

Interview: Richard Norris

Listen up

Katie Mackintosh

Health Correspondent

Including people in decisions about their health services is not just desirable, it leads to safer and more effective care

Involving patients, carers and the public is an important part of improving the quality of service provided by NHSScotland. However, when the Scottish Health Council (SHC) began its work in 2005, its director, Richard Norris, says a common problem that they encountered was that boards didn't involve patients and the public early enough in discussions around service change.

"I would say that the biggest problem was that boards didn't involve people from the beginning. And what they were doing was coming up with options that they weren't involving communities in and they were going out to a full consultation and people were saying, 'Where have these options come from? Why this particular list of options?' And boards simply didn't have a good enough story to tell of why they had got to where they were."

The SHC was established to promote patient focus and public involvement in the NHS and to help to ensure that NHS boards listen and take account of people's views. In its first eight years, Norris, who previously worked as director of policy for SAMH and with the Centre for Scottish Public Policy, says he has certainly noticed a difference in the way that boards are now engaging earlier with their communities, and the council itself.

The SHC also has a quality assurance and monitoring role and Norris explains that one way of measuring how well NHS boards are involving people is by using the Participation Standard, which sets out what boards need to do to ensure people have a say and sense of ownership in their own care and how health services are developed and delivered. The SHC is currently involved in a body of work to assess how well this is happening



Richard Norris

and Norris says they expect to publish a report during the summer. However, part of the purpose of this Participation Standard is to identify where there are opportunities to learn and improve, and so, where it identifies areas where that is not happening well there is a wide range of support that the SHC can offer, Norris explains.

"It is obviously different for different boards so it is very much about tailoring the support to each board. It is not about coming out with a one-size-fits-all approach and saying, here is a new approach and we want everyone to do this. The requirements on boards are very different. So it is about having a very specific discussion with each board in question and saying what has been picked up in the standard and where can we offer you help and support."

The NHS never stands still and, as such, there will always be a need to make changes, Norris notes. The SHC has a role supporting

boards with major service change and last year, he says it provided help and support with over 100 different service change consultations around Scotland. Therefore, he argues, it is well placed to share examples if boards approach them seeking advice.

"If a board is coming to us and saying we want to look at redesigning, say, our maternity services and we were wondering if you could give us some advice on good practice, one example we give them is, we'd say, go and talk to Grampian, who fairly recently went through a process of looking at their maternity services. They engaged with the public, traditionally it is an area where you could get huge public concern over, and we thought they did a good job in how they had engaged in that. So we could say, there is a good example if you want to see a process that we think has gone well."

In addition to its national office in Glasgow, the SHC also has 14 local offices

in each of the territorial health board areas, spanning from Dumfries to Lerwick, and so, with most of its staff working at a community level, Norris says they have been able to develop a pan-Scotland view of what is happening locally. Their national team has also been collating some of these examples and building a bank of good case studies that are available on their website, he adds, as well as encouraging boards to share the learning from examples that haven't gone as well as they hoped. They have also linked these online to their participation toolkit, which offers a number of tried and tested engagement tools along with some more recently developed approaches.

Social media is one such tool that Norris says he would like to see boards utilise more. Earlier this year the SHC put draft guidance on how social media can be used to inform, engage and consult people in developing health and community care services out to consultation, with a final report expected to be published during the summer.

"There are some boards that are clearly early adopters and have got stuck into the whole e-participation agenda and it is great to see that happening. So we want them to share that with other boards. What we want to see is equity, that people across Scotland have the same opportunities to use social media to

and it is one that they can actually be very creative with."

As health boards and local authorities move towards the integration of adult health and social care services, Norris says the SHC is also very interested to see how it can support the public involvement and participation side of the new Health and Social Care Partnerships. The Scottish Government has said that it intends to bring forward legislation around integrating adult health and social care services later this year. Inevitably, this will attract a high media profile and so, Norris argues it will be all the more essential for boards and local authorities to involve the public in discussions and keep them informed.

"People will have concerns and that is why they need to be included, partly, as they may have concerns that need to be talked through. We don't want it to be seen as an internal bureaucratic process. If the whole point of integration is that people get better services, then people need to be involved in thinking about what those services should look like and how they should be delivered. So for all those reasons, it is very important that as we go into integration that we have very good public involvement at a local level."

