



**NHS LANARKSHIRE
PATIENT FOCUS and PUBLIC INVOLVEMENT
SELF-ASSESSMENT REPORT
2008/09**

March 2009

1 SUMMARY

This Self-Assessment was produced during March 2009.

Both Public Partnership Forums and the Scottish Health Council were consulted regarding how best to **involve communities**. On the advice of Scottish Health Council and in line with its guidance, an open meeting was held on 7 April to consider both this Self-Assessment and the proposed Patient Focus and Public Involvement Actions for 2008/09.

At the public meeting, consideration was given to reducing the number of case studies featured in this document from eight to six, in line with Scottish Health Council (SHC) guidance. The clear view of the public at the meeting, at which SHC was represented, was that all eight were of equal importance and interest, and should be retained as case studies, with any decision on a reduction being remitted to SHC. However, NHS Lanarkshire was subsequently contacted by SHC and asked to reduce the number from eight to six, with the affected two being moved to the summary section. This has not been an easy decision, and it is acknowledged that it is counter to the views of the public at the meeting on 7 April, however, NHS Lanarkshire has been advised by SHC that it must comply with SHC guidelines on this matter.

Therefore, on the basis that they probably involve fewer people than the topics covered by the other case studies, but in no way diminishing their intrinsic importance or value, it was felt that Volunteering and Transport could be moved to the summary section and this has been done.

In addition, SHC has drawn attention to the fact that their guidance states that case studies should take up no more than 3 pages of A4 in total, i.e., half a page per case study. As they have also advised that a font of 12 is required to ensure readability, this has meant that the original case studies have had to be edited quite significantly to fit the page criteria. Some of the background context and detail has been lost, but we hope that key points are still clear.

Governance arrangements within NHS Lanarkshire are such that 'Patient Focus' matters fall within the remit of the Health & Clinical Governance Committee and 'Public Involvement' matters rest with the Stakeholder Engagement Group. Beneath these formal governance committees there is an officer level Patient Focus and Public Involvement (PFPI) Co-ordination Group, chaired by the Designated Director, and which monitors progress against the NHS

Lanarkshire Strategy Action Plan and other associated activities. Quarterly PFPI Portfolio Returns and any other associated reports (including this Self-Assessment) are submitted to Health & Clinical Governance Committee and / or Stakeholder Engagement Group prior to onward transmission to Scottish Health Council.

Public Partnership Forums (PPFs). Each Community Health Partnership (CHP) now has its own fully operational Public Partnership Forum (PPF) – two in total, covering North and South Lanarkshire respectively. Each has a Working Agreement in place and programmes of work and activities are underway. Both will continue to develop and extend their areas of work and activities, for example, by representation and input to NHS activities and groups, and by increasing coverage in terms of extending community involvement both geographically and in terms of interest groups. Examples of the work of PPFs, and how they are developing in Lanarkshire, are contained both within the case study at (2) and in the summary table at (3).

What has worked well for us re PFPI in 2008/09? The ongoing developmental agenda, particularly in relation to PPFs, is helping to support increased involvement across a wide range of health agendas, and to improve engagement with disadvantaged or hard to reach groups such as young people. Review of activities and business methods is leading to more structured approaches, for example, the Operational Guidance for PPFs. Experience is also growing in relation to gathering experience from service users and carers, and how best to support and facilitate this so that it can be captured and used to inform redesign.

Working across agencies and partnerships is a strong theme coming across in 2008/09, as many of our activities straddle more than one agency and there is therefore an opportunity to capitalise on wider public networks and engagement activities. For example, taking forward the Carers Information Strategy requires strong partnership working with the voluntary sector, as does our work in relation both to advocacy and to volunteering.

What further work is required? All of our actions have progressed well in 2008/09, but each has an ongoing work programme that is likely to last for at least the next year and possibly on a continuous basis. Many are at the stage of implementing Action Plans (e.g., Diversity & Equality, PPFs Development Plans and Operational Guidance, Customer Care Standards, Carers) and these will be monitored throughout 2009/10, with further review and action determined thereafter.

Support has been provided to public and patient engagement activities at a number of levels. Structurally, support and funding has been put in place to enable PPFs to develop as organisations over the past two years. In the area of service re-design, tools and techniques have been developed to capture patient experience both at group and individual level. Training and support of volunteers is a key element of *Investing in Volunteering* and will continue to be taken forward as indicated in the case study at (2).

The difference made by improved patient / public input can be seen in the qualitative information that now feeds into service redesign work, ensuring that the experience of individual users is heard and used to improve services. The involvement of members of the public in specific activities (for example, site audits by the Disability Engagement Group) also brings personal knowledge and experience to bear in a very direct and practical way.

2 CASE STUDIES

NHS Lanarkshire had 8 Agreed Action areas for 2008/09. As noted at (1) above, six case studies are described in edited form below. Other actions completed under the 8 are summarised in the Summary Table at (3) below.

