scottish Health Council
Linda Davidson	Public Affairs

### **1. APOLOGIES AND WELCOME**

Apologies were received on behalf of Grant Carson.

The Chair welcomed today's guests; Rosemary Twohig, Clinical Services Manager, Regional Services, Beatson West of Scotland Cancer Centre, Anne Mitchell, Head of Planning and Health Improvement, East Glasgow CHCP and Catriona Carson, Literacy lead, NHSGGC.

### **2. MINUTES OF MEETING 22 MARCH**

Approved

### **3. MATTERS ARISING**

#### **PFPI FUNDING FOR DATABASE**

Peter confirmed he had stated at the 25 January 2010 committee meeting that, "We now have the funding secured for the maintenance of the Involving People database for this year." He had come to this conclusion after a conversation he had with the Director of Finance. Ally McLaws said that it was his understanding that this funding was only to cover the period until March 31<sup>st</sup> 2010 and that new funding would have to be secured to cover renewal of the contract with Axis media in 2010/11. The Director of Finance was due to discuss the matter with Ally again.

PH/AMcL

Barry Williamson asked how this money is spent and Ally replied that Axis markets the database and recruits members to it, remove people who have deceased or gone away, send out *Health News*, information about consultation and engagement opportunities, events and focus groups. Barry agreed that this important resource should not be lost. Ally added that the arrangement with Axis was very cost-effective and they had negotiated reduced postal rates with the Royal Mail.

### **PHARMACY PRACTICES COMMITTEE**

Scott updated the committee. He informed members that out of the 30 people who had expressed interest in the development of pharmaceutical services in NHSGGC, approximately 10 to 12 people would be going through a formal matching process as a preliminary to joining the Pharmacy Practices Committee (PPC). These individuals will be brought together by August and trained and ready for their role by the autumn.

### **VALE OF LEVEN MONITORING GROUP**

Jim informed the committee that the second meeting of the Monitoring Group is to take place on Monday 29<sup>th</sup> March. The Monitoring Group holds regular meetings to check on progress towards delivering all strategies outlined in the Vision. They are an independent group who has drawn membership from a wide cross-section of the community to provide as broad an interest base as possible. A key part of their remit is to ensure people are kept informed about progress at the Vale. To assist with this, they have established their own website. This provides a useful platform for information and contains details of discussions at meetings, along with all the reports and information presented to its members. The group has requested an active role in informing the publicity campaign around implementation of the 'Vision' for the Vale of Leven Hospital to take place in the autumn.

## **4. PUBLIC INVOLVEMENT IN REGIONAL SERVICES**

The committee welcomed Rosemary Twohig, who gave a presentation on PFPI in the Regional Services directorate. She began by stating that she feels her role in the specialist oncology services is not about being the lead in this service but more the 'link', and followed by saying that the specialities in the regional directorate (specialist oncology, plastic surgery and burns, renal services, spinal and neurosurgery, and homeopathy) are all vastly different from one-another.

Rosemary went on to cover each of the services, beginning with Renal. From the start of the development plans for the two new dialysis units at new Stobhill and Victoria hospitals, there had been considerable involvement of the Stobhill Renal Patients Association. Another valuable project was the Tell Us Your Story (TUYS), where comment cards and semi structured interviews were used to explore issues seen by patients as important to their experience in healthcare.

Rosemary also covered Spinal Injuries and the development in collaboration with patient groups in the development of The Step Down Unit. This is a modern facility allowing patients, families and friends to spend time together during their admission.

Rosemary then moved on to the significant patient and public involvement around the redevelopment of Plastic Surgery outpatient department at the Glasgow Royal Infirmary. Rehearsal sessions were carried out by involving a disabled younger person, a wheelchair user, a visually impaired adult and a person with a long term condition. Some very interesting issues came out of this literal 'patient journey' around the site, with matters like signage, pavements and walkways and accessing patient facilities requiring attention.

Rosemary went on to tell the committee about the extensive engagement around the planning and development of the Beatson WoSCC. Involved in this development were various public forums e.g. Way Finding group, local residents, transport and environmental groups. There was also patient participation on planning groups, people with physical disabilities and the deaf/blind society; we worked with the BME and hard to reach groups. An open doors event was held in conjunction with the Glasgow Open Doors event, a day was put aside for the public to go on organised guided tours. Other stakeholders were invited to participate including charitable partners and volunteer drivers.

In relation to patient involvement and engagement at the Beatson, this was done via a number of methodologies. One example were questionnaires sent out prior to and then again after the move to the New Beatson site at Gartnavel seeking the views of individuals, groups and forums about the service itself, transport and issues around the environment.

