NHS SCOTLAND

A New Public Involvement Structure for NHSScotland

Patient Focus and Public Involvement

A draft for consultation

SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

A NEW PUBLIC INVOLVEMENT STRUCTURE FOR NHSSCOTLAND

Proposals

Deadline for responses: 9 June 2003

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CONTEXT AND CURRENT POSITION

1. The Health White Paper, '***Partnership for Care***'[3], requires the public to be involved in discussions about the changing pattern of healthcare services with decisions taken in an open, honest and informed way. This means seeking the public's views from the earliest stages, defining issues clearly, exploring possible options, and examining these in an open way with good evidence. It means using modern methods of communication and involvement to ensure that the widest range of individuals and communities affected by changes are reached. It also requires the NHS to feedback to those consulted and in so doing demonstrate that their views have been listened to, understood and acted upon. In addition, there needs to be strong, independent external scrutiny of local health systems to see that these duties are carried out. Support to assist NHS bodies, individuals and communities take part effectively in public involvement activities is also needed.

2. The health council[4] structure and roles now need to be redesigned to support the new emphasis and focus on patient and public involvement in the NHS. This will mark a substantial shift in both its role and structure.

3. The commitment to public and patient involvement means important new duties for NHS Boards and Trusts for which these bodies will be clearly accountable. ***Rebuilding our NHS***[5] says:

> ***The new Performance Assessment Framework will place equal weight on the quality of clinical and service delivery, financial management and public involvement. And the performance of the local NHS system will be assessed independently from a patient and public perspective.***

Accountability will be open and transparent; involve independent assessment and include evidence-based clinical and service standards applied consistently across the NHS in Scotland***.***

4. The requirement to involve patients and the public needs to be implemented with flexibility: by definition, involvement must be responsive to the aspirations and concerns expressed by patients and communities locally. Applying rigid or uniform criteria to the way these

[3] Partnership for Care, Scottish Executive, February 2003
[4] underlined words are explained in the glossary at Annex 4
[5] www.scotland.gov.uk/library3/health/ronh-00.asp

requirements are implemented is not, therefore, appropriate. A flexible and practical approach is to use the mechanism of outside, independent assessment exercised on behalf of patient and public interests. This is the key role which a new health council structure can play.

Local Health Councils

5. Local health councils have been in place in Scotland since 1975. They are independent statutory[6] bodies established to represent the views of users on the provisions of health services and to promote public participation in health-related matters. There is one health council in each NHS Board area.

6. Each health council is composed of 15 members[7] appointed by the local NHS Board following procedures agreed in a 1996 review (see paragraph 9). The health council members are supported by a small team, which is managed by a chief officer. NHS Boards are required to provide the health council with the information and administrative support, including accommodation, necessary to carry out its functions.

7. Local health councils have a national association - the Scottish Association of Health Councils - which, as a membership organisation, is entirely funded by its members subscriptions. Currently, 14 out of the 15 Scottish health councils have chosen to be members.

Funding

8. Health councils receive core funding from the Scottish Executive. In 2002/03 funding of £1,979,000 was made available. The formula, which determines the funding of individual health councils, was developed in consultation with the health councils. As noted above, NHS Boards are required to provide their local health council with accommodation and other administrative and support services. A number of Boards also provide additional specific funding for health council services, for example patient information points, research officers, public involvement officers, complaints officers, etc.

[6] National Health Services (Scotland) Act 1978 S7; The National health Service (Local Health Councils) (Scotland) Regulations 1990

[7] 20 in Greater Glasgow and Lothian

Current Health Councils Role

9. The role and remit of health councils has been reviewed on a number of occasions. The most recent review in 1996 (the 'Eckford Review') led to the Scottish Executive Health Department:

- putting in place a more equitable method for determining health councils' financial allocations;
- supporting the development of guidance to ensure more openness in the membership appointment process; and
- the development of a code of conduct for health council members.