And he adds that the evidence signals that as well as being desirable, good quality participation and engagement activity in healthcare services can also improve the safety and efficacy of services. Last year the Scottish Health Council conducted a literature review of the benefits of participation in the context of NHSScotland's Quality Strategy, and he says it found that patient and public participation makes a positive contribution.

He explains: "What was interesting was we were expecting it to say to us it leads to better patient experience — that if people feel more involved in their care then they are likely to get better quicker, they are likely to make better decisions because they are more involved. So we were hoping and expecting to see that.

"But what it also said was, in fact, it makes services safer. It reduces rates of medication errors. It reduces rates of healthcare-associated infections. It helps to identify inaccuracies in medical records. It helps to shape improvements in the design and delivery of health services and also with monitoring and managing healthcare treatments and procedures."

The broad message is that involving people in their care leads to them having a better experience, better outcomes and safer and more effective services.

"So it is win win for everybody," he adds. ■

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give feedback," he says.

Boards have a responsibility to focus on the needs of patients by listening and responding to them, and Norris argues that social media presents a great opportunity for the NHS to achieve better dialogue with traditionally harder to reach groups, such as younger people. While he acknowledges that the NHS and the public sector as a whole can be "quite slow" to embrace new technologies and communication medias, he says the reality is that social media is here and public organisations need to learn how to use it.

However, he stresses that this should be in addition to traditional methods of engagement, rather than a substitute.

"Sometimes people worry and say it is all very well if we do everything online but what about people who don't use computers or who aren't computer literate? I think the important point here is this is an additional way that boards can use to get feedback

IN BRIEF

Health technology funding

One million pounds of European funding is being invested in developing innovative solutions to treat patients closer to home, Health Secretary Alex Neil revealed as he officially launched the National Delivery Plan for Telehealth and Telecare.

"Scotland has already made significant progress on developing and expanding new technologies, and this European funding will enable us to expand even further the role technology plays in supporting 21st-century healthcare," he said.

Sight loss risks

Over half of Scots have never heard of age-related macular degeneration (AMD), despite it being the biggest cause of blindness in the country, a YouGov survey for RNIB has found.

Additionally, 52 per cent of Scots surveyed said that they wouldn't visit their GP or optician straightaway if they experienced blurry vision or wavy lines.

"Lack of awareness of the symptoms and urgency needed to treat AMD is leaving people at risk of losing their sight," warned John Legg, director of RNIB Scotland.

Children's counselling rollout

NHS Greater Glasgow & Clyde and Glasgow City Council are to fund emotional and mental health services in primary schools across the city.

Following a successful pilot in Easterhouse, children's charity, Place2Be, said award-winning emotional and mental health services are to be rolled out to 15 primary schools across the city, supporting up to 4,000 5-11-year-old children.

The charity supports children to cope with issues ranging from bullying to domestic violence, family breakdown, neglect and trauma.

Call to end gagging clauses

Scottish Labour's shadow health secretary, Jackie Baillie, has called on the SNP Government to ban confidentiality agreements as part of severance agreements with NHSScotland staff, following a similar decision by UK Health Secretary Jeremy Hunt.

Baillie said that gagging clauses have been used over 700 times in the past three years in Scotland.

"Scottish Labour called for the end of their use in August last year. I remain concerned that these can be used to prevent discussion about why some staff are leaving and it allows the NHS to move people on who raise concerns," Baillie said.

Patient feedback

A website that provides a confidential way for patients to share their healthcare experiences online is to be rolled out across all the health boards in Scotland, following a £160,000 investment.

The Scottish Ambulance Service participated in an initial pilot using the Patient Opinion website, and has already used patient feedback to help shape improvements to the Patient Transport Service.

"We want to hear patients' stories first hand in their own words, whether it's good or bad, because it helps us to make our health services better," Health Secretary Alex Neil said. ■

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Health Tracker
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Feature: Alert service



It's good to talk

Katie Mackintosh

Health Correspondent

A light touch telephone befriending and alert service is tackling loneliness and giving older people the confidence to live independently at home

Nicky Thomson's motto is that five conversations a day are as important to your health as five servings of fruit and veg.

Thomson is director of the Good Morning Service — a Glasgow-based charity that provides a free telephone-based befriending and alert service for older people, 365 days a year.

Its average client is female, 81 and lives alone. She is able to get out and about on her own, or with some help, but with advancing age her physical health is, inevitably, deteriorating. While living independently in her own home is important to her, her family may not live nearby

and she worries about her safety and how much longer she will be able to manage. And as old friends may have passed away, she sometimes gets lonely.

