

INVOLVING PEOPLE – IMPROVING PEOPLE’S EXPERIENCES OF CARE

NHS Lothian Strategy 2009-2013

**DRAFT FOR CONSULTATION
01.04.09-11.05.09**

Contents

Executive Summary	3
1. Introduction	4
2. What is this document about?	4
3. Background	4
4. Why we are changing how we do things as an organisation?	4
5. What are we planning?	5
6. How we developed this draft	5
7. Involving you – what next?	6
8. Involving People – Creating more meaningful involvement	7
9. Improving People’s Experiences of Care	8
10. Our Staff	9
11. More Scrutiny	9
12. Getting the management right	10
13. Summary	10
Appendix 1 - Organisational Framework	11
Appendix 2 - Key References	12
Appendix 3 – Feedback and Contribution	
A draft outline action plan	

Throughout this document we have used the word ‘people’ as an inclusive term for all patients, carers, relatives, communities, special interest groups and members of the public.

Executive Summary

This is a new developing strategy which sets out five commitments to involve people in shaping NHS Lothian services.

It also sets out five commitments to improve people’s experiences of care.

[Would have been helpful to state here in summary what the 5 commitments are](#)

This used to be called the Patient Focus and Public Involvement agenda. We are now separating these two parts to deliver; people as partners in all we do and where patient experiences are used to improve the quality of our care. The Scottish Government call this creating a more mutual NHS where involvement of people is central to what we do.

We are seeking your views on the overall direction and contributions to the action plan.

1. Introduction

Involving People means involving you in how we plan and deliver health services. It means working in partnership with local authorities, the voluntary sector and other community groups when we plan our services and develop our policies.

How will the ordinary member of the public or the ordinary patient be represented? Local authorities, voluntary sector etc all have their own viewpoints and sometimes what the ordinary person needs or wants is not properly represented.

Public involvement is about working together to improve health services for the benefit of all. It is about us being able to show how your involvement has made a difference.

We felt this is really important. People need to be able to see that their views, and feedback have led to changes for the better. Otherwise the risk is that there will not be meaningful engagement.

Improving People’s Experience of Care is about making our services fit around people. This is called person centred care. It is about finding out how people feel about the physical and emotional aspects of services. This could be, for example, information to help people understand and be involved in their care, being treated with respect, and having clean wards etc. We have many ways to collect peoples care experiences and we will use these to continually improve our services. This too will involve patients, carers, relatives and people who use or come into contact with our services.

One of the most relevant groups will surely be to tap into the experiences of those who have had recent experience of being patients or carers etc.

2. What is this document about?

We are asking you to give us your views about our plans for the future. We are inviting you to make suggestions for our action plan and to have your say in how we plan and deliver services.

All health services in NHS Lothian and all the projects we fund will be expected to have local plans setting out how they will respond and deliver this action plan. We have Quality Improvement Teams across all parts of NHS Lothian who will lead improvements in the quality of people’s care.

Our aim is to involve more people in all we do and we want to use people’s experiences of their care to continually improve the quality of our services.

3. Background

NHS Lothian wants to continually improve how we involve the people of Lothian in all that it delivers. Our Patient Focus and Public Involvement (PFPI) action plan 2005 – 2008 now needs updated. Should be “updating”. We now need to reflect how we will respond to the Government’s objectives set out in Better Health, Better Care Action Plan (Scottish Government 2007). To see our current involvement groups for patients and the public view our website at: - <http://www.nhslothian.scot.nhs.uk/getinvolved/pfpi.asp>.

There is no functioning PPF for South Edinburgh nor has there been for 17 months

4. Why we are changing how we do things as an organisation?

NHS Lothian wants people to have a real say in how their health service is planned and delivered. We want to strengthen participation and partnership with patients and public to achieve this.

The ambition for NHS Lothian is:

- To be at the level of Scotland’s best
- To be in the world’s top 25 healthcare systems

One way we intend to do that is by:

- Improving the experience and outcomes for patients
- Delivering equity in access and health outcomes for the population

We want to give people a greater say in the design and delivery of health services, creating meaningful ways for engagement and involvement in decisions. We want to make a reality of partnership and mutuality where feedback and peoples’ experiences improve our services.