10. The major work flowing from the 1996 review was the development of a core performance framework for health councils in Scotland. This framework identified 6 core work activities, which should be common to all health councils. These core activities are:

- ***To act as the voice of patients/public in the health council area***
- ***To influence health gain by contributing to a patient-centred health service***
- ***To monitor health services***
- ***To provide and develop information and advice strategies***
- ***To manage health council resources***
- ***To contribute to the national voice for patients and the public in health matters.***

11. Health councils are required to prepare an annual work plan, aimed at focusing activity on achieving the greatest health gain for the people they serve. Health councils are encouraged to work closely with local NHS Boards and Trusts. This approach has greatly enhanced the performance of many health councils whose work is clearly focused and well delivered.

12. Currently, the amount of strategic partnership working between health councils and NHS Boards and Trusts varies between NHS Board areas throughout Scotland. Health councils recognise the need to change and modernise against the background of ***Patient Focus and Public Involvement***. Under the auspices of the Scottish Association of Health Councils, and with financial support from the Scottish Executive, its member health councils have embarked upon a proactive review process, the outcome of which will inform their input to this consultation process.

Patient Focus and Public Involvement: **a commitment to change**

13. ***Patient Focus and Public Involvement*** recognises that it is no longer good enough to simply do things ***to*** people; a modern healthcare service must do things ***with*** the people it serves. It aims to achieve:

- a service where people are respected, treated as individuals and involved in their own care
- a service where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services
- a service designed for and involving users.

14. The framework, which has four broad themes,

- building capacity and communications
- patient information
- involvement
- responsiveness

aims to make this change in culture a reality. Success in achieving the aims of ***Patient Focus and Public Involvement*** will ensure that the health service is responsive to these needs and is focused on action to meet those needs. It is an important part of the quality agenda of continuing service improvement. (Annex 2 provides further information on the ***Patient Focus and Public Involvement*** commitments.)

15. This document is concerned with the aim of achieving a service designed for and involving patients, specifically with the structures needed to ensure that the NHS delivers effective patient and public involvement.

16. NHS accountability must be open and transparent, involve independent assessment and include evidence-based clinical and service standards applied consistently across the NHS in Scotland***.*** All of these principles apply equally to accountability for patient and public involvement activities.

17. In addition, there needs to be:

- strong, independent external scrutiny on local health systems to see that these duties are carried out;

- support to assist individuals and communities to take part effectively in public involvement activities; and
- support to assist NHS bodies to take part effectively in public involvement activities.

The Health Department, through the ***Involving People Team,*** is providing support to NHS Boards to progress the ***Patient Focus and Public Involvement*** agenda.

18. It is part of the job of the local NHS system, in discharging its responsibility for delivering effective public involvement, to support individuals and communities to take part. One of the ways they should do this is to promote the creation and development of local networks of organisations and individuals with a health service interest. This is discussed further in paragraphs 47 - 52.

19. Strong, independent external scrutiny needs to be provided by a robust body independent of the local NHS. This is seen as a key task of a refocused Health Council structure.

A REFOCUSED HEALTH COUNCIL STRUCTURE

20. ***Patient Focus and Public Involvement*** proposes replacing the existing 15 Scottish health councils with a new national body - the Scottish Health Council – which will also have a local presence. For the purposes of this paper we assume that this will, as at present, involve a local office in each NHS Board area. However, in considering its structure, the new organisation will wish to note that a number of those consulted in the pre-consultation, particularly in rural areas, thought that there should be more than one local office.

Functions

21. The pre-consultation noted a degree of resistance to what was perceived as a narrowing of the functions from those of existing health councils, and a dilution of their role as watchdog of the NHS in general. It is therefore important to state that **all** existing core activities carried out by local health councils[8] will continue to be provided. They will not, however, necessarily be delivered in the same way, and some will be delivered not by the refocused Scottish Health Council itself but through

[8] see paragraph 10

other routes, supported by more incisive Health Council powers (see Annex 3).

22. The proposed refocused health council structure should, as ***Patient Focus and Public Involvement*** proposed, have three main functions: the assessment function, the development function and the individual patient and carer feedback function.

23. The three functions are distinct, but there are good arguments for combining them within one body. In a field where there is little established wisdom and where methods are still developing, the assessment function should be informed by the best expertise available. Conversely, the assessment function will provide a comprehensive overview of current activity in the health service within Scotland, which will feed into the development function. Finally, awareness of the experience of individual patients will help keep the other functions grounded in reality.

