# Patient Focus Public Involvement

NHS Greater Glasgow and Clyde

October 2007

## Building on what works.

What is clear, is there are examples of good practice within the Acute
Division. It is important that this is supported and built upon and the key messages raised by staff are taken on board.

To support PFPI within the Acute Operating Division (AOD) a steering group has been established. Chaired by the Director of Nursing, the group aims to:

- Undertake and maintain a comprehensive mapping of PFPI structures, activity and resources
- Increase awareness of, and support for, PFPI across the AOD
- Initiate and co-ordinate PFPI activity linked to major service change in the AOD
- Develop capacity within the Acute Operating Division to deliver PFPI
- Share best practice and learning across the AOD
- Ensure effective and effective use of PFPI resources across the division
- Support accountability arrangements for end of year performance assessment reporting.

The steering group will identify a number of strategic projects to further its aims, this will include proposals to:

- Support service redesign in the New Stobhill/ Victoria hospitals
- Support planning and service redesign for the New South Glasgow Hospital
- Improve patient information and communication
- Develop PFPI skills and capacity within the AOD workforce

Delivering actions on the strategic projects outlined above and furthering the aims above, will require the support of staff from across all parts of the AOD.

For further information on Patient Focus and Public Involvement visit:
www.nhsggc.org.uk
www.scottishexecutive.gov.uk or
www.scottishhealthcouncil.org
To find out more about the work of NHSGGC's Involving People Committee contact Jim.Whyteside@ggc.scot.nhs.uk

### Key Documents

- Our National Health: A plan for action, a plan for change (2000)
- Partnership for Care (2003)
- NHS Reform(Scotland) Act (2004)
- Patient Focus & Public Involvement (2001)
- Patient Focus & Public Involvement Draft Framework (2006 - 2009)
- Managed Clinial Networks: A Guide for Implementation (2002)
- Managed Clinial Networks: Be Involved (2005)
- Fair for All (2001)
- Better Health, Better Care (2007)
- Strengthening the role of Managed Clinical Networks (2007)
  (all above available at www.www.scotland.gov.uk)
- National Standards for Commuity Engagement (2005)
  (available at www.communitiesscotland.gov.uk)

### Key Messages

- Acute division PFPI Network
- PFPI training for Acute staff
- Developing PFPI leadership
- Communication
- Learning from best practice
- PFPI part of professional personal development

## Learning the Lessons

Successive Health Department policy and guidance has placed an increasing requirement on NHS boards to demonstrate how patients and the pubic have been involved in the planning and delivery of health services. Together, this policy and guidance is known as Patient Focus and Public Involvement. There is already examples of excellent work ongoing across the acute division in delivering the Patient Focus and Public Involveement agenda, this includes:

- Unscheduled care collaborative
- Diagnostics collaborative
- Planned care improvement programme
- Managed Clinical networks for stroke, heart disease and diabetes

It is important to build on the above examples, therefore a planning event was held with staff from the Acute Operating Division of NHS Greater Glasgow and Clyde. The aim of the event was to learn from examples of good practice and how Patient Focus and Public Involvement work could be supported more effectively.

Amongst the key messages (left) from the day was the need to share good practice more effectively. This publication attempts to do this and provide links to the key policy documents informing Patient Focus and Public Involvement (above). We hope you find it useful and informative.

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## Shaping Diagnostic Services

The Kerr Report highlighted that the perception among NHS patients was that their journey was littered with pitfalls, duplication and delay. In April 2006, in response to the recommendations of this report, the Scottish Executive Health Department (SEHD) launched the National Diagnostics Collaborative Programme with the key objective being to: Improve patient and carer experience and satisfaction through improving access and reducing waits in diagnostics

The Diagnostics Collaborative convened a Patient Reference Group, consisting of patient representatives, Programme Manager and PFPI leadership. This group worked with various Site Improvement Teams across Glasgow to scope out and develop the areas of redesign outlined in the Diagnostics Collaborative Action Plan. Examples include:

**Western Infirmary Centralised Booking office Pilot** - Comments received from patients have been incorporated into this Pilot, e.g., dedicated phone lines, trained staff receiving calls and clearer information in the appointment letter. Patients will continue to be involved in the planning and development of the other Centralised booking offices being rolled out across Glasgow.

**Review of Leaflets and Letters** - The Patient Reference Group have input to the redesign of the new appointment letters and information leaflets.

Without the input from our Patient Representative Group, we would be implementing changes based on assumptions, which may not have truly represented the needs of our patients. However, to date, there has been active and significant patient involvement in the Collaborative, which is reflected in the various areas of redesign that are currently taking place across Glasgow. **Contact: elaine.walsh@sgh.scot.nhs.uk**

## Unscheduled Care Collaborative

The NHSGGC Unscheduled Care Collaborative (UCC) was established in May 2005. The aims of the programme are to, support achievement of the maximum 4-hour emergency waiting time target by December 2007, support improvement in hospital systems, processes and patient flow across organisational boundaries, particularly at the arrival, admission and discharge interfaces, develop multi professional, multi agency partnerships that can reduce the number of hospital attendances and admissions through the development of alternative care provision and ensure patients and carers are involved and engaged in the redesign.

The NHSGGC UCC public involvement programme aimed to investigate patient experience via the use of an emergency department questionnaire, raise public awareness on agreed themes of the UCC over the life of the collaborative and develop public information materials that describe key aspects of future service delivery.

The public outreach programme produced a wealth of patient and carer feedback on emergency and unplanned care services. Patients and carers also contributed to the development of patient information on the role of the Emergency Nurse Practitioner. Finally, the outreach programme highlighted clear benefits of interagency working between NHS 24, NHSGGC, Scottish Ambulance Service and other partners.
**Contact: dan.harley@ggc.scot.nhs.uk**

## Working with Stroke Patients

The work to develop a strategic framework for stroke has involved seeking the views of a wide range of people. An initial event was held at Hampden Park attended by 130 people, of which 20 were service users and carers. This was followed up with two further sessions with service users and carers, to feedback findings from Hampden Park, clarify their views had been correctly understood, and explore some of the key issues. Further sessions are planned as we move to formal consultation on the strategy.

This has been a valuble and enjoyable process for all those involved, enabling us to better understand what people actually want. It has highlighted some new issues, re-enforced others, and encouraged a stronger emphasis on addressing the wider impact of stroke, both in the short and longer term. The challenge remains to ensure the time and commitment from staff to support this involvement as an ongoing process, and to ensure views applicable beyond stroke are shared more widely.
**Contact: pamela.ralphs@ggc.scot.nhs.uk**