



## **‘Refreshing the NHS QIS patient and public partnership - a reform agenda’**

A report on comments received and changes made as a result of consultation

December 2005

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## 1 Acknowledgements

NHS Quality Improvement Scotland (NHS QIS) is grateful to all those who took the time to respond to 'Refreshing the NHS QIS patient and public partnership – a reform agenda'. The views expressed by lay reviewers who participated in the six regional consultation meetings and the wide range of written comments received, have been carefully considered and will influence our planned changes to the way in which NHS QIS works in partnership with lay reviewers. This report aims to provide an accurate description of the range of views, comments and suggestions that were made by all who participated in the consultation between May and September 2005.

## 2 Background

'Refreshing the NHS QIS patient and public partnership – a reform agenda' was circulated as a draft for consultation following its launch at the NHS QIS Lay Reviewer Conference on 25 May 2005. The closing date for comments was 9 September 2005. A list of all those who were consulted is included in Appendix 1. A list of those who responded to the consultation document is included in Appendix 2.

The draft 'Refreshing the NHS QIS patient and public partnership – a reform agenda' set out the changes that NHS QIS proposes to make to the way in which we involve and support lay people as partners in our work. The need to make changes has come about because of significant changes within NHS QIS and in NHSScotland as a whole. The ways in which lay people are recruited, trained and supported have not changed to keep pace with the broader range of roles and activities that our lay reviewers are now involved in.

The draft document:

- explained the background and the need for changes to be made
- described NHS QIS' current practice in:
  - recruitment
  - training
  - support
  - deployment
  - monitoring of performance
  - providing feedback on performance
  - opportunities for ongoing training and development
  - the agreement between NHS QIS and lay reviewers, and
  - promoting equality and encouraging diversity.
- set out the changes proposed to:
  - what we call lay people working with NHS QIS in the future
  - recruitment
  - the training programme
  - support provided to meet individual needs
  - the methods used to select lay reviewers for particular tasks
  - enable assessment of performance and feedback to lay reviewers

- ensure links between performance assessment and ongoing personal development opportunities
- introduce a more formal agreement between NHS QIS and lay people who work with us, and
- respond to the need to promote equality and encourage diversity with those who work with us.

### **3 The Consultation Process**

Those consulted were asked to comment on all aspects of the draft document.

A series of 6 consultation meetings were held in Dundee, Edinburgh (two meetings), Glasgow (two meetings) and Inverness to which all lay reviewers were invited to attend to discuss the proposed changes with other lay reviewers, in small groups.

As a part of the consultation process on the proposed changes, lay reviewers were asked to contribute their views on three specific areas covered in the consultation paper. Views were sought via ballots and workshops held at the Lay Reviewer Conference in May 2005:

- a ballot on a name change
- a ballot on payment of lay reviewers
- the development of a performance assessment and feedback system for lay reviewers (Workshop 4 - Who Reviews the Reviewer?)

An outcome of the workshop 'Who Reviews the Reviewer' was a simple draft feedback form developed by workshop participants. This was circulated for comment to all lay reviewers following the Conference, in parallel with the consultation paper.

### **4 Summary of consultation responses**

Twenty five lay reviewers provided an individual response and 63 lay reviewers attended one of the six consultation meetings, contributing to group feedback.

Eleven organisations responded. 3 responses were received from units within NHS QIS.

In general, comments related to:

- overall support for changes to be made to bring about improvements to the ways in which we work with lay reviewers
- the tone of the paper which was perceived to be negative and did not adequately recognise the extent of public involvement in the work of NHS QIS to date
- a lack of focus on the key principle of improving and developing public involvement
- the focus on recruiting, training, supporting and deploying volunteer lay reviewers rather than on public involvement more broadly, and

- the use of jargon and 'management speak' throughout the consultation paper.

A detailed report of the comments received and how they have helped to influence the proposed changes, is set out in the next section of this report. The comments received are reported under the headings used in the consultation paper. The majority of comments received endorsed the proposed changes. Only those comments and suggestions which were opposed to or suggested alteration of the proposed changes have been included in the report.

Copies of this report will be circulated to all those listed in Appendix 1 and will be made available on our website.

## **5 Comments received and changes made**

### **5.1 Role**

This section highlighted that the term 'lay reviewer' was no longer fit for purpose given that a substantial body of work is done outwith the review function of NHS QIS. This view was backed up by a ballot of lay reviewers at the May 2005 Conference.

Whilst there was support to find a name that describes the wider role and range of activities undertaken by lay reviewers, it was suggested that there is a need to maintain a focus on the distinct role of those taking part in the review process.

Our conclusions on a name change are that:

- ⇒ the name of lay reviewer will be changed in order to reflect the partnership between NHS QIS and those lay people who work with us on an ongoing basis. All current lay reviewers have been asked to vote on a new name from a choice of two, and staff and other stakeholders have been invited to take part in an opinion poll, and
- ⇒ the NHS QIS Board Working Group will consider the results of the ballot and opinion polls, and will make a final decision on a new name.

