

# 2004–2005 Learning Disabilities Review Programme

Involving people with learning disabilities, carers  
and supporters

Evaluation Report  
February 2006

---

Produced by Mike Martin Associates for NHS Quality Improvement Scotland

© NHS Quality Improvement Scotland 2006

First published February 2006

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

[www.nhshealthquality.org](http://www.nhshealthquality.org)

## **Contents**

<b>Introduction</b>	<b>1</b>
<b>Easy-read summary</b>	<b>3</b>
<b>1 Involving people with learning disabilities and carers</b>	<b>6</b>
<b>2 Evaluation by those who took part in visits</b>	<b>8</b>
<b>3 Discussion and recommendations</b>	<b>13</b>
<b>4 Appendices</b>	<b>17</b>
Appendix 1 People First (Scotland) Reviewer Workbook	
Appendix 2 References	



## Introduction

NHS Quality Improvement Scotland (NHS QIS) conducted visits to NHS Boards in Scotland between October 2004 and August 2005 to assess performance against the *Quality Indicators for Learning Disabilities*.

This report describes the approach taken to include people with learning disabilities and carers as members of the review teams. The techniques developed to support the engagement of people with learning disabilities and carers in all aspects of the process is also described and recommendations on how these can be further developed in the future.

The report draws significantly on consultation with people with learning disabilities and carers who were members of the review teams, other members of review teams and NHS QIS staff, to consider what has worked well and what could be improved. The conclusions drawn from this exercise will be influential, not only in informing future NHS QIS work, but also in the wider NHS commitment to patient and public involvement, and the growing commitment to involve users of services and their carers in evaluations across all public sector agencies. The *Quality Indicators for Learning Disabilities* reflect on how effectively this occurs at the level of planning and service delivery which further highlights the importance of this valuable exercise.

In addition, NHS QIS has demonstrated active pursuit of two of the principles emerging from the Scottish Executive document *The Same As You: A review of services for people with learning disabilities* (2000):

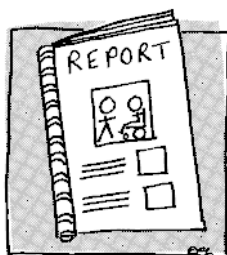
- People with learning disabilities should be valued. They should be asked and encouraged to contribute to the community they live in. They should not be picked on or treated differently from others.
- People with learning disabilities should be asked about the services they need and be involved in making choices about what they want.

NHS QIS has been fortunate in having developed relationships with two well-recognised and respected organisations to act as support agencies in providing people with learning disabilities and carer representatives as reviewers. Both PAMIS, as the carer body, and People First (Scotland), as the organisation that ensured the involvement of people with learning disabilities, have proved invaluable partners in the process. They have fully confirmed the early view that, in the same way all other reviewers are recruited via their employing agency, service users and carers should be sourced from organisations that understand their skills, needs and perspective.

PAMIS and People First (Scotland) have played a major role in developing the process, suggesting where amendment has been required, and ensuring their representatives maximised their contribution. PAMIS had been regular contributors to local meetings in the previous cycle of NHS QIS reviews, and People First (Scotland) representatives had made earlier contributions to the development of draft quality indicators, and so came with much relevant experience.

The scope of this report is to focus on the engagement of people with learning disabilities and carers as reviewers, and, whilst it touches on a number of other innovations, it does not seek to evaluate them, other than in their impact on people with learning disabilities and carers who were part of the review teams.

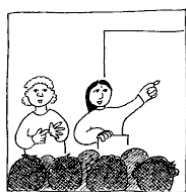
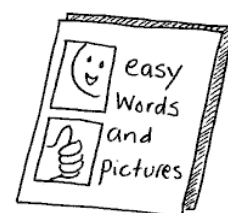
## Easy-read summary



This review programme was different from earlier types of review because it involved people with learning disabilities and carers. This report looks at the involvement of people with learning disabilities and carers in the review visits.

NHS QIS asked PAMIS and People First (Scotland) to help them find, train and support their representatives to take part in review visits. PAMIS and People First (Scotland) have been involved with NHS QIS for some time, and are experts in working with people with learning disabilities and carers.