Rosemary went on to tell the committee about some of the many achievements, such as the development of the Beatson Information Centre and funding from the Macmillan charity for a campaign manager, web information for patients, public and staff alike, teleconferencing thus allowing contact with peripheral sites. The Beatson was awarded the Macmillan Environmental Charter Mark, in January 2010 and was the first centre in Scotland to achieve this award.

Regional Services' future plans include the achieving the ten national standards for community engagement; the mutual NHS initiative, time to care, fair for all, NHSGGC equality scheme. The lynchpin of this will be patient experience.

Peter asked Rosemary if she could expand upon the PFPI awareness event that Regional Services had held. She replied that staff nurses were given £1,000 pounds each to spend and from this it was discussed how best and the most useful way to spend this money to achieve objectives.

The staff worked with the Inequalities and Community Engagement teams and came up with the idea of holding an event to raise their awareness of PFPI. She went on to say that two very successful, well evaluated events were held. Staff were asked at the beginning what their evaluation of PFPI and again at the end – and the results showed that they had a completely different understanding by the end of the event.

Barry asked a question around the carers of patients and how much of their views are taken into account as people are often traumatised when faced with a serious illness. Rosemary said that this was covered as part of the *Better Health, Better Care* Patient Experience programme.

Barry also asked if feedback is given to the groups and forums who participated in PFPI activity. Rosemary replied that this was indeed the case and that everyone who has given any contribution was given feedback/evaluation.

Jessica Murray asked if all staff were informed of patient journey outcomes or just those who specialise in PFPI. Rosemary answered that it will be the lead nurse or radiographer who had the job of ensuring that everyone in their team was briefed.

Peter asked what the Step Down facility was. Rosemary explained that it is a custom designed domestic-style living environment based within the spinal unit. It gave patients an opportunity to re-adjust to being home again and was a wonderful place for patients and their families to come along and relax in a friendly environment.

Pat Bryson asked who looks after the many volunteers attached to Regional Services. Rosemary said that guidelines were in place and the volunteers report locally to the Information centre manager.

Peter thanked Rosemary for her excellent presentation.

## **5. LITERACY ISSUES**

Anne Mitchell and Catriona Carson were welcomed by the committee and invited to give a presentation about Adult Literacy.

Catriona began by offering a wider perspective. She stated that approximately 14% of Scottish adults are considered as having difficulties with literacy and numeracy. A high proportion of these people have various underlying issues such as health problems and disabilities, poverty and lack of opportunity and English as a second language. Poor literacy is a marker of inequality.

Catriona added that many of the people affected manage their lives very well, and were able to overcome adversity. However, it is when the personal, social or employment situation changes that the constraints and

disabling effects of low literacy and numeracy skills are likely to be felt.

Catriona provided a quotation from the United Nations Educational, Scientific and Cultural Organisation (UNESCO) "*the ability to identify, understand, interpret, create, communicate, compute and use printed and written materials associated with varying contexts.*"

There were real concerns for someone with literacy difficulties in that they could not understand instructions on prescription medicines. This can also be a contributing factor to patient misuse of medication; individuals are more likely to be in poorer health and may be taking multiple medications. Shame may prevent individuals with limited literacy from telling providers they need help with the instructions.

Anne informed the committee about learning services within East Glasgow CHCP. She stated that £430,000 had been invested in learning services in 2009/10, helping approximately 1,200 people.

This recurring funding had come mainly from the Community Learning Strategy Partnership, the Keep Well programme and core funding from Culture and Sport Glasgow and FE sector. The provision for this was delivered via 28 different venues such as the healthy living centre, family, community, youth, library, learning and training centres, college campuses, nurseries and places of work.

She went on to say that various types of learning were used, including homework clubs for parents, work place sessions, employability, help with form filling, essay writing, presentation skills, support for young people to pass industry entrance exams. These literacies were also integrated into music, crafts, DIY and local history. Another group targeted were people with learning difficulties and mental health issues.

Anne informed the committee that in Scotland adult literacy and numeracy difficulties were more likely to be found in people with poor physical and mental well-being, and many had symptoms associated with depression and were more likely to smoke cigarettes and consume higher than recommended units of alcohol.

She added that parents who experience literacy difficulties at recognised national/international levels are less likely to be aware and make use of screening and prevention facilities, are less likely to adhere to prescribed courses of medicine, are less likely to know about any chronic health conditions that they have, have poorer health status and poorer self-reported health. They are generally 1.5 to 3 times more likely to experience poor health outcomes than those whose literacy level is 'normal.'