24. These functions are essentially similar over the whole of Scotland, so a national body – with a local presence – would be more appropriate and effective than many separate local bodies. Working on a national scale will boost professionalism and expertise, and create and maintain a clear sense of focus on the roles and responsibilities of the Scottish Health Council.

- the **assessment** function:

  to play a central role in the annual accountability review process, by ensuring that NHS Boards are discharging their duties in relation to monitoring the patient experience and to patient and public involvement.

25. There is a strong case for an independent body to assess, through the NHS accountability review process, whether the views of patients and the public are indeed sought and acted upon. The Scottish Health Council would be the body to carry out this assessment. It would receive, from NHS Boards and their constituent organisations, information and other materials, such as consultation proposals, annual and other reports as they may require. This information would be used to produce an informed and expert independent assessment of the NHS Board's involvement activities and their impact on the service itself. The Scottish Health Council would also oversee the way in which the NHS carried out public consultations to ensure that they were carried out

properly. Where the Scottish Health Council considered that a consultation had not been carried out adequately, Ministers could require the NHS Board to carry out the consultation again.

26. To achieve credibility and balance in relation to strong health provider interests, the Scottish Health Council will need to be seen as independent**,** and have strong professional resources. It will be expected to use other sources of advice and information, and must have regular direct contact with individual service users, community groups and voluntary organisations to inform this. Its annual assessment report will form part of the NHS accountability review process and also inform the review function of NHS Quality Improvement Scotland.

27. The pre-consultation exercise found that, for many, the assessment role meant 'monitoring' that the public involvement process had made an impact on services as well as ensuring that appropriate public involvement mechanisms were in place. For some, this implied that some monitoring of service delivery should be allowed for and that the health councils' powers to visit health premises should not be lost. There were concerns about the demarcation between the proposed new structure and the current work of NHS Quality Improvement Scotland. It is agreed that it is important not to duplicate the work of others and to have the Scottish Health Council's work firmly bedded in the reality of patient experience. Proposals on the relationship between the Scottish Health Council and NHS Quality Improvement Scotland are made later in the paper in paragraphs 62 and 63.

- the **development** function:

> ***to provide a critical mass of expertise and experience, available to organisations representing the interests of service users and the public throughout Scotland, to help develop and spread good practice in public involvement in the NHS.***

28. Experience suggests that patient and public involvement will not be effective unless patients, carers, members of the public, and organisations representing their interests, are supported to develop the knowledge, skills and confidence they require to engage constructively in the process. NHS Boards will be expected to be proactive in delivering this support and in involving communities and organisations in the planning and review of their services. The White Paper ***Partnership for Care*** also proposes setting up Public Partnership Forums at Local Health Care Co-operative level.

29. The pre-consultation identified general support for NHS Boards having primary responsibility for public involvement, though comments were made about the importance of underlining that this duty to involve the public extends throughout the NHS, at Trust, Local Health Care Co-operative, practice and clinic level as well as Board level. The pre-consultation saw this as bringing with it a requirement to provide ***ongoing support for patient and public interests.*** This would included support for those who wish to engage constructively with their NHS Board and other statutory provider bodies about present and future services.

30. We do not propose to prescribe the exact structure and mechanisms for this function as these will need to vary to reflect local circumstances, and in particular to avoid duplication with existing arrangements. It will be for each NHS Board to decide what is most appropriate, to negotiate this with a wide range of local organisations, and agree it with the Scottish Health Council.

31. Comments from NHS staff also confirmed a need to develop good practice in involvement **within** NHS Boards and provider bodies throughout Scotland.

32. The Scottish Health Council will also work with service user organisations at a local level to identify what their development needs are and with the NHS Board to identify where the appropriate support can be found.

33. At a national level, the Scottish Health Council will provide support, expertise and experience to organisations representing the interests of service users, carers and the public throughout Scotland, to help them develop and spread good practice in involvement. They will also develop and disseminate, through its national structure, skills and good practice in quality assuring the patient focus and public involvement process. This will require its small central staff team to have a mix of relevant backgrounds. The central staff team would:

- identify and disseminate good practice
- provide training
- encourage and support innovation, through consultancy work
- undertake and disseminate research with NHSScotland, patients, communities and voluntary organisations.

34. The Scottish Health Council should also draw together evidence from across Scotland to be able to bring matters that are of concern on a broader regional or national scale to the attention of the NHS or to the Scottish Executive.