Those signed up to the Good Morning Service, which also offers evening calls, will receive a phone call at a pre-arranged time. On a typical morning this might involve a blether about the day ahead, or mutual interests. The trained befriender takes an interest in the person and their wellbeing and can provide a friendly ear to listen to any troubles. However, on a more practical level, if repeated calls go unanswered the befriender will liaise with nominated contacts and local services in an attempt to locate the person and verify their safety.

One of the service's clients had been getting a morning call five days a week for four years when one morning she failed to answer her phone. The service checked that she wasn't at a doctor or had a hospital appointment before getting in touch with her nominated contact — a neighbour with keys — who agreed to pop round. She was found lying on the kitchen floor, unable to get up and in considerable pain, having tripped and fallen while cleaning her cupboards.

"I've always appreciated our conversations, I don't know where I'd be without my phone calls," the 70 year old told the service during its recent client evaluation survey.

"But now I appreciate the alarm side — thank you, I can't be any more grateful. I lay there saying, 'Don't panic, they'll send help.' And you did."

The service was originally established in

1999 after a need was identified for a service to support older people who may not have regular social contact, Thomson explains.

"It was an idea formed because an elderly gentleman who lived in Ruchill at the time had passed away and nobody had noticed until the neighbours, sadly, noticed a bad smell and got the police involved. And that is when his body was found lying behind the front door. From that catalyst it was decided that there was a real need to connect with people who don't connect with others on a daily basis."

Since its humble beginnings in Milton, the service has now extended across the city of Glasgow and also into South Ayrshire following investment via the Scottish Government's Reshaping Care for Older People agenda and Change Fund. Last year the service supported 252 older people, placing over 45,000 Good Morning Calls, and it is Thomson's ambition that every older person in Scotland will one day be offered the service.

She asserts that it is a simple, low-cost and high impact service with proven results. However, while they have been working with the public sector to demonstrate these benefits and persuade them to connect with and support the service, Thomson admits that they have found the NHS to be a particularly "hard nut to crack".

She recalls attending a recent GP learning event where she spoke to a couple of GPs about the service.

"It was quite telling, actually. Both GPs who

I spoke to said, 'Yes, I'm sure I did get your information pack through the mail and it went straight into the bin.' I looked at him and said, 'But we can help you.'

Last year the alert service identified and got timely help to four members who had fallen at home, one person who had had a stroke and another who was found in crippling pain — all of whom required hospital care. However, Thomson stresses that the service also has a preventative role as befrienders are well placed to monitor ongoing wellbeing and recognise if the

there is progress to report.

"We think that our sector should be encouraged by the fact that every health board now has a named lead officer for the third sector and that these leads were all actively involved in the co-production of the Engagement Matrix, the new tool that the Scottish Government is asking each board to use to help improve their engagement with voluntary organisations. Over the coming months we will be supporting boards, voluntary health organisations and third sector interfaces to start to use the tool and we

hope to promote and showcase those areas where there is already good practice."

As one of its members, Stevens feels the Good Morning Service is one such example of good practice that deserves to be shared.

The service hasn't stood still and Thomson says it has continued to learn and grow. In addition to the telephone

"Both GPs who I spoke to said, 'Yes, I'm sure I did get your information pack through the mail and it went straight into the bin.' I looked at him and said, 'But we can help you.'"

person they speak with regularly isn't coping as well. In such instances, they can refer them to statutory health and social services when they may need further assistance and having spent, in some cases, years establishing a relationship of trust with their clients, Thomson says the befrienders can have more success than most in persuading clients to accept this help. Such early interventions can reduce unplanned emergency admissions and so is a natural fit with the Scottish Government's Reshaping Care for Older People agenda, she argues, and so she hopes that health professions will, in time, come to see it as complementary rather than as competition.

"I've been reading about how support at home is so important for the last few years, thinking, great, and I've been waiting on a call. And I still feel that way and I'm still excited about it. But it is just not happening," she says.

However, as Claire Stevens, national director, Voluntary Health Scotland, acknowledges: "Voluntary organisations providing this kind of preventative and person-centred service within a local community often find it a real challenge to persuade local health services to recognise their value and involve them as a resource."

She continues: "Too many of our members find their experience at local level is at odds with national messages about the voluntary sector being a key partner in the transformational change of public services. However, we also know that health boards can genuinely struggle to make sense of and engage with the third sector for all sorts of reasons."