Anne was of the view that literacy was a huge challenge for the NHS and that health services had to be more literacy sensitive and provide staff and patients with the opportunity to be more aware of the problems.

There was a need to ensure that people experiencing difficulties with literacy are included and represented in public involvement.

As part of the CHCP's PFPI action plan, there was a link with partner organisations so as to develop alternative engagement and consultation options for service users with low literacy and numeracy. This will be provided in a simple format with the use of DVDs and visual aids. The CHCP will develop pathways with its partner organisations to target and identify people with low literacy skills.

Anne concluded by stating that within the NHS, we still have a very long way to go. Do we have an understanding of what a literacy issue is? Who gets most embarrassed when staff encounter these problems, is it the staff member or the client? This raises a concern as to the extent that staff may avoid literacy as an issue, and not regard it as a core consideration within every patient contact. Do we offer support when we should and do staff and contractors have the knowledge to offer support? Should literacy issues be recorded on patient's records and do we have any form of monitoring information that helps us to plan and design services?

Helen MacNeil said that progress was being made. She was aware that projects had helped an estimated 25,000 people in Glasgow and the position was far better than it had been ten or even four years ago.

Barry said that part of the difficulty is in that the problem is huge. He asked is there any form of assessment as not every literacy problem will be the same. He also took the view that as our nurses are trained to assess patients at the point of entry into the health system in relation to nutritional problems, the same could be done with literacy.

Catriona replied that most people with literacy problems may have a range of other issues, so there may be other things to sort out first. It is often said that literacy is not the biggest priority but a range of issues often stems from literacy in the first place.

She added that campaigns such as the Big Plus and Keep Well are there to help. A big problem is funding – funding cannot be relied upon from one year to the next.

Anne explained the Big Plus campaign is there to encourage people to improve their reading, writing and number skills. It offers free help and is available throughout the country. It also seeks to reduce the stigma associated with this subject matter among the general public. Keep Well is a health improvement project offered in deprived communities and provides free health checks to patients aged 45 to 64 at their local GP practice.

Ally stated that he was aware of the national campaign for literacy is ongoing at the moment, and wondered how this was accessed.

Catriona said that the issue was that most people adapt to coping with their literacy problems and rarely seek help until a crisis occurs.

Ally also asked about the pharmacy issue – should we be asking pharmacists to maybe help with referrals.

Scott said that the Area Partnership Committee had been looking at this, and that it had been agreed that a single system approach was needed to support pharmacists at the front line. He also asked Catriona if she was available at a later date to discuss this subject.

Catriona concluded by referring members to information available at [www.phru.net/literaciesandhealth](http://www.phru.net/literaciesandhealth)

Peter thanked Catriona and Anne for their most enlightening presentation.

## **6. PPF EVENT**

Peter informed the committee that a third joint-PPF event was planned to take place on Friday 16<sup>th</sup> April. This will bring together representatives from all PPFs, the patient's panel and MCNs. The event's opening address is from Andrew Robertson, Chairman of NHSGGC and a presentation will be given by Catriona Renfrew. This is a follow-up from the very successful events held last February and October. Barry asked if this event is open to Board members, Peter stated that all are more than welcome to come along. Pat also indicated that she would like to attend.

## **7. ANNUAL REVIEW PROCESS**

Jim explained that as part of the Annual Review process, a number of patient representatives from Public Partnership Forums, patient panels and MCNs will be invited along to an event when case studies for review will be chosen. This is part of the national review and reporting process for PFPI Self Assessment for 2009/10. The event would be held early in May and would inform the final draft of the self-assessment report which would be verified by the Scottish Health Council and be placed on the NHSGGC website by the 28<sup>th</sup> May. The report will form the basis of the PFPI component of the Annual Review to be led by the Cabinet Secretary for Health and Wellbeing on 1<sup>st</sup> November 2010.

## **8. NEXT SERVICE REVIEWS**

Peter asked members if they thought there was now the right balance on the agenda of committee meetings. It was then agreed unanimously by the committee members that they felt that this was the way forward. Peter went on to say that himself Jim and Ally the review list. Jim went on to add that part of the criteria to be on the list is the subject matter and

how current it is.

## **9. AOB**

Jim tabled a paper for information that he had been given when he attended the PFPI designated directors meeting in Edinburgh in the previous week.

## **10. DATE OF NEXT MEETING**

It was agreed that the Committee would meet again on Monday 24 May 2010. The meeting would commence at 10.00 am. The venue will be the Conference Room, Dalian House, and 350 St Vincent Street, Glasgow.

Linda Davidson  
May 2010