People with learning disabilities and carers on review visits did about the same as the other reviewers. They had their own sub-team, which looked at the quality indicators that were of special interest to them. This included involvement in planning, advocacy and the quality of accommodation. They also gave their views on other parts of the visit programme, and discussed results with the other sub-teams.

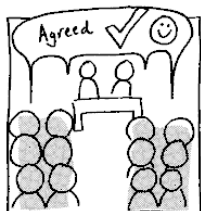


PAMIS representatives took part in the same training sessions as other reviewers, and People First (Scotland) had their own training day. This let them think more about the things they would be doing, and read the workbook that People First (Scotland)

supporters had produced to help them.

Before going on a visit, PAMIS and People First (Scotland) representatives went through the evidence and self-assessment material sent in by the NHS Board. This let them think about the questions they might want to ask when they were doing the review visit.

On the review visit the PAMIS and People First (Scotland) representatives did the same as the other reviewers, although the visit programme for the representatives from People First (Scotland) didn't have quite so many things in it. This gave them more time to get ready for each session, and to write up their notes. When teams got together to talk about the visit, People First (Scotland) members sometimes made their contribution first, and then left while the other team members talked about what they had found. Everyone took part in the final session when it was decided how well the NHS Board was doing against the quality indicators.

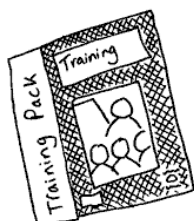


After the review visits, PAMIS and People First (Scotland) representatives and supporters went to workshops. At these workshops they talked about how well the visits had gone, and wrote down things that were good and things that could have been better.

They also filled in questionnaires, and so did the people who led the NHS QIS teams and the NHS QIS staff.

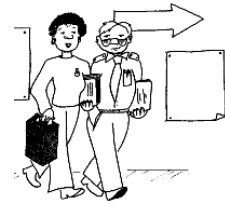
The main recommendations which came from the workshops were:

- Keep using organisations like PAMIS and People First (Scotland) to give help to people with learning disabilities and carers taking part in visits.
- Think about having two people with learning disabilities and carers on each visit to share the work and allow people to look at more things.

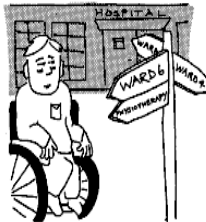


- Develop a group of PAMIS and People First (Scotland) reviewers who could take part in several reviews. This is because it gets easier to do when you have done more than one review visit.
- PAMIS and People First (Scotland) representatives should be involved in training other reviewers. People First (Scotland) would like to develop their own CD Rom material to help their representatives with refresher training to remind them what the review visits are like.

- NHS Boards should be given evidence that shows good practice in the areas that service users and carers evaluated.



- PAMIS and People First (Scotland) should help to write guidelines for NHS Boards on ways to involve people with learning disabilities and carers. This would help when they plan the NHS QIS review visits and meetings.



- PAMIS and People First (Scotland) should develop questions to use if the visit programme changes at the last minute, as this might mean that representatives go to different places or meet different people from those expected.

- Where possible, someone should be there to take notes for the sessions with PAMIS and People First (Scotland) representatives. Also, PAMIS and People First (Scotland) should make a form to help their members to note the main points.



- In team feedback and final evaluation meetings, PAMIS and People First (Scotland) representatives should have the chance to feedback first.



## **1 Involving people with learning disabilities and carers**

### **Background**

NHS QIS decided to employ a consultant to support the representatives from PAMIS and People First (Scotland). Both PAMIS and People First (Scotland) were familiar with NHS QIS and had made contributions to earlier stages of learning disability work. The consultant was a NHS QIS reviewer, who had been involved in development of the *Quality Indicators for Learning Disabilities*, and had worked with People First (Scotland).