As the national intermediary for the voluntary health sector, VHS is working with partners across the sectors to develop practical ways to improve communication, understanding and meaningful engagement between health boards and the voluntary sector, she says, and adds that

befriending service, the Good Morning community now also holds a monthly Good Afternoon get-together where members and staff go and visit places of interest, and its annual AGM and Christmas party is also well-attended. The events provide a chance to put faces to voices and, given their popularity, Thomson explains that the service decided to experiment with offering a home befriending service as an alternative to the telephone service. However, she says the clients told them they preferred the light-touch service and so they listened and refocused on their core service.

"We asked our clients, would you like us to do this and to a person, they said, 'No. Thanks. But no. We like the fact that it is a light touch telephone system. I don't need to clean my house or put on my gladrags to talk to you. And if you come to visit me then I'm going to expect that you are going to be there for at least half an hour, and I won't want to say thanks very much after ten minutes but really I'm exhausted and want some peace.'

"So I felt very heartened when the results came back saying a home befriending service wasn't for them. That the telephone befriending service met all their needs," Thomson says.

Last year the service surveyed its clients to find out what difference the service had made and the result was a resounding vote of confidence. All of the 121 clients surveyed unanimously said that the service reduced their feelings of isolation and loneliness and made them feel safer at home. While 99 per cent said they felt it had boosted their self-confidence and self-esteem, improved their health and wellbeing and made them feel better connected to the community.

Thomson explains that it works because they listen and respond to what their clients tell them. At the service's base in Glasgow, it is mid-

In their own words:

Client feedback

"My life has inevitably slowed down, but Good Morning has helped me feel re-connected to life as it used to be. My children live abroad, old friends are mostly no longer alive and so I find Good Morning has opened up a lovely new world for me."

Dorothy, 87

"It's like having an extended family. The mornings are the loneliest part of the day, as I am a very early riser so I look forward to that call. Living in my own home means a lot to me and Good Morning helps give me that choice as I know they're looking out for me."

Annie, 80

"The team have taken the time to get to know me and they're interested in what's happening in my life. As they actually ask me my opinion and seek my views. I feel listened to, and also valued."

Catherine, 81.

"My call boosts me up and makes me want to get ready and go out, even if it's just a wee walk round the shops. I've made a lot of new friends to blather to. And it's a great feeling to go to bed and know if I took ill during the night you are always there to help — it's security."

Nancy, 76

"It makes you live your life because you are never really on your own. They make me feel like a person — not an old woman. I can discuss things like politics and keep in touch with the world — you just keep me going!"

Charlotte, 94

morning and her team are still cheerily making calls. Some might take no longer than ten, fifteen minutes to share a few laughs and update each other on their lives. However, earlier she and one of her team spent just under an hour consoling and counselling a client whose husband has dementia and finally persuading her, after a year of her holding everyone else away, to agree to accept some formal help.

"That is the beauty of our service," she says. "Because you are there for them and you know them. So when their husband or they themselves do take ill, you are the trusted person that they speak to."

On an average day, however, she says they are just there to make them feel better and brighten their day.

"The value of the service is in the friendships that are built — and I deliberately use the word friendships because that is what clients say. We are lucky enough that clients call us their friends and we gladly accept that." ■

Talking point

Patient safety

Questions around the performance of NHSScotland have continued to make the headlines in recent weeks as, following on from the recent furore about waiting times, came reports that patients at Gartnavel General Hospital in Glasgow, who were due to undergo surgery, had had their operations postponed after surgeons raised fears about dirty and damaged surgical tools.

Some 200 patients were said to have been affected by the delays, which sparked a question during First Minister's Questions from local Labour MSP Patricia Ferguson. She warned that consultants have been complaining for years about the standard of the service that they receive from the central decontamination unit in Cowliars, which sterilises and supplies surgical instruments to all Glasgow hospitals, and asked what action the Scottish Government is taking to resolve this issue.

However, the First Minister insisted that it was quite "right and proper" that the doctors involved did not proceed with the operations under those conditions, and that was part of NHSScotland's patient safety guarantee.

And similarly, Dr Jason Leitch, Clinical Director of the Scottish Government's Quality Unit, optimistically insisted that the incident was "actually quite a good story."



Speaking at *Holyrood* magazine's Infection Control conference in Edinburgh last week, Leitch said:

"I felt like writing in to the *Herald* and saying, 'Look, at least we noticed this time. A few years ago we might not even have noticed and just have used the dirty instruments'."

