

Lay Reviewers Conference 2004

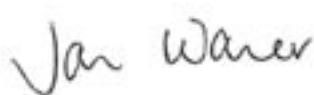
Completing the Quality Circle

Our response to your conference feedback

At the conference held in February this year, a considerable amount of feedback was generated. The conference report, which we distributed recently, gave a commitment to respond to the ideas, thoughts, comments and criticisms delegates made during the day.

We hope that this response provides some evidence of just how much importance NHS QIS attaches to sustaining a dialogue with lay reviewers. Some of the suggestions made at the conference are a welcome confirmation of where our own thinking has been taking us. Other ideas have caused us to pause and think. The benefit for us all is that by developing this open culture of exchanging ideas, we draw closer together in pursuit of our shared objective of improving the quality of health services in Scotland.

The 'Reviewer Network News' offers you the space to continue discussion on some of these issues, and the planned conference in 2005 could be used to convert some of the ideas into practical proposals for change.



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Those attending were asked to write their comments on a 'brick' to help us build up a picture of what works well and what should change to ensure that lay reviewers are involved and supported in the review process as effectively as possible.

Q A

There really needs to be contact with patients. Why can't patients who have undergone a procedure, contact a review team within a few months and be invited to a meeting with a team? The absence of any input from the user is a serious flaw.

NHS QIS agrees that the views of patients need to be built in to a permanent circle of quality checking. Work is in hand to pilot different methods that enable patients to provide direct input.

More training and information days; and good feedback about involvement.

A review of training needs and delivery is underway, and we are looking at the best way to ensure permanent two-way feedback.

All documentation should be sent out early.

Our own standard is to ensure that you get the self-assessment material at least 2 weeks prior to the dates for the visit.

The initial training is good, but what about ongoing training?

We agree and are looking at what, when and how often.

Use experienced reviewers in the ongoing training and mentoring.

We do this already and will retain it as a feature of adding ongoing training for reviewers.

Some lay reviewers would welcome an opportunity to be part of the work to involve patients, particularly very elderly people.

Agreed - this is just one example of the areas NHS QIS wants to see in expanding lay involvement in our work.



Involvement should be from the outset and not added in later.

Agreed – this will be an important principle in how we deliver the long-term objective of lay involvement across the range of what we do.

Support from the review team is appreciated. Informal feedback on performance is also very helpful but is this enough? How often do lay reviewers need to be involved in order to maintain their confidence/competence as a member of the team?

See earlier response on feedback.



Please use lay reviewers more frequently than 2 – 3 times per year.

This should be covered in expanding lay involvement across the complete range of what we do.

Regular updates or newsletters for lay reviewers would be welcome.

A start has been made on this – and lay reviewers will be encouraged to be partners in making sure content meets reader needs.

Spread the load of review visits more evenly amongst lay reviewers. Keep us involved – use us or lose us!

Accepted – see earlier responses on greater range of involvement.

A database for lay reviewers' work, experience, skills, particular areas of interest would be useful. Using the same reviewers to go back to do repeat reviews at the original places would seem logical – continuity and accurate assessment of improvements would then be easier.

We use a simple database to keep track of all lay reviewers and to build a profile in these kind of areas. It is currently under review to ensure our pool of reviewers reflects Scotland's diverse communities. The idea of repeat visits using the same reviewers is one for future debate, although good practice in assessing quality performance tends to lean in the opposite direction.

Having taken part in four visits, I appreciate that as the visits progress the format may change for the better. However, given the importance of our task, I feel the visits are rushed. More time should be given, perhaps over a 2-day period to enhance the review process.

The time allocated for a visit comes from the experience gained from initial pilot visits and has to balance the competing demands of allowing time for an adequate assessment against the need to avoid taking staff away from delivery of services. It will never be a perfect balance but we do welcome reminders to check the balance.

Experiences so far have been good. Team leader can make or break the participation of the lay reviewer. Pre-meetings the evening beforehand are very important. Getting the documents well in advance and knowing you can 'phone for help is useful. Feedback to lay reviewers would help to know if we have been a help/hindrance or 'just seen as having the public there'. Some lay reviewers have never had any feedback and did not know how they had performed – may be just a word on departure would be enough.

See earlier response on feedback.

I believe the review system works well in the way it involves lay reviewers. However, for people moving out into the wider NHS world, we could perhaps use a back-up system for support.

While agreeing in principle with this, without knowing what form of involvement people were undertaking in the 'wider world' we can't look at what resources need to be put in place [and by whom]. Perhaps the author of this thought could contact us with more details?

The finished reports must have the stamp of lay involvement. Bureaucratic blueprints tend to obscure or obliterate this. Lay reviewers should be able to pick out their contribution, or have it acknowledged.