People First (Scotland) had a well-established system of supporting their representatives in preparing for and engaging in meetings, and were able to adapt this for the NHS QIS programme. All People First (Scotland) representatives were assisted by supporters from People First (Scotland) throughout the process. PAMIS provided support to their representatives through group preparation and review meetings, and through pre-visit involvement of PAMIS staff to assist with direct preparatory reading of evidence.

Two pilot visits were arranged to NHS Greater Glasgow and NHS Dumfries & Galloway in May and June 2004, respectively. Following these visits, some minor amendments were made to the template visit programme, although few related to the involvement of people with learning disabilities and carers.

### **Involvement**

People with learning disabilities and carers were involved in all review team activities. This included a series of meetings with stakeholders, visits to services, and consideration of the evidence and self-assessment documents provided by the NHS Board. People with learning disabilities and carers were fully involved in the series of team meetings that took place before and during the review visit, and in evaluating and developing feedback at the end of the visit.

People with learning disabilities and carers attended fewer sessions during the visit than other team members. Team meetings were organised to allow people with learning disabilities to contribute early in the process, so that they could have a break if required.

### **Training**

All reviewers received a one-day training session. The training focused on explaining the style of visit, introducing reviewers to the format of the evidence and the *Quality Indicators for Learning Disabilities*, providing examples of questions to ask during meetings with stakeholders, and evaluating how well the *Quality Indicators for Learning Disabilities* had been met.

A separate programme of training was arranged for People First (Scotland) representatives, which recognised the specific tool for evaluating evidence and preparing for meetings and review visits, which People First (Scotland) had developed.

## Preparation

Preparation for the visit varied slightly for people with learning disabilities and carers from other reviewers. While the package of self-assessment and evidence documents was sent out to all reviewers at the same time, it was recognised that people with learning disabilities and carers needed more time and support to prepare.

Typically people with learning disabilities spent 1–2 days going through evidence and self-assessment documents with a supporter from People First (Scotland), setting this in context of the visit programme, and developing a list of questions and/or areas for exploration.

People First (Scotland) supporters prepared a workbook as a tool for guiding their representatives through the process. This provided a framework based on the key points from the *Quality Indicators for Learning Disabilities* against which the evidence and visit programme was developed into questions for the review visit (see Appendix 1).

Within PAMIS, a staff member pre-read the self-assessment and evidence documents to identify the most important points in relation to the *Quality Indicators for Learning Disabilities* and the visit programme. Carers then decided to what extent they wished to read more widely across the evidence sources. In most cases, the PAMIS staff member and reviewer met prior to the visit to go through this, and prepared questions for the meetings with stakeholders.

## Sub-teams

Visits involved several types of sessions where sub-teams worked on their own or came together preparing for the meetings with stakeholders. Sub-teams were also involved in comparing experiences after the meetings, amending questions, reviewing overall findings, developing a consensus on scoring, and preparing feedback to the NHS Board.

People with learning disabilities and carers were allocated to a sub-team which focused particularly on the *Quality Indicators for Learning Disabilities* examining 'Involvement of children and adults with learning disabilities and their family carers through self-representation and independent advocacy' (Quality Indicator 1) and 'Inpatient services – daily life' (Quality Indicator 5). All sub-teams were led by a sub-team leader who was usually an experienced NHS QIS reviewer.

All sub-teams were flexible and happy to cross quality indicator boundaries in pursuing points for each other, if particular opportunities arose. In general people with learning disabilities stuck more closely to examination of their allocated quality indicator. They were, however, welcome to contribute to wider discussions.

Last minute changes to visit programmes, and sessions where the expected people did not arrive, presented a particular challenge to people with learning disabilities. Efforts were made to limit this as far as possible.

## **2 Evaluation by those who took part in visits**

Evaluation was carried out by consulting separately with PAMIS representatives and staff, People First (Scotland) representatives and supporters, review team leaders, sub-team leaders and NHS QIS staff. Questionnaires designed to examine responses to all parts of the programme, including understanding the written evidence, meeting the review team, carrying out the visit, evaluating the NHS Board, commenting on the draft report, and looking at arrangements for travel, food and accommodation, were circulated to all parties. Workshops were then held with PAMIS representatives and staff, and People First (Scotland) representatives and supporters to discuss the responses to the questionnaires. Responses to the other questionnaires were evaluated as a paper exercise.

