

## Patient Focus and Public Involvement – building on strong foundations



Eleanor Lewis  
Director of Planning and Resource  
Management

The Board Working Group on Next Steps in Patient Focus and Public Involvement (PFPI) has produced a draft PFPI Framework which will be issued for consultation between March and June 2006.

The publication of the revised Framework coincides with the appointment of Eleanor Lewis as Director of Planning and Resource Management. The Public Involvement Unit comes within the Planning and Resource Management Directorate and an important aspect of Eleanor's role will be as NHS QIS' Designated Director of Patient Focus and Public Involvement.

The new draft PFPI Framework reaffirms our commitment to continually extend and develop PFPI over the next three years. Our approach remains the same – to ensure that our partnership working with patients and members of the public helps us to improve the quality of health services in Scotland.

There are five key objectives in the draft PFPI Framework which will guide our work over the next three years:

- a continuing development of the ways in which we involve people to enable more participation
- the development of new ways for all communities of people to take part in and influence our work
- the extension of patient focus and public involvement into our strategic planning and development of monitoring of the outcomes of that involvement
- the development of new ways of seeking and recording feedback so that we can learn from it and be responsive, and
- making clear links between our objectives for patient focus and public involvement and those on equality and diversity issues.

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Consultation on the draft PFPI Framework will aim to encourage comment and discussion on how effective it will be in ensuring that NHS QIS extends and embeds patient focus and public involvement in all its activities, and that it achieves this through a strong partnership approach to working with all communities of people in Scotland.

The Board Working Group will consider all the responses received and is open to changes being made to any aspect of the Framework provided that the changes will strengthen patient focus and public involvement in our work. The consultation will mainly rely on individuals and organisations submitting written responses, with some group events to stimulate debate and promote discussion. Copies of the draft PFPI Framework will be circulated widely in early March.



The debate around a name change at the 2005 conference had been inconclusive

### **‘Public Partner’ – the reform process gets under way**

The Board Working Group on PFPI has concluded that the new name of *Public Partner* be adopted to reflect the wider range of activities that lay reviewers are now involved in.

At the August 2005 meeting of the Board Working Group on PFPI, it was agreed that the outcome from the 2005 lay reviewer conference ballot around a name change had been inconclusive and that a further ballot was required. In addition, it was agreed we should poll the views of

staff, partners and stakeholders. The ballot was limited to two options for the name change, drawing on what the original ballot had suggested was most in favour at that time: *NHS QIS Public Partner* and *NHS QIS Public Involvement Partner*.

Ballot papers were issued to all lay reviewers and the ballot closed in early December. At the same time, NHS QIS staff, designated directors for PFPI from other NHS Boards, and partner organisations were invited to complete an opinion poll around the same two options.

82 ballot papers were returned by lay reviewers, with 49% in favour of *Public Partner*, while 46% favoured *Public Involvement Partner*. Just under 5% of those voting abstained from making a choice. From the opinion poll taken amongst NHS QIS staff, 51% favoured the name *Public Involvement Partner* with the remaining 49% opting for *Public Partner*. The response received from other NHS Boards provided a similar preference for *Public Involvement Partner*.

Although the opinion poll of those with an indirect interest shows a preference for *Public Involvement Partner*, those with a direct stake in the issue expressed a preference (no matter how narrow) for *Public Partner*. When considering all of this, the Board Working Group concluded that the time had come for a decision to be made and agreed that we adopt the new name of *Public Partner* for our lay reviewers. The new name will be introduced later this year as part of wider changes to the ways in which we work with lay people.

## Can't get no satisfaction?

For the second year running, we asked lay reviewers to let us know their views about the information, training and support we provide, and whether they felt fully prepared to be a lay reviewer. The results show a similar level of satisfaction compared to last year. One area of concern is that the response rate to the survey is down on last year's levels, with 70 people returning their form this year against the 101 returns received last year.



The survey forms offered the facility to add in comments beyond simply answering yes or no to the four questions. This generated a wide range of comments with a few themes emerging including a sense of being under-used in NHS QIS work, a clearly expressed need for refresher or update training and a desire for individual feedback to be provided following involvement activity.

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The Board Working Group on PFPI considered a report on the survey results at its meeting in January and felt that the comments added in by lay reviewers were the most helpful part. It was suggested that in future it would be more effective to devise a simple questionnaire to elicit more comment, rather than asking a small number of closed questions.



### We bid farewell...

...to Wladyslaw Mejka who will be leaving NHS QIS at the beginning of February having worked with the Public Involvement Team since May 2004, initially to cover Rosemary's maternity leave. During that time as well as working for more and better patient and public involvement, Wlad has been very involved in the delivery of wider strategies to promote inclusion such as Fair For All, the Race Equality Scheme, and Equality and Diversity Impact Assessment. When asked about endearing traits he said believing he could change the world by the end of next month – you mean it would take that long?! We wish Wlad all the very best for future endeavours.

## Conference call

This year's annual conference for lay reviewers is being pencilled in for Wednesday 31 May in Stirling, subject to confirmation of venue. The focus will be on putting our revised PFPI Framework into practice, and making change happen in the ways in which we work with and support lay people.

## Equality & Diversity – making it happen



Making sure the NHS is equally accessible to all involves more than just physical access

As part of the broader change agenda within NHSScotland, increasing emphasis is being given to making sure the NHS is equally accessible to all, regardless of their background or circumstances. Simply declaring that this is the aim is not enough. We need to equip all who work in the NHS with the knowledge and skills to make it happen. This includes those who are unpaid workers in the NHS – lay people.

NHS QIS is currently training all its paid staff to be culturally competent, enabling them to play an active role in making the NHS accessible to all people. Plans are being made to provide similar training to all lay people, in partnership with the Scottish Health Council (SHC), starting around July this year and delivered at locations across the country. It is likely that at some point early in 2007, we will make it mandatory that all people wanting to work with NHS QIS must have received this training before they can undertake any work.

## Dentistry in Scotland – involving lay people

A new national programme has been established by the National Dental Advisory Committee (NDAC) with the aim of improving the quality and equity of patient care by providing guidance for dentistry in Scotland. Currently in development is guidance on issues including dental sedation, emergency dental care, patient examination, the treatment of children with dental decay and dental drug prescribing. Essential to the development of guidance is the contribution of lay people as potential patients. If you are interested in dental issues and feel you could provide a vital patient perspective by commenting on draft guidance or by taking part in a

focus group, please contact Doug Stirling on 01382 635994 or email: [douglas.stirling@nes.scot.nhs.uk](mailto:douglas.stirling@nes.scot.nhs.uk)

Information about dentistry in Scotland can be obtained on the web ([www.scottishdental.org](http://www.scottishdental.org)). Click on the NDAC link to learn more about the dental clinical guidance programme.

### Two-way networking

If you have something to share with other lay reviewers, drop a 'bite-size' note of about 100 words to Anne Miller and we'll try to make sure it features in the next edition.

If you prefer to read this newsletter in an alternative format, please let us know.