This has to be seen to be a true aspiration. For example, sending SW Edinburgh patients to St John’s is not what anyone we have spoken to wants – nor thinks is practical. The NHS has to be seen to be responsive to public requirements and not the other way around.

5. What are we planning?

We are setting out the key commitments for NHS Lothian for the next four years to engage with and learn from people. We will include as far as possible ways that people will be able to measure what we have achieved and evaluate our success.

We want people’s views and participation to influence decisions and improve health services.

Partnerships with people, groups, communities, networks, the voluntary sector, Local Authorities and other public sector organisations will continue to be crucial. As will reaching out to people who do not feel they belong or do not associate with formal groups.

We see this as an admirable, if difficult, aspiration.

6. How we developed this draft

Our starting point was to build on what we have already learned from our PFPI work, what people have asked for and what legislation, government and our partners set out as future plans. This was a starting point for a discussion document, Facing the Future: Involving People, Improving the Patient Experience (8 August-12 September 2008). Many meetings with patient and public representatives, the Scottish Health Council and groups

across our organisation helped shape this consultation document. We thank them for all their input, support and draft strategy guidance.

People have told us they want us to build on the PFPI work we already do. They also want to be involved at earlier stages in decision making on health services.

Our plans to date to:

- continue to improve how we INVOLVE people and
- continue to improve the EXPERIENCE for people who use our services

7. Involving you – what next?

NHS Lothian has set out 10 high level commitments to Involve People and Improve People’s Experience of Care (see paragraph 8). We have also started to draft an action plan to deliver the strategy. We are now asking:

- Are these the right commitments for NHS Lothian?
- Do you have suggestions to help us develop either a Lothian wide or more local action plan? **An initial draft is attached to guide your response.**
- Would you like to be involved in delivering or monitoring this strategy?
- Do you have other suggestions about priorities for action?

To have your say or if you would like to be involved please respond by 11 May 2009 to:

It is unfortunate that this consultation period was as short as 6 weeks. We appreciate there will have been discussion with others, but the fact remains that the general public have had only a short time to consider this. Other than on the NHS Lothian website, no-one in our group had come across it – including the Community Councillors.

Pat Dawson
Associate Nurse Director
(Strategic Development)
Lothian NHS Board
Deaconess House
148 Pleasance
Edinburgh
EH8 9RS
0131 536 9117

Sarah Sinclair
Head of PFPI
Lothian NHS Board
Deaconess House
148 Pleasance
Edinburgh
EH8 9RS
0131 536 9064

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM 11 MAY 2009
INVOLVING PEOPLE – IMPROVING PEOPLE’S EXPERIENCES OF CARE
NHS Lothian Strategy 2009-2013 - DRAFT FOR CONSULTATION

email: Pat Dawson – Pat.Dawson@nhslothian.scot.nhs.uk
Sarah Sinclair – Sarah.Sinclair@nhslothian.scot.nhs.uk

or contact Caroline McIlwaine - Caroline.McIlwaine@nhslothian.scot.nhs.uk
or 0131 536 9379 if you would like to invite Pat or Sarah to a meeting to
discuss further.

We will also undertake a review of this strategy for its impact on health
inequalities, diversity and equality.

8. Involving People – Creating more meaningful involvement

What we are going to do

1. DO MORE

We will expand and develop the ways in which we inform, engage and consult patients and public in all we do so we can demonstrate early and meaningful engagement which influences options and decisions. We will meet the Government’s Participation Standards (to be published in 2009) which will link the level and quality of participation into performance management frameworks. This will include a local ‘ownership report’.

2. BUILD MORE

We will build on what works using evidence and expertise; building from local neighbourhood level into our organisation at all levels. We will support and develop local leadership potential and skills in our communities and staff.

At local neighbourhood level, Community Councils represent the very grass roots. It would seem sensible to use the network of Community Councils to help gather information and expertise.

3. MORE WAYS

We will develop plans for people to engage with us about what parts of our health services they are interested in by becoming a member of NHS Lothian Involving People networks. This will help broaden the involvement of people in our Public Partnership Forums.

Throughout this document reference is made to Public Partnership Forums. We would appreciate it if the point is made that there is no opportunity for ordinary members of the public in south Edinburgh to be part of a PPF, and this situation has existed for 17 months. Nor has any information been posted on the website since last July.