The response of PAMIS and People First (Scotland) representatives to key parts of the programme is presented below in a combined form. There was general agreement on the majority of points, however, where there were points particular to an organisation, these are indicated. Views of other reviewers are provided separately in 2.7.

### **2.1 Training**

- Taking part in a visit provided the best training. Those who were involved in more than one visit felt that their confidence grew as they became more familiar with the process.
- A single day of training at the beginning of a year-long programme was not felt effective. Some people received training a number of months before taking part in a visit. A training session immediately before a visit, or attending more than one session would be preferable.
- Both PAMIS and People First (Scotland) representatives would have liked to have had direct input to training sessions to allow them to talk about their perspectives, and what they felt they could contribute to the process.
- People First (Scotland) representatives used the sessions before a visit that focused on the evidence and related to the visit programme, as a reminder of what they had done in training.
- Consideration should be given to developing the training pack as a CD Rom to support individuals or groups as a back-up to more formal training sessions.
- The potential for new reviewers having the opportunity to 'observe' a visit should be considered.
- Role playing exercises were seen as providing a more realistic and enjoyable way of developing and testing out interview skills.

### **2.2 Preparation for the visit**

- Receiving the evidence and self-assessment material as early as possible is very helpful. Some people would like to receive it about a month before the visit.
- People First (Scotland) representatives and supporters needed to book out 2–3 days in the week before a visit to make sure that the evidence was fresh

in their minds. Most PAMIS representatives felt a similar amount of reading time was required.

- Too much evidence was sometimes provided, not all of which was relevant, whilst at the same time some key documents were not submitted.
- Project officers were praised for their ability to source additional or missing material quickly.
- Both organisations suggested that suitably anonymised ‘mock’ evidence items could be used to assist NHS Boards in their preparation.
- The visit programme for each NHS Board should be made available in good time before the visit, in order that reviewers know where they are going and who they will meet. This allows them to prepare questions appropriate to the circumstances.

### **2.3 The visit – meeting people and visiting services**

- Representatives from both organisations had mixed experiences in relation to whether they met the right people, and how well prepared they were to tell them about their experiences.
- Both PAMIS and People First (Scotland) representatives felt that their respective organisations could produce sound guidance for NHS Boards on how to go about involving people with learning disabilities and carers in the meetings they set up for the review visit.
- The timing of meetings can be highly critical for both service users and carers, and it was felt that this might have explained why some sessions were poorly attended. NHS Boards should consult locally on what are the optimum times for sessions with people with learning disabilities and carers. If meetings could be designed to run into informal sandwich lunch sessions this might provide more time, and create a different atmosphere for discussion.
- It is important that NHS Boards identify appropriate agencies to support attendance, to make it clear what the purpose of the exercise is, and to suggest that those taking part in meeting with reviewers should be encouraged to prepare.
- Some meetings with people with learning disabilities and carers were too short to cover the items they had to discuss.
- Some people with learning disabilities and carers felt that the visit programme was very ‘hospital’ based, with little opportunity to see people in other settings. (This was however recognised as a variable component, but one perhaps to be avoided.)
- People with learning disabilities and carers, in particular carers, felt that they could have contributed to other areas of the visit, and would have liked to join other sub-teams to look at other quality indicators.
- Note-taking was seen as very important, and something that was often difficult to manage in the context of a meeting. Consideration should be given to providing a scribe. In meetings where NHS QIS project officers took on this role, things seemed to run more smoothly.

- Everyone commented on how tiring they found the experience, and wondered whether there would be any merit in people with learning disabilities and carers being paired. While mindful of the expense involved, they felt that it would allow them to cover more ground, and at the same time might reduce some of the pressure.
- Both people with learning disabilities and carers who were involved in more than one review visit found that the second or subsequent visit was significantly easier than the first. It would be beneficial to develop a panel of experienced reviewers who could be drawn on for additional reviews.