### **5.2 Recruitment**

This section stated that the current methods used to recruit lay reviewers did not effectively recognise and accommodate the needs and circumstances of the wide range of communities in Scotland, or the range of different opportunities there are to be involved in our work.

As part of the work required to achieve a broad diversity of lay reviewers in the future, it will be necessary to monitor existing lay reviewers according to disability, gender, ethnicity, sexual orientation, age, religion and belief criteria. This will then allow imbalances to be identified and addressed.

It was suggested that information in plain language describing NHS QIS, its work, the range of ways in which members of the public can become involved and the support available, must be included in recruitment packs.

Our conclusions in this area are that:

- ⇒ current lay reviewers have been asked for personal information which will enable us to build a profile of those working with us according to the criteria listed above. The profile of our current lay reviewers will be used to inform plans for future recruitment of volunteers, to help ensure equality of opportunity and encourage diversity
- ⇒ a recruitment strategy and action plan will be developed to ensure clear and objective systems are in place which support equality of opportunity and encourage diversity
- ⇒ recruitment will be linked to the NHS QIS work programme and the opportunities available to become involved in our work, and
- ⇒ new recruitment packs will be developed outlining all options for involvement in our work and will be available in alternative formats.

### **5.3 Training**

This section highlighted the need to make a range of training available, to prepare lay people for the different roles that they may take on in their work with us.

It was suggested that core training should concentrate on critical thinking and communication skills. Some respondents suggested that lay reviewers should be involved in developing information and training, and in the delivery of training. The need for refresher and ongoing training for existing lay reviewers was also highlighted, especially when there can be long periods of inactivity.

It was also suggested that different training routes should be considered including distance and web-based learning. This would go some way to recognising the different baseline of knowledge and skills that individuals will have, their preferences for learning styles and their individual needs and circumstances. In addition a recommendation was made to link training to the Scottish Credit and Qualifications Framework to enable the award of recordable credit or qualifications.

Our conclusions in response to these comments are that:

- ⇒ induction and core training to prepare all lay people taking on any of the range of roles with NHS QIS will be developed. Induction training will provide an overview of NHS QIS and core training will include communication and analytical skills. Experienced lay reviewers will be involved as part of the team of trainers
- ⇒ descriptions of each 'job' or involvement opportunity will be developed along with lists of required knowledge and skills for each role. These will be developed in partnership with lay reviewers and will be realistic about the qualities required for each role to promote inclusion

- ⇒ training specific to particular involvement opportunities will be developed as part of a menu of training available to lay people. Lay reviewers will be involved in developing and delivering training, and
- ⇒ opportunities for ongoing training will be reviewed and developed, building on events such as the annual lay reviewer conference.

## 5.4 Support

This section highlights the need to find ways of identifying and meeting individual needs, so that people with particular needs from all backgrounds and communities can be recruited, trained and participate on equal terms.

A number of respondents asked for information about the NHS QIS advocacy strategy and how it would help to support individual needs. Some suggested that current lay reviewers could provide support as well as staff.

Some respondents raised the issue of payment of expenses suggesting a review of regulations to ensure that payment can be made at the time the expense is incurred to avoid financial disadvantage. There must also be consideration of the costs that may be incurred by voluntary organisations or patient interest groups whose staff or members may contribute to aspects of our work. Systems must be in place to enable loss of earnings or replacement costs to be covered.

The issue of payment of lay reviewers was also raised. A ballot was held at the Lay Reviewer Conference in May 2005. From 67 returns, 54% expressed support for being paid and the remaining 46% were against. Respondents who commented on this issue as part of a review of financial support systems to support inclusion, were in most cases vehement in their opposition to payment on the grounds that it would affect the relationship between lay people and NHS QIS. One NHS Board put forward the view that any policy on payment should be set by the Scottish Executive rather than NHS QIS setting a precedent that would have an impact on NHSScotland.

Our conclusions relating to support are that:

- ⇒ information about the Advocacy Strategy will be included in an article in Reviewer Network News
- ⇒ the NHS QIS Board Working Group have discussed the outcome of the ballot on payment and have deferred further consideration until after the primary objective of the Group has been achieved, and
- ⇒ systems for timeous reimbursement of expenses will be reviewed to avoid any financial disadvantage and remove barriers to particular communities of people being involved in our work.

## 5.5 Deployment

This section recognised that the ways in which we match lay reviewers to involvement opportunities is informal. It relies on the staff of the Public Involvement Unit matching people to opportunities, according to information

held on a database and records of recent activity of individual lay reviewers. The current lay reviewer database does not allow tracking of activity or cross-referencing with information about lay reviewer performance and feedback or criteria such as disability, ethnic origin or sexual orientation. It highlights the need to develop the database to enable storing of more detailed information about lay reviewers, including their needs, interests and work with NHS QIS, and the need to develop a clear process for selection of trained lay reviewers linked to involvement opportunities.