Not sure about this, as the report represents the efforts of a team and the lay reviewer is an equal member of that team. Picking out the lay reviewer for specific mention would start to dilute the team ethos. That said, perhaps this is a big enough issue for lay reviewers to discuss at next year's conference ?



Lay reviewers were also asked to write their 'message in a bottle' about involving patients and the public in the work of NHS QIS and making sure that people in Scotland know about the work of NHS QIS and have opportunities to become involved.



Q
A

Use other networks, not only related to health, to involve people e.g. tenants' groups, community councils.

We constantly review and refresh how we make sure that there are many open doors through which potential lay reviewers from all communities can make contact.

Patient Councils are a very useful way of the public becoming involved with NHS QIS.

Our view on creating open doors into involvement with NHS QIS is that there should be a multiplicity of doors and that these must be located in such a way as to ensure that those who work with us reflect Scotland's diverse communities.

It is difficult to get younger age groups, older age groups and other groups involved but particular efforts should be made to involve people from all sections of Scottish society.

See earlier response on involving all communities.

Aim to use more media reporting, including TV, to raise awareness about NHS QIS.

Agreed – this is part of the target for colleagues in Communications who handle our media relations.

Use articles in voluntary organisation newsletters to raise awareness.

See response on use of media.

Involvement is good but are we making a difference?

Good comment/question – we are looking at this in the context of structured feedback and perhaps setting a standard to measure the quality of impact.

Work in partnership with the new Scottish Health Council and existing local health councils.

This is already being done, but if we can do more do let us know.

Could lay reviewers help spread the word about standards of care and treatment that people should expect?

A good question and one which would be best debated by lay reviewers themselves. Is this another subject for discussion at the next conference ?

Given that it is difficult for lay people to find time to participate, perhaps some type of questionnaire could be sent out to interested parties unable to participate personally.

Thoughtful idea and we will look at this and other indirect forms of lay people being able to be involved.

Patients and carers need to be encouraged to give feedback of their experiences more often.

The concept of regular surveys is currently being examined.

There should be some standards about the interpersonal skills of NHS staff. Just knowing that someone has been on a communication skills workshop is insufficient.

Agreed – this will form part of the overall review of NHS QIS staff training needs and may form part of future service standards across the NHS.

Please be very careful not to use too many lay reviewers from health councils. They are very much a body and therefore they have a label. The patients and public see them as professionals.

See earlier response on reflecting Scotland's diverse communities of people.

'Piggyback' NHS QIS roadshows onto other events or conferences involving the public, where there is already a good 'captive' audience.

An interesting idea and one which we shall encourage our Communications colleagues to develop.

Why not ask each lay reviewer to propose a friend or colleague who they think is suitable and would be interested to be involved with NHS QIS?

There is nothing wrong with reviewers doing this on their own initiative. All applicants will require to undergo the same screening and training. Our overall recruitment of people for lay involvement must ensure that we reflect the diverse community of Scotland's people, particularly those groups who are traditionally under-represented and/or difficult to reach.



We should promote NHS QIS as the 'people's champion' looking after the care and welfare of all aspects of health within the NHS.

An attractive aspiration and one which we think can be achieved by ensuring we create real partnership working by maximising lay involvement in all of our work.

We asked participants to tell us about the **strengths and weaknesses** of the conference.



Q
A

The presentations during the morning session were useful and informative on the whole. They explained recent and future plans clearly. More time for questions and discussion would have improved the learning from this session

Agreed – and this will be kept in mind for the next conference.

The feedback on the workshops in the afternoon was very positive although the opportunity to attend more than one during the day would have been welcome

Agreed – will be kept in mind for the next conference.

Meeting other lay reviewers and having the chance to exchange information and learn

Glad that objective was realised.

Feedback on the workshops was rather rushed, especially since each participant could only attend one workshop.

Agreed – the structure of the next conference will learn from this and other lessons.

The acoustics of the room and the use of microphones were poor

Noted – we will pay more attention to this at the next conference and issue advice and guidance to NHS QIS colleagues on this and other areas of staging inclusive and accessible meetings and events.

The conference emphasised the need for increased and ongoing public involvement but stopped short of specific ways of extending the involvement of lay reviewers

Agreed – this will form the ‘next wave’ of work within NHS QIS Public Involvement Unit and we will look to involve lay people in working with us on this.

We asked participants to tell us what could have been done differently. We received many great ideas and will use them to help future conferences.

More time for questions and discussion throughout the day.

Focus on specific areas of work and discuss how public involvement could be developed.

Practical sessions on analysing relevant documents – use of case studies

Opportunity to attend more than one workshop.

More activity in smaller groups would be appreciated with active participation

More time to 'catch up' with fellow delegates.

The morning session focused on giving/receiving information. The afternoon was not structured to maximise the exchange of information

And finally, other comments which were left with us at the end of a busy, challenging and stimulating day :