#### **2.4 The visit – working with other team members**

- Early contact with the sub-team leader was appreciated by both people with learning disabilities and carers, though it was not felt to be essential.
- The opportunity to meet together as a team the night before the visit started was felt to work particularly well. It allowed the sub-team to get to know each other and provided additional time for checking up on evidence.
- PAMIS and People First (Scotland) representatives would both appreciate the opportunity to be involved in training of team and sub-team leaders for future reviews.
- Feedback sessions were experienced by all as fairly tough, although in general seemed to have worked well. Some People First (Scotland) representatives may prefer that they brief their supporter to do these sessions on their behalf.
- Where PAMIS or People First (Scotland) representatives are involved in feeding back it is usually best that they have the opportunity to speak first, this allows them to prepare and deliver a point, rather than having to do so in the middle of a discussion.
- The final evaluation and grading session was experienced by all as a very pressured and difficult session. While most felt that it worked out well, some members from both organisations were concerned that justice was not done to the subject, and consensus arrived at too quickly.
- PAMIS and People First (Scotland) representatives involved in providing feedback to the NHS Board on strengths and areas for improvement felt that it had been important that they were seen to be active contributors.

#### **2.5 Hotel, travel and reimbursement arrangements**

- In general, these were considered by all to have been well managed, and the efforts of NHS QIS staff to make the experience positive were applauded.

#### **2.6 Draft reports**

- It was felt that it would have been helpful to have as much advance notice as possible on the expected date of a draft report, so that people could set time aside in diaries to meet and prepare comment.

## **2.7 Feedback from team leaders, sub-team leaders and NHS QIS project officers working with people with learning disabilities and carers**

- In general, people reported that they found both people with learning disabilities and carers were very well prepared, although there was some variability. The pre-work in scheduling questions by People First (Scotland) supporters provided an excellent basis from which to plan who was going to ask what during the review visit, and this proved helpful to the whole sub-team. One team leader commented that the level of preparation 'put some other reviewers to shame'. In a few cases it was necessary to spend some time putting aspects of the evidence into context for people with learning disabilities and carers.
- NHS QIS project officers did not identify any additional pressures or tasks in relation to preparation for the visits, beyond what they would be doing for other reviewers.
- Integration of people with learning disabilities and carers with other team members seemed to have worked very well at both task related and social levels. There may have been some isolation by individuals unfamiliar with working in teams, but this was not seen as typical.
- The positive impact on professionals who were having a rare opportunity to work alongside people with learning disabilities and carers was commented on by more than one respondent.
- The roles of team leader and sub-team leader in setting the tone of the whole visit, and in modelling the approach to involving and engaging with people with learning disabilities and carers, was seen as very important.
- There was some anxiety about challenging people with learning disabilities and carers where other team members disagreed with points. It was suggested that this could form a useful focus for everyone in training. It was felt that in the spirit of the process, the views of the whole team are and should be valued, but that it is wrong to hold back from disagreement if that is warranted.
- There is a concern that for some people sustaining effort over several days may be a significant challenge, and there were occasional incidents where people with learning disabilities or carers were clearly upset at something they had observed. However, these instances were seen as reasonable areas for the team to support and were not unique to people with learning disabilities and carers.
- Sub-team leaders in particular needed at times to take control of and manage situations which could otherwise have been problematic (eg when very large numbers of people arrived for a meeting, which then needed to be broken down into more manageable groups; or where a meeting was proving particularly fruitful and needed to be extended at the expense of being able to join another session). It was noted that some individuals could manage to adapt quickly and easily, whilst others were very anxious if the pattern they had anticipated was not followed. People First (Scotland) supporters were used to having to work with representatives in such circumstances, but not to the extent of having to take control of, or manage, meetings. Where future meetings are likely to prove challenging in this way,

it is important that the representative and supporter are not left to manage this on their own.