- the **individual patient and carer feedback** function

to ensure that individual patients and carers who have views about their health services that they wish to express have the opportunity and, where necessary, the support to do so.

35. The NHS must ensure that individual patients and carers who have views about their care have the opportunity and, where necessary, the support to be heard. This would also apply to patients and carers who wish to make a complaint and, for whatever reason, have not found a way of doing so that they have found satisfactory. It would not, however, be confined to supporting formal complaints (see paragraphs 39 – 44).

36. Many users have views about the services they have experienced that they would like to make known, but even where these are critical they do not want to invest them with the status of a "complaint", with all that this implies. If services are to be improved for patients it is vital that such views are captured, fed back constructively, and acted upon. (See also the consultation paper outlining proposals for a new NHS Complaints Procedure[9])

37. It is the responsibility of the NHS Boards, Trusts, Local Health Care Co-operatives and Family Health Services to make sure that the views of people who use their services are actively sought and that it is as easy as possible for people to give them. As the ***Building Strong Foundations*** Toolkit[10] illustrates there are many ways of providing feedback, from comments cards to patient liaison officers to surveys. Many of these forms of feedback can and should be set up and operated by the appropriate NHS provider body. However, this is not enough. There should in addition always be easy access to an ***independent*** body or mechanism that can not only pass on the patients' or carers' views, but also support him or her through the process. In terms of feedback, the independent body will be the Scottish Health Council.

38. To fulfil its individual feedback role, the Scottish Health Council will require to proactively raise issues of public concern, for example issues

[9] Reforming the NHS Complaints Procedure SEHD 2003
[10] SEHD and Scottish Human Services Trust, May 2002

where there is no representative patient or carer groups, for example accident and emergency services. It will require NHS Boards, Trusts and primary care services to explore the views of patients and the public about any issues in question, and support individuals and community groups who wish to express their views.

Complaints

39. The pre-consultation exercise noted concern in relation to complaints and whether the Scottish Health Council role would extend to representing patients' views. These exposed a concern that an emphasis on working with, and building the capacity of local organisations might develop which would see the individual left out.

40. There were mixed views in the pre-consultation exercise on the extent to which the local offices of the Scottish Health Council should be involved in complaints and how far that involvement should go. It was thought it would be very easy for the organisation to become overwhelmed with complaints and become a reactive organisation instead of gathering views and taking a proactive role in improving services.

41. It is proposed that it should become a clear requirement on NHS Boards to ensure that suitable ***independent advice and support*** facilities are set up, at arm's length, to enable patients, carers and the public to get support in preparing and pursuing a complaint. This may be done in a variety of ways, for example, by commissioning a voluntary body or advocacy organisation. Ideally, this would be done in conjunction with the local authority or authorities in the NHS Board area. This would have the advantage that there would be one source of help for people with queries or views about issues crossing organisational boundaries, such as various community care issues.

42. To provide firm assurance that these arrangements are independent and effective, we propose that, before they are set up or commissioned, they should be subject to the approval of the Scottish Health Council, which should be represented on the commissioning group or committee. The Scottish Health Council would not be involved in actively managing advice and support services, but would have the right to monitor the effectiveness of the independent support and advice facilities to ensure consistent quality standards training and monitoring[11].

[11]Paragraph 31, Reforming the NHS Complaints Procedure

43. The way in which this system is set up is not a matter for this document and we do not propose to prescribe a uniform solution for Scotland. It will be for the NHS Board to decide what configuration is most appropriate, to negotiate this with a wide range of local organisations, and agree it with the Scottish Health Council. The final shape of the service will also have to take account of any changes to the complaints system that may flow from the consultation exercise on the complaints procedure currently taking place.

44. There was strong agreement in the pre-consultation exercise that the Scottish Health Council at national level should have a strategic role in relation to complaints, monitoring complaints handling and procedures. We accept this suggestion which we believe sits well with the assessment function of the Scottish Health Council.

Advocacy

45. Some patients and carers may need help of a more intensive kind or over an extended period of time. In these circumstances it may be appropriate to enlist more specialist advocacy support, in contrast to the more generic advice and support service described above. NHS Boards are already required to commission independent advocacy arrangements[12]. It is not proposed that the Scottish Health Council should be involved directly in commissioning advocacy services, but its assessment role should extend to being given full information about what advocacy arrangements have been put into place and how they are operating.