A number of respondents emphasised the need for a formalised system of selection to involvement opportunities, to be clear and easy to understand by all concerned. It was suggested that NHS QIS should circulate information on its activities and opportunities for involvement for the year ahead.

A small number of respondents expressed concern that a focus on deployment of lay reviewers to particular activities, could detract from the broader aim of involving people in NHS QIS more generally.

Our conclusions in this area are that:

- ⇒ development of an objective system for matching lay reviewers to involvement opportunities will be taken forward, with the involvement of existing lay reviewers, and
- ⇒ the design of the lay reviewer database will be revised to enable tracking and analysis of the ways in which lay reviewers are involved in NHS QIS' work.

## **5.6 Performance**

This section recognised the need to develop a system which will enable assessment of the contribution made by lay reviewers (both self-assessment and by others) and a means of providing constructive feedback on a regular and ongoing basis.

A number of respondents emphasised the need to keep it simple to ensure volunteers are not discouraged from getting involved, and to ensure self-assessment as part of the process. It was also suggested that it would be unfair to introduce a formal system of assessment and feedback without applying this (or a similar system) to all reviewers or group members working in partnership with NHS QIS. Some respondents highlighted the need to ensure confidentiality and to be clear about how personal information would be stored and who would have access.

Although the concept of performance assessment and feedback was generally supported, a number of respondents emphasised the need for caution in treating lay people involved in NHS QIS' work in the same ways as employees. Any systems put in place must support their unique role and contribution as volunteers and avoid practices that may only be appropriate for paid staff.

During the consultation period lay reviewers were issued with a draft assessment and feedback form based on the elements agreed in the workshops 'Who Reviews the Reviewer?', at the May 2005 conference. They were asked to comment on the draft form and give their views on who should provide feedback.

Most respondents believed that NHS QIS staff should be responsible for providing feedback to lay reviewers.

Our conclusion is that:

- ⇒ in partnership with lay reviewers there will be further refinement and piloting of the draft assessment and feedback form and process.

## **5.7 Continuing Professional Development**

This section recognised the essential link between assessment of performance and opportunities for training and personal development. It also highlighted the need to link performance assessment, training and personal development with a relationship agreement between NHS QIS and lay reviewers including the possibility of introducing a fixed term of service.

A number of respondents commented that the use of the word 'professional' in the phrase continuing professional development is inappropriate in the context of lay people working with NHS QIS, and should be omitted.

There were mixed views about the proposed introduction of a fixed term for lay reviewers. A number of respondents expressed support for the idea recognising that lay people may absorb the values of the organisation to the extent that they are not sufficiently independent in their lay role. However this view was countered by the need to ensure that vital skills and experience are maintained. Some respondents felt that any limit on the length of service of lay reviewers should be linked to performance, level of activity and opportunities for ongoing training and development.

If a fixed term is introduced there should be a mechanism for extending the period under specified circumstances.

Our conclusions are that:

- ⇒ a term of four years will be introduced for new lay people joining NHS QIS
- ⇒ the option of an extension to this term will be developed linked to development needs, and
- ⇒ there will be further consultation with current lay reviewers to identify and agree the phased introduction of a fixed term linked to development needs and ongoing training.

## **5.8 Contractual Relationship**

This section proposed the introduction of a two-way agreement between NHS QIS and lay reviewers working with us.

A number of respondents were opposed to the term 'contract' because it implies similarity to an employment situation. Instead there was support for the development of a policy on the roles and use of volunteers, and written agreements setting out mutual rights and responsibilities.

A suggestion was put forward to accommodate different levels of engagement appropriate to different roles in NHS QIS' work and individual preferences. The suggested approach would enable lay people the choice of entering into a formal agreement to undertake some aspects of NHS QIS work including the role of lay reviewer. Alternatively those who were uncomfortable about a formal agreement could be part of a wider public network and bring a broader public focus to NHS QIS' work.

Our conclusion in this area is that:

- ⇒ in partnership with current lay reviewers and in line with Volunteer Development Scotland guidance, NHS QIS will develop a handbook for lay reviewers/volunteers setting out the basis of a two-way agreement.

## **5.9 Equality and Diversity**

This section highlights the importance of ensuring that our outlook, systems and practice in involving people will offer equality of opportunity to people from all backgrounds and communities to work in partnership with NHS QIS.

Whilst the proposals, and underpinning national policy strands to promote equality and diversity, were supported by the majority of respondents a small number counselled against devaluing the work of current volunteers on the grounds that they were not selected using equality and diversity criteria.