4. MORE ACCOUNTABILITY AND OPENNESS IN HOW WE DO THINGS

We will put in place better systems to make sure patients and public get the assurance they need that we deliver public involvement to a high standard and meet our legal duties. We will work with the Scottish Health Council who monitor and report on how well we achieve our aims.

The public will have more confidence in this aspiration to have better systems if they know exactly what “better” means. What are the current baselines; how exactly is it proposed to involve people; how exactly will openness and accountability be demonstrated?

5. MORE INCLUSIVE

We will create new and different ways for people to work with us, for example:

➤ a new Faith and Belief forum

There was some scepticism about this initiative in our Group, but also recognition that it may plug some gaps in pastoral care. However, there was also the question about how those who hold different beliefs – such as humanists – would be catered for, and how the forum will adhere to the NHS policy of equality and diversity.

➤ a new voluntary organisation and volunteering group in Lothian

We await details of this group, and the Faith and Belief Forum, with interest.

➤ improve our engagement with seldom heard groups

➤ put in place development plans for our Public Partnership Forums

Since the original SEPPF was suspended there is not as yet, some **17 months** later any evidence **for the general public** that any concrete proposals or actions are coming from the new Co-ordinating Group.

➤ participate in more community planning and community engagement processes with partners. This will be set out in our Community Planning Framework.

We observed that there was some difficulty in understanding the term “community planning” which can mean different things to different people. We felt it would be helpful to explain the term and use it consistently throughout.

➤ help build more community capacity to participate in health improvement and help reduce health inequalities.

9. Improving People’s Experiences of Care

6. MORE PERSON CENTRED

We will build and rollout our work which focuses on, for example:

- compassionate and values based care
- safe care and reducing accidents
- modernising the charge nurse/ward sister role
- individual *people’s* needs being addressed

We have a number of innovative projects helping us to explore how to deliver truly Person Centred Care.

It would have been informative to know what these innovative projects are.

7. MORE MEASURES

We will use different ways to measure patient feedback (surveys, patient stories, compliment cards etc.) and improve what we do as a result. We will use a range of methods to capture and learn from the experiences of people who use our services. We will participate in the national Better Together Patient Experience Programme. Specifically we will implement a fast, frequent feedback form for all our patients to tell us about their care experiences.

We agree that the idea of fast frequent feedback is excellent, particularly if it covers both GPs and hospitals. And it may give some positive feedback too.

The Single Outcome Agreement with Local Authorities and our Community Health Partnerships will be delivered.

We were not entirely clear just how this fits with anything that patients/public can influence. Surely the function lies mainly with local authorities

8. MORE LEARNING AND LISTENING

We will improve:

- How we deal with complaints and suggestions and how we learn from the patient/carer experience
- Meeting the information needs of people, for example about their illness and treatment options
- The quality of our clinical documentation e.g. leaflets, letters, health records etc.

There was a plea from the group that the information should be Scottish (and therefore consistent) rather than drafted by each Health Board, and the only differences should be the contacts and phone numbers for each Health Board.

9. MORE RESPONSIVE

We will involve people, patients, relatives, carers and communities in the planning and assessment of health services to make sure they are responsive to people’s needs. We will ensure patient experience evidence drives improvement in services.

When involving communities, we would make a plea for Community Councils to be consulted.

10. MORE INFLUENCE

We will develop our patient and family councils and networks to better represent and influence on behalf of people who use our services. We will also involve people and communities in volunteering.

People might be more willing to volunteer if the Board reconsidered its blanket policy on vetting every volunteer. It depends on the nature of the volunteering whether a Disclosure Scotland certificate is required.

10. Our Staff

NHS Lothian employs over 28,000 staff. This document builds on NHS Lothian’s Human Resources and Organisational Development Strategy published in November 2008. Specifically it says our workforce will be built and developed on three fundamental foundations:

1. Living Values

- ✓ Doing what we say we will do
- ✓ Making explicit the behaviours and attitudes expected from all staff
- ✓ Providing leadership which is visible, accessible and involved
- ✓ Enhanced Health and Safety performance

We suggest that these values should be incorporated and measured in every annual staff appraisal – just as they are in the staff appraisals of other public servants.

