



Patient Focus, Public Involvement

Annual Self-Assessment Report 2008/09

1 Summary

This report evidences the progress made by NHS Borders in respect of Patient Focus & Public Involvement (PFPI). The Public Governance Committee (PGC) and the Clinical Governance Committee provides oversight of this work both within NHS Borders and at regional and national levels. The Public Governance Committee is accountable to NHS Borders Board for all aspects of Public Involvement work and for the impact of this on improved patient services and redesign. The Clinical Governance Committee similarly has oversight of the Patient Safety and Patient Experience programmes and outcomes within NHS Borders.

Providing patients and the public with the opportunity to work alongside NHS Borders through public involvement is a critical element of service delivery and service redesign. The NHS Borders Schedule of Public Involvement, Engagement and Consultation lists ongoing involvement activity. Public consultation or engagement can result from national programme change, NHS Borders service change or redesign, or cross Borders/cross agency actions. Key and corporate outcomes are included in the report of the individual engagements and consultations and are discussed at the Public and Clinical Governance Committees, appropriate clinical boards and NHS Borders Board. Points and issues are forwarded to relevant services and departments. Feedback on process and outcomes is shared with individuals and groups who participated in the engagement and consultation processes.

The Public Involvement & Communications Team are a new team who support this work and provide the direct link with management and staff within NHS Borders.

During 2008/09 public consultations or engagement work co-ordinated or facilitated through the Public Involvement & Communications office numbered:

NHS Scotland National work	NHS Borders	Joint NHS Borders/Scottish Borders Council	Other involvement eg events	Total
10	15	5	2	32

These included dental services strategy, closure of branch surgeries in Yetholm & Morebattle and Oxtun, the Strategic Change Programme, Roxburgh Street Surgery redesign, redesign of respiratory clinics, and proposed Patients' Rights Bill consultation.

The Borders Public Partnership Forum (PPF) was established in 2007 and provides a public and community perspective on services jointly provided by Scottish Borders Council, NHS Borders and the Voluntary Sector, and requests evidence of the Scottish Borders Community Health Care Partnership (CHCP) decisions on commitment of resources and joint priorities. The Chair of PPF attends meetings of the CHCP as a full member.

A sub-group of the PPF has been established to act as the Public Reference Group for the NHS Borders Strategic Change Programme. The purpose of the Public

Reference Group is to ensure early engagement and involvement of patient and public representatives in this major change programme.

The NHS Borders Involving People Network (IPN) has a current membership of 16. IPN members continue to have direct and active involvement in supporting NHS Borders in taking forward the delivery and redesign of health care services. IPN members are involved with 25 programmes, projects and involvement opportunities including working on the following activities:

- Borders General Hospital Endoscopy project
- Lauder Community Health Centre development
- Borders Renal Service Review
- NQIS Assessments
- Interview Panel for new Public Involvement Manager
- Poynder View Community pilot project for older people with dementia
- Mental Health Integration project –joint service NHS Borders & Social Work

NHS Borders recognises that public involvement in the form of attending meetings is not the only method of public participation and therefore an infection control eGroup has been established. The eGroup will help the Infection Control Team to deliver a service suitable and useful to patients, visitors and staff, provide advice on leaflets to ensure they meet the needs of patients, visitors and the public, contribute to the Infection Control programme/study day, share their experiences with us and advise how these can be improved.

NHS Borders, along with other public services, is a key supporter of the Scottish Borders Volunteering Compact. The Compact outlines a number of collaborative actions across the public/voluntary axis to maximise alignment between NHS Borders (and other public services) with key voluntary groups and with users and carers.

In February 2008 the Scottish Government published the refreshed Strategy for Volunteering in the NHS (CEL 10 2008). The Strategy requires all NHS Boards to consider how best to recognise the important role played by volunteers, and to have a designated Lead Officer for volunteering and to achieve the *'Investing in Volunteers Award'* by 2011. NHS Borders is currently working towards implementing this guidance. In February 2009 CEL 8 (2009) Guidance on Reimbursement of "Out of Pocket Expenses" for Volunteers within NHS Scotland was published, the guidance in this CEL is being implemented by NHS Borders as from 1st April 2009.

2 Progress against actions for 2008/09 - During 2008/09 NHS Borders has taken the opportunity to be in direct dialogue with a number of key stakeholders. As part of this work, people and patients living within Borders have identified a number of issues, concerns and actions. Among the key points that patients and the public wish to be considered as part of ongoing case study work are, better access to GP services, improving health & well-being, allied health professional appointment systems and waiting times, the joint working between Health & Social Care services and infection control. NHS Borders has aligned the public views expressed through community engagement with the following case studies. The information was brought together at a community engagement event in May 2008 when members attending approved the case studies.

Case Study 1 – Lay involvement in quality reviews in Primary Care services - Three Lay Reviewers have been recruited and received training to allow them to take part in the Quality Outcomes Framework (QOF) practice review visits. Ten QOF GP Practice reviews took place in 2008/09 with Lay reviewers taking part in 8 (80% participation). Terms of Reference have been developed for QOF Lay Reviewers and the issues raised in the QOF reports are discussed within the Primary & Community Services Board. Lay Reviewers receive an information pack prior to the review visit to prepare them for the visit and are expected to ask questions during the review visit on issues such as availability of leaflets and the practice appointment system, and enquire about any good or bad points patients have identified. They also contribute to the drafting and approval of the QOF Review Report.

In addition NHS Borders Non Executive Directors can be involved in Patient Satisfaction Survey Meetings. In 2008 Non Executive Directors were asked by 14 Practices to take part in their Patient Satisfaction Survey meetings which represents an increase on the previous year.