46. The Scottish Health Council will, as part of its assessment function, be able to comment on the adequacy and effectiveness of the arrangements for advice and support and for advocacy, as part of the NHS annual accountability review. In carrying out this function for local advocacy services the Scottish Health Council will work closely with the Advocacy Safeguards Agency.

Support for Patient and Public Interests

47. ***Patient Focus and Public Involvement*** suggested that this might be done through the establishment of a health service users forum (see

[12] HDL (2001) 8

Annex 1) in each NHS Board area. This forum, it also suggested[13], should

> "***appoint the non-executive members of the local office of the Scottish Health Council***".

48. Those consulted in the pre-consultation exercise remained to be convinced of proposed health service users forums. There were fears that the large number of organisations involved could make the forums too large to be manageable, and that it could be dominated by minority interests or by paid staff within the voluntary sector and not by service users. It had to work with and not duplicate or be superimposed on existing organisations or forums, for example community care forums, and other patient or health forums organised at Local Health Care Co-operative or community level. At the same time there was strong support for good connections with local concerns and issues, and for control to lie at local level. There was a clear interest in the possibility of creating such forums, if the practical difficulties listed above could be addressed. We accept this view on Health Service User Forums and make alternative proposal (see paragraphs 59 and 60) for local Advisory Councils to ensure public representation in the Scottish Health Council's local structure.

49. We also propose that NHS Boards promote and support a network of local patient and public interests that is led by individuals and groups from the community. The Public Partnership Forums, which are to be established at Local Health Care Co-operative level, following the White Paper, ***Partnership for Care,*** will potentially be an important part of such a network.

50. The exact form of each local network would, however, be for the NHS Board to decide in negotiation with a wide range of local organisations and agreed with the Scottish Health Council. In doing so, it should have regard for any parallel arrangements that may be in existence to represent the views of patients, carers and the public to local authorities in its area. Many local authorities are already working to create local service user forums and panels, and using a range of methods to involve their service users. It is important that local areas seek to build on or join forces with these rather than duplicate them, wherever possible.

[13] ***Patient Focus and Public Involvement***, page 12

51. The members of any governance structure established for the network should consist of individuals who are not paid officials of constituent organisations.

52. The network should not be treated as a representative body. It should not be the only body asked for its views on services. Its role should be as a means of communicating with and keeping relevant individuals and organisations informed of developments in the local health care system and of facilitating their involvement as well as providing feedback. The NHS Board should therefore provide the network and its members with access to all necessary information and to an appropriate level of support.

A Scottish Health Council: local accountability

53. Taking account of the commitment to change set out in ***Our National Health*** and the conclusions and recommendations of the pre-consultation exercise, a governance and accountability structure has to be developed for the proposed new national body and the Scotland-wide structure which will replace the existing 15 local health councils.

54. It is important that the Scottish Health Council, as a national body with a local presence, should be seen to be delivering the national agenda with a degree of local autonomy on the issues they should be addressing and how. This will mean engaging with local communities and being guided by the concerns and views of local people.

55. It is therefore proposed that, while it should be for the local offices of the Scottish Health Council to negotiate with a wide range of local organisations on how most effectively to engage communities in its work, each local office should:

- have an advisory council (see paragraphs 59 and 60) drawn from local people, patient and carer groups, community organisations, and other groups (such as Community Care Forums, Social Inclusion Partnerships, patient councils or forums);
- work with local people and organisations to develop an annual work plan for approval by the Scottish Health Council;
- demonstrate in all their work that they have involved and co-operated with a wide range of local health interests; and
- work with existing networks and forums.

56. The White Paper, ***Partnership for Care,*** also proposes that there should be Public Partnership Forums at Local Health Care Co-operative level to encourage stronger relations between primary care teams and their local communities. This will offer the opportunity for greater patient and public involvement in the preparation of local health service plans, and will be particularly relevant in developing the links between health care and social services. The Scottish Health Council will work with Local Health Care Co-operatives to support and encourage the development of these Forums. Public Partnership Forums may also offer a source of recruitment for membership of Scottish Health Council's local Advisory Councils.