1 Diversity & Equality Strategy & Action Plan

A Disability Engagement Group has been established by NHS Lanarkshire and has its own work plan that is being actively addressed in partnership. The work plan has prioritised communication, access and engagement as key features for improvement. The work plan also includes provision for NHS site audits of disability access using an audit tool developed by the Group and involving physical site visits by Group members (lay and NHS Lanarkshire). Comprehensive Audits were recently undertaken at Monklands Hospital and Coatbridge Health Centre and a number of matters were identified where improvement needed to be made including signage, lifts and installation and use of hearing loops. Implementation of the recommended improvements will be monitored by the Group. This will include the application and implementation of the findings of all audits, as appropriate, across all accommodation and services of NHS Lanarkshire.

2 Development of Public Partnership Forums (PPFs)

There has been significant growth in the range and number of people, services, functions and departments who wish to engage with the PPFs. This is a very positive position, however, it can make it difficult for the PPFs and their members to respond to everything that currently comes their way. This guidance is designed to ensure that access to the PPFs is managed in such a way that NHS Lanarkshire and the PPF members can get the most out of the available capacity that PPFs have. Development events were undertaken in 2008 and this guidance reflects the outcomes from those events. It sets out a process to manage access to PPF involvement, as well as standards that will have to be met by those wishing to engage the PPF, including the length of time PPFs will expect to undertake work at various levels, underpinned by the National Standards for Community Engagement.

A 'Covering Template For Papers Submitted To PPFs', will ensure clarity around the purpose of the involvement / engagement / consultation, ensure that a plain English summary is provided and ensure that where appropriate, the relevant sections of any papers are highlighted. Requests for PPF Member(s) to Join Committees/Meetings is also covered by a template which again will ensure clarity around the purpose of the request, the expected

areas where PPF representation will add value and also identifies the person who will provide support to the PPF member, prior to and during their involvement. Compliance against the standards will be monitored as a means of continuous improvement.

3 Public involvement in service improvement / re-design

A stakeholder event in October 2008 scoped Neurology service provision using patient pathways for five neurological conditions and explored specific themes to identify areas for service improvement. The conditions considered were: multiple sclerosis; motor neurone disease; Huntington's disease; Parkinson's disease and epilepsy. The event was attended by 88 people, including 19 patients and carers identified by service providers and one local member of the Scottish Health Council.

Before the event, patients and carers were interviewed in their homes and their experiences across the pathways of care captured as narratives to inform participants ahead of and at the event. Carers' input was invaluable and necessary, as we needed to capture the experience of children and of people with a learning disability. The stories of two patients with chronic fatigue syndrome/myalgic encephalopathy were also used, as it had been previously suggested that a lack of recognition of the condition within Neurology has led to patients not being able to access appropriate services. Support was provided as required and out-of-pocket expenses paid. At the event, breakout groups worked particularly well and enabled us to: Develop a shared understanding of the current Neurology patient pathways; Identify transferable best practice and any gaps in service provision; Build on the previous work to highlight and prioritise actions for service improvements.

The final Report of the event includes a long list of actions for NHS Lanarkshire to address in the ongoing process to develop Neurology services in Lanarkshire. Actions are expected to be taken forward into 2009/10 by existing mechanisms for service improvement; in particular the 18 weeks Referral to Treatment programme and the Long Term Conditions programme; both of which have PPF representatives and an ethos of engagement.

4 Improving communications with patients

NHS Lanarkshire received a report from the Scottish Consumer Council which highlighted some shortfalls in our communications with members of the public. In response, we established a review group to develop a Customer Care Policy and Standards, and a Guide to Good Written Communications. Best practice was identified within the Scottish Consumer Council report and drafts

were prepared in partnership with the Disability Engagement Communications Sub Group. The documents were Equality Impact assessed. Feedback on the drafts, stimulated by presentations and discussions, was obtained from our Public Partnership Forums as well as the Staff Organisational Development partnership group. A comprehensive training plan aimed at all staffing levels was developed to support implementation and draft standards are being piloted across two sites, with subsequent evaluation planned to inform roll-out in 2009/10.

The Public Partnership Forums have agreed to be involved in independent monitoring and evaluation using mystery shopping techniques following the full implementation.

5 Carers Information Strategy and Action Plan

The Carers' Information Strategy Group (CISG) is a multi-agency / voluntary organisation group comprising of partners from NHS Lanarkshire, North Lanarkshire Carers Together, Princess Royal Trust for Carers – Lanarkshire Carers Centre, South Lanarkshire Carers Network, and North and South Lanarkshire Councils.

The development of the Action Plan in October 2008 was an example of ongoing partnership work. The Plan is being progressed, developed and monitored by the CISG, with progress reported annually to the Health Directorate and to Health & Care Partnerships, and quarterly via the Scottish Health Council's PFPI Assessment Template. Delivery of the Plan will be undertaken by the Carers Support Team that comprises 3 Co-ordinators for Carers within the acute hospitals and 2 Co-ordinators for Carers based within North and South Community Health Partnerships.