Our conclusion in this area is that:

- ⇒ NHS QIS has asked lay reviewers for personal information which will enable us to build a profile of those working with us according to key equality and diversity criteria. We will continue to value and support the contribution that our existing lay reviewers make to our work. The profile of our current lay reviewers will be used to inform plans for future recruitment of volunteers, to help ensure equality of opportunity and encourage diversity.

## **6 Conclusions**

The consultation on 'Refreshing the NHS QIS patient and public partnership – a reform agenda' has overwhelmingly affirmed the invaluable resource that NHS QIS has, in its pool of approximately 100 lay reviewers. The bulk of the changes outlined in the original paper will be implemented, but with greater emphasis on a person-centred approach. Lay people working in partnership with NHS QIS on an ongoing basis and in particular roles, will continue to be a major and growing part of public involvement in our future work.

For those commentators concerned with the paper's apparent lack of focus on improving and developing public involvement, attention is drawn to work being done by an NHS QIS Board Working Group to develop a new 3 year Framework on extending and embedding public involvement in all that we do. This Board Working Group has a majority lay reviewer membership and will publish a draft Framework early in 2006 for consultation.

The strengths of independent, common sense, patient focused and non-NHS views and comments will continue to be valued and supported by NHS QIS. Implementation of the changes proposed will be undertaken in partnership with NHS QIS staff, stakeholders and lay people to ensure that we avoid formalising processes to the extent that people are discouraged. Change is required and will be implemented. However processes will retain flexibility and will be capable of accommodating individual needs in order to meet the changing needs of NHS QIS.

NHS QIS will support different types of engagement with members of the public. This will require a range of approaches in terms of recruitment, training and support. Different units and functions within NHS QIS will require approaches to public involvement that are appropriate to their ways of working. However NHS QIS will ensure consistent standards of public engagement across the organisation.

A balance must be struck between supporting the ongoing relationship with lay people who are recruited to work with us over an extended period, and members of the wider public who may wish only to be involved in one-off consultations or topic specific work relevant to their particular health needs and interests.

Many lay reviewers have commented on their frustration at being under-used in this role. There is now a wider range of opportunities for involvement in NHS QIS but information and training to support people in these new roles has not kept pace. NHS QIS will work with staff across the organisation and existing lay reviewers to develop information and support to enable involvement. This will include information about the NHS QIS work plan and involvement opportunities for the year ahead.

## **7 Next steps**

NHS QIS will produce an action plan setting out the changes that will be made including timescales. This will be made available on the NHS QIS website ([www.nhshealthquality.org](http://www.nhshealthquality.org)) and on request from the Public Partnership Co-ordinator.

The actions will link in to the implementation plan for the Patient Focus and Public Involvement Framework. Implementation of the Framework will be overseen by a NHS QIS Board Working Group with majority lay membership. In addition an annual report on progress will be available on the website or on request from the Public Partnership Co-ordinator.

## **Appendix 1 – who was consulted?**

NHS QIS lay reviewers (105 individuals)  
Age Concern Scotland  
Advocacy Safeguards Agency  
Scottish Association for Mental Health  
Infusion Co-operative  
Royal College of Speech and Language Therapists  
Scottish Accessible Information Forum  
Macmillan Cancer Relief  
Volunteer Development Scotland  
Scottish Health Council  
Scottish Medicines Consortium  
Royal College of General Practitioners  
Royal College of Physicians of Edinburgh  
Voluntary Health Scotland  
Scottish Consumer Council  
Care Commission  
Disability Rights Commission  
NHS Boards (including special Health Boards) - Designated Directors of Public Involvement  
Commission for Race Equality  
Equal Opportunities Commission  
Interfaith Scotland  
Lesbian, Gay, Bisexual and Transgender Youth  
Lesbian, Gay, Bisexual and Transgender Health and Well-being Centre  
Deaf Action  
Positive Action in Housing  
MECOPP (support and information for carers from Black and Minority Ethnic Communities)  
Streetwork Project  
People First Scotland  
PAMIS  
Mental Welfare Commission  
Scottish Executive Health Department  
All NHS QIS Board members and staff

## **Appendix 2 – Who responded?**

63 NHS QIS lay reviewers took part in a series of six regional meetings contributing to group discussion and feedback

25 NHS QIS lay reviewers submitted individual written comments

3 NHS QIS units - SIGN, the Standards Development Unit and the Health Services Research and Assessment Unit

Scottish Medicine Consortium's Patient and Public Involvement Group

Royal College of Physicians of Edinburgh

Disability Rights Commission

Scottish Consumer Council

Volunteer Development Scotland

NHS Greater Glasgow – South Glasgow University Hospitals Division

NHS Greater Glasgow – Primary Care Division

NHS Lothian – University Hospitals Division

NHS Lothian – Primary Care Division

Forth Valley NHS Board

Fife NHS Board

NHS Education for Scotland