- Concern was raised over a reviewer, who was very able to manage meetings and put questions to people, but seemed to struggle to link this to an understanding of the written evidence. It is suggested that for future visits where individuals have particular gaps in their strengths, it might be sensible for two People First (Scotland) representatives to be involved (this happened at a later Joint Inspection visit, involving NHS QIS and the Social Work Inspection Agency).
- Feedback sessions seem to have gone well from the team leader and sub-team leader perspectives; it was acknowledged that time needed to be set aside to pull thoughts together, and that it was sensible to ask the people with learning disabilities and carers to input their views first. Sub-team leaders found this worked best if they took a strong line in focusing on the *Quality Indicators for Learning Disabilities*, steering people towards the main issues.

### 3 Discussion and recommendations

Overall, the process of including people with learning disabilities and carers as team members worked very well and other team members commented favourably on their involvement. People with learning disabilities and carers indicated their enthusiasm for, and enjoyment of, the process. There is clear evidence of the general effectiveness of the process through the quality of the reports following the visits. People with learning disabilities and carers have taken lead responsibility for evaluating one area of the *Quality Indicators for Learning Disabilities*, and have played a major role in another area. Their contribution to the process has been considerable.

Key to the whole process has been the engagement of PAMIS and People First (Scotland), to identify, develop and support their representatives. The expertise of these organisations has ensured that needs and circumstances have been identified and provided for largely in advance.

#### **Recommendation**

- NHS QIS continues to use specialist organisations, such as PAMIS and People First (Scotland) to recruit and support appropriate reviewers from their area of interest.

Although people with learning disabilities and carers found the review visits tiring, they were, however, concerned at times that they had not seen as much of or met as many people as they would have liked, due to time constraints. Carers in particular felt that given the opportunity they could have contributed effectively to the review of other indicators. A second person with a learning disability and carer would have allowed them to participate in further meetings and activities.

#### **Recommendation**

- NHS QIS considers recruiting two people with learning disabilities and carers for each visit.

Both PAMIS and People First (Scotland) representatives, taking part in more than one review, reported that they found second or subsequent reviews much easier than the first. The development of a pool of specialist reviewers who have gained expertise and confidence over time would be beneficial to NHS QIS.

**Recommendation**

- NHS QIS develops a pool of experienced people with learning disabilities and carers who can be called on periodically to take part in review visits.

People with learning disabilities and carers could be involved in the wider training of all reviewers, supporting an understanding of their role and contribution. In addition, People First (Scotland) would like to develop materials on CD Rom that they could use for their own training sessions and for less formal visit preparation for their representatives. PAMIS representatives felt that it would be helpful if they could take part in more than one of the training sessions, particularly if there is a significant gap between a training session and a visit.

**Recommendations**

- PAMIS and People First (Scotland) are involved in training sessions for all reviewers.
- People First (Scotland) develop training materials on a CD Rom.
- PAMIS representatives have the opportunity to take part in more than one training session.

A number of NHS Boards would have benefited from support in submitting evidence and inviting suitable people to the review visit in relation to their engagement with people with learning disabilities and carers. PAMIS and People First (Scotland) have the expertise to support NHS Boards in the involvement of people with learning disabilities and carers to contribute to the process.

**Recommendation**

- PAMIS and People First (Scotland) further develop and refine tools and approaches to assist NHS Boards in supporting greater engagement with local people with learning disabilities and carers.

Late changes to visit programmes, where reviewers meet with different people from those they had prepared for, create particular difficulties for people with learning disabilities and carers. People with learning disabilities and carers felt that they would have benefited from having a prepared series of questions, which could be applied or modified to suit unexpected circumstances.

#### **Recommendations**

- NHS QIS sends final visit programmes with the evidence files, allowing reviewers to consider the paperwork alongside an indication of who they will be meeting.
- PAMIS and People First (Scotland) develop a series of questions that could be drawn on in preparation for future visits.

Note-taking proved problematic for some groups. It was difficult to sustain the multiple activities of meeting people, visiting sites and keeping accurate records. While NHS QIS project officers assisted as scribes where possible, they were not always available if supporting other activities. Although provision of a scribe would be helpful, consideration should also be given to developing a format that could be used as a prompt for recording key points during or immediately after meetings.