Key improvements achieved to date include: the appointment of the five person NHS Lanarkshire Carers' Support Team; installation of carers' notice boards in main health premises; education sessions for various staff groups, and revision of the Carers' Home for Hospital discharge pack.

6 Advocacy

A review was undertaken in 2008 of the Equals Advocacy Partnership which provides independent advocacy services to North Lanarkshire residents with mental health issues and/or dementia. The review looked at three main areas of the service, i.e., Organisational Structure; Use of Services; Impact of Service.

The review reported that service users were very satisfied with the quality, range of support and action that they received from the project. The work of the advocacy workers as supporters and

spokespeople at meetings, tribunals and hearings was positively mentioned by all the respondents. The broader role of continuing support and guidance as patients/clients progressed through the health and local authority systems was identified as crucial for some service users and carers. The review also noted the recognition by health staff of the role of advocacy in representing the service user. Again, the role of the advocacy workers was highlighted in relation to their ability to follow the patient/client across settings and professional boundaries which might prove problematic to health staff.

The work of the Equals Partnership was described by health staff as an import adjunct to patient care, which worked to the benefit of patients both inside and outside the health service setting.

3 SUMMARY TABLE

No	Agreed Action 2007/08	Summary Progress
1	Continue to deliver NHSL Diversity and Equality Strategy and Action Plan	<ul style="list-style-type: none"> • Specific community engagement arrangements established for minority groups and people with disabilities; • Spiritual Care Committee established, and investment plan to modernise spiritual care services underway; • Equality & Diversity Impact Assessment established as an absolute requirement in all service development work, and major training programme delivered across NHS Lanarkshire; • Review of interpreting services underway.
2	Continued development of Public Partnership Forums (PPFs)	<ul style="list-style-type: none"> • Development Days held and resultant Action Plans being taken forward; • Publicity campaigns held to increase awareness and membership; • Increased participation in service planning through membership of relevant groups within Modernisation structure; • Youth Health Group established in

		<p>North and work ongoing regarding setting up local networks to better engage with young people;</p> <ul style="list-style-type: none"> • Mixed nationality event held in Motherwell; • £150,000 provided across Lanarkshire to promote community engagement within localities; • Successful stand at NHS 60th anniversary fun day; • Provision of laptops, multi-media equipment and other office equipment to enhance communications.
3	Involving patients and the public in service improvement and redesign	<ul style="list-style-type: none"> • PPF representation on Modernisation Board, Service Improvement Boards and associated structures; • Workshops held for users, carers, voluntary organisations and PPF representatives on a range of topics, e.g., older people, falls prevention and bone health, cancer services; • Consultation process held in relation to <i>Better Cancer Care</i>.
4	Improving communications with patients	<ul style="list-style-type: none"> • Patient information database refreshed on intranet to improve staff access to approved service information leaflets and other resources; • Programme of work and action plan ongoing in relation to issues raised by research into public engagement and information during 2007.
5	Carers	<ul style="list-style-type: none"> • The NHS Lanarkshire Carers' Information Strategy and Action Plan were developed by the NHS Lanarkshire Carers' Information Strategy Group (previously known as the Carers' Advisory Group), and have recently been signed and approved by Ministers; • Planned developments as part of the implementation of this Action Plan include: development of a GP Carers' information leaflet; a carers'

		<p>experience audit; completion of a health needs assessment of carers; the appointment of a Development Worker hosted by the Princess Royal Trust and the appointment of a health professional to the South Lanarkshire Youth Carers Service to improve the health and wellbeing of young carers.</p>
6	Advocacy	<ul style="list-style-type: none"> • Continuing strong networks and partnership working across statutory and advocacy organisations; • Equals project provided specialist advocacy training for its own staff and invited other organisations to participate in this.
7	Transport	<ul style="list-style-type: none"> • Evening Visitor Service piloted at Monklands for 6 months from January 2008, and subsequently extended to March 2009. Evaluation completed to inform next steps; • Staff Travel Plan published April 2008; • Travel Plan pocket guide launched October 2008.
8	Volunteering	<ul style="list-style-type: none"> • Volunteering services workshop held January 2009 to help inform ongoing development within NHS Lanarkshire. Plans developed to re-focus work, and improve structures and supports for volunteers; • New volunteer programmes established in Wester Moffat hospital, Kilbryde hospice, and regarding patient nutrition; • Development work carried out with volunteers in pastoral care at Hairmyres hospital; • Audit of current volunteering work within NHS Lanarkshire underway; • Capacity building work undertaken at Little Haven.

4 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 NHS Lanarkshire in relation to Patient Focus and Public Involvement.

It should be noted that participants at the community event selected eight case studies for inclusion this report. The Scottish Health Council requested that NHS Lanarkshire reduce this to six to ensure compliance with the guidance for self-assessment reporting.

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26 May 2009