In a recent interview, Leitch told *Holyrood* that Scotland's health service should be "pushing and pushing and pushing to be the best in the world at reducing and preventing adverse events." And if you look beyond the headlines you will discover that there is progress to report. Since 2007 there has been an 80 per cent reduction in *C difficile*, a 40 per cent reduction in *Staphylococcus aureus* bacteremia and an 86 per cent reduction in MRSA — for which, Leitch said, we should all celebrate and thank the workers in the health service. Additionally, he pointed out that hygiene compliance is now over 90 per cent,

adding that this is one of the principal reasons why infections are falling.

Admittedly, the reductions in HAIs come from a high starting point. However, it should also be acknowledged that since the Scottish Patient Safety Programme was introduced into acute hospitals in 2008 there has been a change in culture in Scotland's hospitals that has led to a 12.4 per cent reduction in death rates. A three-year extension of the programme was announced in 2012 and a new aim set to reduce Scotland's Hospital Standardised Mortality Ratio by 20 per cent, and that 95 per cent of patients will suffer no avoidable harm by the end of 2015.

As part of continuing efforts to achieve this, earlier this month saw the launch of two new members of the patient safety programme family, in maternity services and primary care. The launches mean that for the first time, almost all of the patient care will be covered by patient safety initiatives in GP surgeries, hospitals, mental health and maternity services.

"Regarded as a world-leader for our work on patient safety, we already have much to be proud of in Scotland and I am delighted that we are now extending this to primary care," Health Secretary, Alex Neil, said at the launch.

"Scotland will be the first country in the world to implement a national patient safety programme across the whole healthcare system.

"I know there is some hard work ahead for our GPs and their practice staff, but I am confident they will rise to this challenge." ■

Living beyond the 'C'-word

Audrey Birt

It's been a week when I have seen the influence of some really special women. But it didn't start well from that perspective. I noticed a flurry of activity about a fundraiser on Twitter that had the hashtag of #hundredhooters. Now I have deleted most of my rant as I know at heart it is well intended so I will just say, please, please, think about all the issues that have been raised recently related to International Women's Day.

Women across the world are a long way from experiencing equality and this kind of activity is not empowering; it's just demeaning. So long as women think this is OK then how can we expect issues of women's place in society to be taken seriously? I was shocked, for example, to learn that women across the world, aged 15-44, are more at risk of being raped and experiencing domestic violence than having to deal with the outcomes of cancer, car accidents, war and malaria combined. We need to demonstrate now that we are serious about ending violence against women and girls. And to provide better support for the survivors of abuse and challenge sexism when we encounter it.

I have joined The Women's Room (<http://thewomensroom.org.uk/>) and entered my name on the list of women with experience or expertise. This was set up to challenge the BBC and other media to ensure that women's expertise is sought as well



as men's. It was a news article on breast cancer that provoked this. Only men had been asked for their opinion. Given the gender issue and the fact that many women, unsurprisingly, have expertise and opinions, this, rightly in my view, provoked outrage. So go on, women, join up and stop thinking I'm not good enough/experienced enough/whatever enough. Just do it!

I recently witnessed the power of the informed female advocate in the monthly European breast cancer tweet chat. Marie of @JBBC from Dublin and I have started this recently and already have

had some great chats. Last week it was on what's new in breast cancer research. I had asked a former colleague who leads the research team at Breakthrough Breast Cancer, the fab Dr Julia Wilson, if she would want to take part. She sent her first tweet the day she joined the chat; a brave woman indeed. If you try to imagine summarising answers to genetics and dormancy in breast cancer in 140 characters then you will grasp the enormity of the challenge. The questions were wide ranging, from deeply personal to internationally challenging. Providing richness to the chat were the experienced and informed advocates from the US #BCSM group.

I do love the way Twitter connected this community of interest who not only were engaging their intellects on this complex disease but also compassion for each other. When an exchange happened that spoke of the possibility of exploring tissue banks for metastatic disease, I got goose bumps. In this way the future could change. And it was Julia who summed it up for us all when she said towards the end: "Keep challenging, keep asking us to do better...we can end this devastating disease."

Reasons to be heartfelt this week ... *I want to acknowledge the other great women in my life. They all make my life richer. Just imagine if the world could truly embrace all that women have to offer — what a richer, better place it would be.*

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