#### **Recommendation**

- PAMIS and People First (Scotland) develop a format for recording notes during or immediately after meetings.

Over the course of the review programme, most teams developed the practice of ensuring that People First (Scotland) representatives made their contribution to feedback meetings at the start of the meeting. It would be useful to standardise this practice for the future. This allows them to establish their view for consideration and discussion by others, where it can prove difficult for People First (Scotland) representatives, in particular to adapt their points to input to others discussion. It also allows People First (Scotland) representatives to leave the sessions earlier if required.

#### **Recommendation**

- NHS QIS adopts, as standard practice in feedback meetings, people with learning disabilities and carers making their contribution at the start of the meeting.



## 4 Appendices

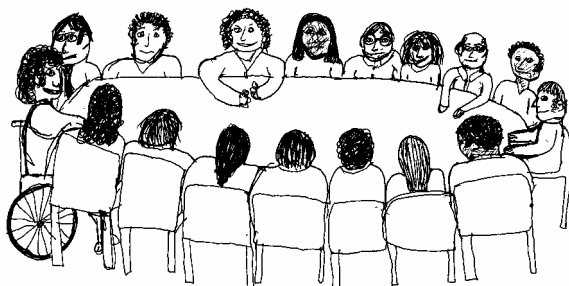
## Appendix 1

### People First (Scotland) Reviewer Workbook

The following is an extract from the reviewer workbook developed by People First (Scotland) to support their representatives in preparing for a visit. The template worked well in providing an approach for all visits, and could be supplemented to suit local circumstances or issues

### Questions for service users during meetings/visits

Q1 1 (Involvement through self-representation and independent advocacy)



1.1.2 (b) What support is available for helping people to get involved in planning groups?

Do you know anyone who is on planning groups?

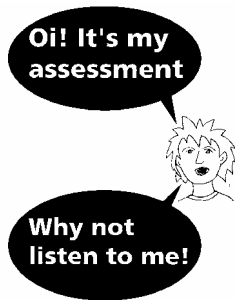
Tell us about the planning groups.



1.1.4 (b) What local groups are involved in planning?

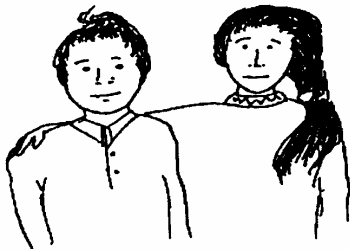
## More questions for service users during meetings/visits

1.2.2 Do you have a care plan?



Do you get a say in your care plan?

1.5.3 (a) Have you heard of advocacy?



Do you have an advocate?

If yes >  
is your experience of advocacy good?

1.6.2 Do you get the chance to see your advocate in private?

Compiled by People First (Scotland) Ltd 2004

## Appendix 2: References

NHS Quality Improvement Scotland (NHS QIS). 2004. *Learning Disability Quality Indicators*. Edinburgh: NHS QIS.  
[www.nhshealthquality.org/nhsqis/files/Learning%20Disability%20Quality%20Indicators.pdf](http://www.nhshealthquality.org/nhsqis/files/Learning%20Disability%20Quality%20Indicators.pdf) [full document] url cited 22/12/05.

Scottish Executive: Working Group - Review of Services for People with a Learning Disability. *The Same as You? A Review of Services for People with Learning Disabilities*. Edinburgh: Scottish Executive (May 2000).  
[www.scotland.gov.uk/ldsr/docs/tsay-00.asp](http://www.scotland.gov.uk/ldsr/docs/tsay-00.asp) [full document] url cited 19/12/03.



You can read and download this document from our website.  
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

## **NHS Quality Improvement Scotland**

Edinburgh Office  
Elliott House  
8-10 Hillside Crescent  
Edinburgh EH7 5EA

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow G1 2NP

Phone: 0131 623 4300  
Textphone: 0131 623 4383

Phone: 0141 225 6999  
Textphone: 0141 241 6316

Email: [comments@nhshealthquality.org](mailto:comments@nhshealthquality.org)  
Website: [www.nhshealthquality.org](http://www.nhshealthquality.org)