2. Engaging Leadership

- ✓ Ensuring appropriate training is provided
- ✓ Growing internal capacity to modernise roles and ways of working to deliver 21st Century services to patients
- ✓ Developing and delivering a coaching plan

3. Delivering Quality

Without any doubt, we thought that “Delivering Quality” should be the No. 1 fundamental foundation

- ✓ Improving our processes to deliver better health and care
- ✓ Develop our workforce to deliver person centred and compassionate care
- ✓ Develop best value plans with key strategic partners in ‘Public Scotland’

The above strategy also goes on to say:

“ There will be a particular focus on gaining input from disadvantaged groups such as disabled people, people from ethnic minority communities, those of different religious beliefs, gender, age and sexual orientation, to create effective involvement and consultation structures..”

There was a view within our group that this can probably be best done through the disease specific groups. The Stroke MCN and the Diabetes MCN were both held up to be models of good practice.

This clearly means that our staff have an important role in both promoting person centred care and involving people in all we do.

11. More Scrutiny

The Government are setting two new targets; one for Involving People and one for Improving the Healthcare Experience. These are called HEAT (Health Efficiency Access Treatment) targets and will be used to measure our performance in meeting these objectives.

In 2010 a Participation Standard will be launched and monitored by the Scottish Government. This will set out what we have to achieve by involving people and our staff in what we do.

In 2009 a new HEAT target was created. This will use national surveys to produce evidence of patient satisfaction for our Board area.

As patients, public etc, we are hoping these will be published and available to all.
We will then be able to see how well we do against other Boards and by improving year on year.

The Board of NHS Lothian will receive reports on all this and will consider how best our committees work to ensure robust governance of this wide agenda.

12. Getting the management right

The attached diagram illustrates how we plan to manage and deliver our commitments. The groups will all have action plans to which the public have contributed, have membership and can influence. As we build the action plan we will include public feedback and contributions.

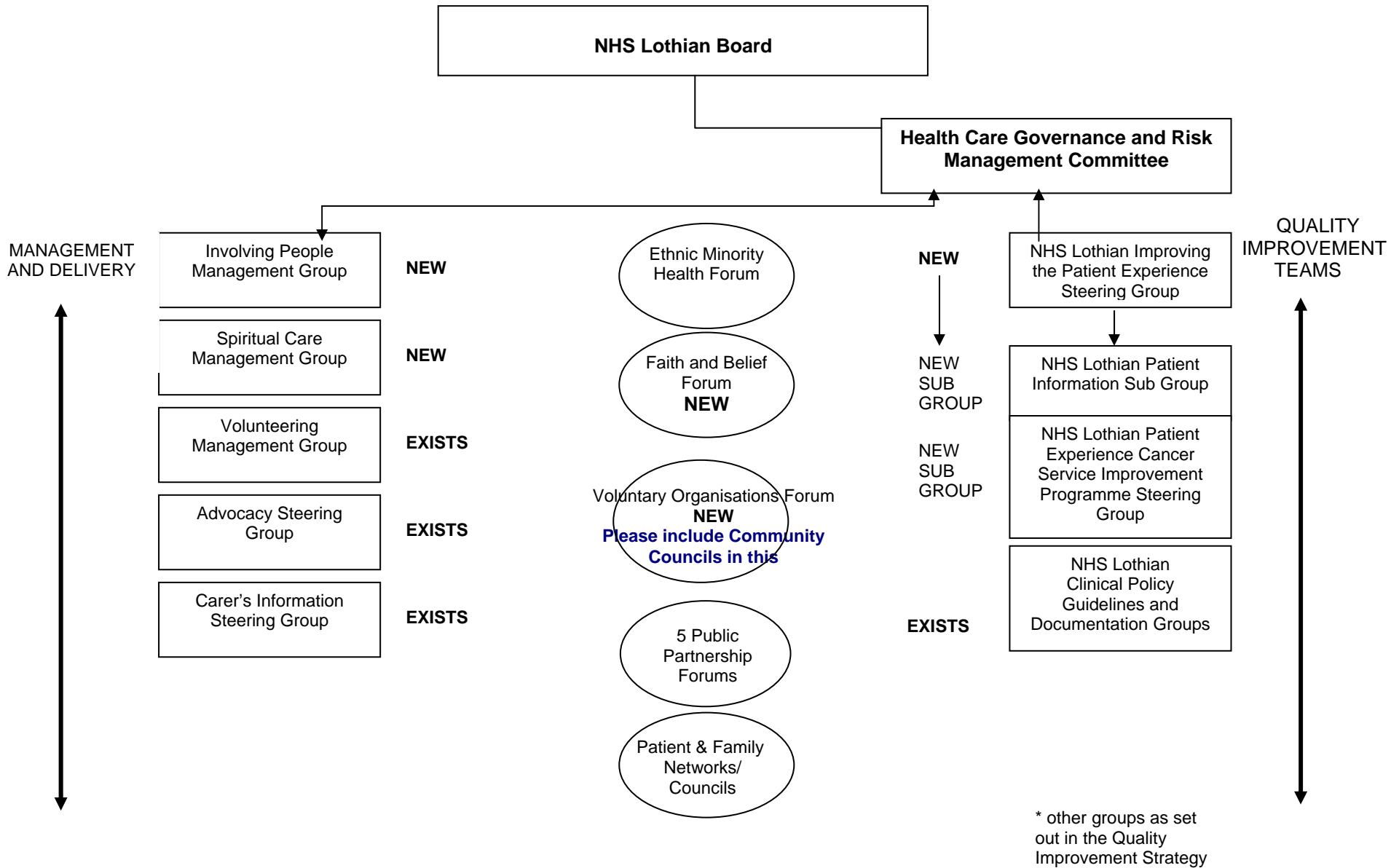
We already have in place robust management arrangement and Quality Improvement Teams throughout the organisation. These are the accountable routes for the delivery of this agenda. Much of the funding for this is currently in place, with internal solutions sought where growth is agreed.