Some common themes that were raised by practices during the survey meetings were; IT issues, Review of Nursing in the Community, Out of Hours and allied health professionals' (AHP) waiting times. The Primary & Community Services Board and appropriate managers were made aware of these.

Case Study 2 – Building public involvement through an eGroup for Infection Control - Supported by a grant from NHS Scotland Education Service (NES), NHS Borders has set up an 'e-public' reference group to work alongside the infection control team. This project is intended to improve information to and dialogue with members of the public to help take forward key strategies and action plans to manage the control of infection within hospital settings. This is an important contribution to meeting NHS Borders targets as set by the Scottish Government (HEAT target T.67.A) in 2008/09.

Eight volunteers were recruited with the support of Volunteer Centre Borders and agreed with the Infection Control Team. The volunteers have attended the NHS Borders Infection Control Training Course and the group is being used to review performance reports, commenting on content and layout. They have also been asked to advise on a range of Public Information leaflets. The group is also given the opportunity to meet to discuss work in progress and bring a public perspective to the work of the team. A dedicated website for this work has been developed with the

Knowledge Services Manager to enable e-group members to access NHS policies & information and return comments. A training session on using this facility took place in January this year.

Whilst NHS Borders performance compares well nationally on Infection Control compliance, the development of the 'e-group' has been slower than anticipated due to illness, vacancies and retirement in the Infection Control Team. This innovative vehicle of public involvement will be more closely supported by the Public Involvement & Communications Team and progress review will be provided to the Public Governance Committee, NES and to the Scottish Health Council as part of this case study.

Case Study 3 – Improved access and awareness of physical health needs of people with a Learning Disability - A new hand held health record for people with learning disabilities was launched across the Borders last year. This work was led by a Public Health Practitioner supported by service users and carers. The health record is in the form of a book and is kept by the person themselves. It is completed with the help of carers and professionals involved in supporting each person.

The book has been designed to be very practical and user friendly, with coloured symbols and pictures, and tab sections for finding information. The overall aims of the hand held health record for people with learning disabilities are to raise the profile of the importance of overall general health and give people with learning disabilities and their carers more ownership of their own health to support equal partnership working with the health service and others. The record helps improve the information given to health professionals when a person is using different parts of the health service which helps staff learn more about each person and about learning disabilities. It makes it easier for information to be shared appropriately, without people and carers having to repeat this information constantly.

At the public launch of this initiative the Chair of the Borders Learning Disability Board and a service user said:

"I am really glad that health issues for people with learning disabilities are being taken seriously at last and that this health record would be a good option for all people, not just people with disabilities".

Four locality launch events were held to give carers and professionals information about the hand held records. Additional events were planned for people with learning disabilities via day centres and care providers.

Case Study 4 – Reduction in Podiatry Waiting Times - This case study relates to an area of interest expressed by Public Partnership Forum members and is set within a wider interest in improving waiting times for a range of allied health professions' (AHP) assessment and treatment.

A podiatry service project on Alternative Pathway for Patients with Low Clinical Risk, aims to enable responsiveness to complex clinical needs and prioritise capacity to

cope with increased demand and clinical need and provide access across all age groups.

The project has included public representatives from the Primary & Community Services Board and is about to seek views on the work undertaken to date and to encourage comments in relation to the project recommendations, they are also keen to develop consistent referral procedures and documentation. One of the areas of work involves pre-referral leaflets that general practice can use to encourage self management and prevent any unnecessary referrals to the service or highlight when an appropriate referral to the podiatry service should be made.

Case Study 5 – Improved interface between Health & Social Care Community Care services - NHS Borders has worked closely with Scottish Borders Council who have been leading a work stream called the Intermediate Care and Rehabilitation Project. As part of this work, earlier this year an eight bedded wing of Waverley Residential Care Home was redesigned to provide a seven bed intermediate care resource. This new service was launched on the 26th May 2008 and is running as a twelve month pilot to explore the viability of such a service as a future model of service delivery.

There has been significant liaison between hospital services, nursing staff, social work staff, patients and carers to set up and provide and evaluate this service. The overall principles and philosophy of this pilot is to support older residents of the Scottish Borders to live in their own homes as long as possible. It aims to prevent unnecessary admission to hospital, facilitate hospital discharge and prevent premature admission to residential care. The initial indications of a comprehensive interim evaluation of the pilot so far are that it has achieved one or more of these aims for all clients, with the exception of one.

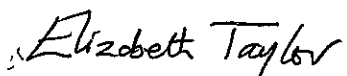
The interim evaluation includes analysis of referrals, dependency levels, and outcomes for clients. Client questionnaires providing qualitative feedback on their experience of their stay in Waverley contributed to the evaluation and analysis.

Case Study 6 – Public Reference Group for NHS Borders Strategic Change Programme - This group has been set up to support the development of the Integrated Health Strategy project within this overall strategic programme of review and redesign for NHS Borders. The group has met on several occasions over the last few months to discuss how services are currently funded, the financial picture ahead, the challenges facing health services due to population changes and different models of care. Core members of the group have also been involved in a range of events to provide a patient and public perspective.

The group has been supported by the Scottish Health Council locally and regionally who have also advised on good practice and process in informing and engaging patients and the public. The work of the group will be recorded through meeting notes and a reflective log to capture key themes and issues qualitatively. A significant success of the Group has been the adoption by NHS Borders Board of their recommendation for the title identity of “Your Health, Our Future” for a series of public information resources to be launched and distributed shortly.

3 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 Borders in relation to Patient Focus and Public Involvement.



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