13. Summary

The strategy sets out how we can meet our legal requirements and our ambitions to be a world class organisation. Putting people at the heart of all we do, listening and learning from them will help us continually improve the quality of our services.

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM 11 MAY 2009
INVOLVING PEOPLE – IMPROVING PEOPLE’S EXPERIENCES OF CARE
NHS Lothian Strategy 2009-2013 - Draft for Consultation

Organisational Framework



Scottish Government: www.scotland.gov.uk

Key Plans: Better Health, Better Care Action Plan (December 2007)
www.scotland.gov.uk/Topics/Health/Action-Plan
Better Together Patients Experience Programme
www.bettertogetherscotland.com
Scottish Patient Safety Programme
www.patientsafetyalliance.scot.nhs.uk/programme
Gaun Yersel – Self Management Strategy
www.ltcas.org.uk/index.php?id=47

Key Standards: Scottish Health Council
www.scottishhealthcouncil.org
NHS Quality Improvement Scotland Reviews
www.nhshealthquality.org.uk
National Standards for Community Engagement
www.scdc.org.uk/national-standards-community-engagement

NHS Lothian Strategies: www.nhslothian.scot.nhs
Local Delivery Plan (2008-9 and 2009-10)
Quality Improvement Strategy (July 2008)
Equality and Diversity Strategy (May 2007)
Carers Information Strategy (2008)
Communications Strategy (March 2008)
Human Resources Strategy (November 2008)

Action Plans: A Framework for Volunteering in NHS Lothian (2008)
Lothian Independent Advocacy Action Plan (2008-2011)
Spiritual Care Action Plan (February 2009)
Draft Framework Clinical Information for People who use our Services (Consultation February 2009)
Draft Community Planning Framework (March 2009)

For a copy of any NHS Lothian documents, please telephone or email the contacts on Page 3.

Staff: please see <http://intranet.lothian.scot.nhs.uk/nhslothian/>

Ongoing Scottish Government Consultations which will influence our plans:

- Scottish Parliament Health Boards (Membership and Elections) (Scotland) Bill
- Scottish Government Patient Rights: A Public Consultation on a Patients Rights Bill for users of the NHS in Scotland
- Participation Standard (due 2009) and Ownership Report (due 2009)
- Independent scrutiny and major service change (new guidance due 2009)
- NHS Charter of Mutual Rights
- National Health Information and Support Service (due May 2009)
- Self Care and Long Term Conditions Strategies
- Informing, Engaging, Consulting (new guidance due 2009)