57. Whatever solution is adopted locally, any organisation with a demonstrable health interest, which is open to and controlled by individual members of the public, should be entitled to be involved in this range of local and community activities. However, there would be a potential conflict of interest if any individual or organisation whose main or substantial activities are the ***provision*** of health or community care services were included and these organisations should not be involved.

58. Boards should make arrangements so that members of the public can be kept informed of, and take part in all appropriate local public involvement activity.

Local Advisory Councils

59. It is proposed that Scottish Health Council should appoint local Advisory Councils to provide a local presence in each NHS Board area. Membership would be advertised widely to attract interested members of the public. The Advisory Council's role would be to keep the Scottish Health Council structure aware of local issues and concerns and to advise it of local views on the extent and quality of the involvement activities of their local NHS Board, Trusts, LHCCs and Family Health Services. The Scottish Health Council would be free to use other sources of advice and information, and would indeed be expected to do so.

60. The local Council's role would be to ensure that the voices of local patients, carers, patient organisations and communities are heard rather than representing the voices of patients and the public. There are many and varied patient and public interests, and wherever possible it should be patients, carers, patient organisations and communities who should

speak directly to the NHS without the necessity of an intermediary, or representative.

A Scottish Health Council: national accountability

61. In considering options for this, the goal is to ensure that the new organisation is, and can be seen to be, independent of local NHS Boards and the Scottish Executive. It should also be an integral part of the development of the clinical governance and quality agenda, ensuring that it responds to patients and public needs. This includes ensuring that NHS organisations take a proactive and positive approach to engaging directly with the people they serve and demonstrating that they have listened to, understood and acted upon their views.

62. The pre-consultation noted issues about a need for clarity between the proposed new structure and the work of NHS Quality Improvement Scotland. The Clinical Standards Board, now a constituent part of NHS Quality Improvement Scotland, recognised the central importance of patient focus and public involvement in the delivery of continuing service improvement with the development of generic clinical governance standards.

63. The work of NHS Quality Improvement Scotland will be entirely independent of Government and NHSScotland and it will have a new power to 'intervene itself, for example, in response to public concern'[14]. It is important that the views and needs of patients and the public are placed at the heart of this agenda. The Scottish Health Council will therefore be established as part of NHS Quality Improvement Scotland. It would be a body with its own distinct identity, but operating within NHS Quality Improvement Scotland and contributing directly to the operation of NHS Quality Improvement Scotland's new powers. The details of this relationship require to be agreed, but the Scottish Health Council's chairperson would be a member of the board of NHS Quality Improvement Scotland.

Legislation

64. As the ***Patient Focus and Public Involvement*** framework states, subject to the outcome of this consultation process, further consideration will be given to any issues concerning legislation.

[14] '***Partnership for Care***' page 24 paragraph 3

Transition and initial milestones

65. The pre-consultation noted that existing health council staff are in favour of a smooth transition from the existing structures to any new arrangements: one of the aims of this consultation is to achieve agreement on how such a smooth transition can be achieved.

66. Staff and their representatives will therefore be involved at all stages of the planning process for establishing the new body and will be kept informed of developments and decisions in the spirit of partnership working. The Organisational Change Policy Statement in HDL (2001) 38 and previous MELs will apply meaning that NHS Scotland is committed to:

- the key principle of openness, fairness and equity in handling organisational change;
- working together to avoid compulsory redundancy; and
- operating a no detriment policy for staff to their overall terms and conditions of service.

This also places a responsibility on staff to accept suitable alternative posts on appropriate terms and conditions of service and any agreed changes to duties and responsibilities and/or location.

67. There will be no redundancies as a result of the establishment of the new structure. Indeed, with NHS Boards now required to take a proactive and positive approach to engaging directly with the people they serve and to demonstrating that this has resulted in changes in services, there should be increased opportunities for existing health council staff. Existing health council staff will be provided with information to enable them to apply for posts in the new structure. In addition, they will be considered for posts in the new organisations in advance of advertising in the national and local press. However, should they choose not to do so or be unsuccessful, they will be offered suitable alternative employment in the Board area. We will consult on the staff transfer arrangements during the consultation period.

68. By October 2003, the following will have happened (subject to satisfactory consultation and ministerial approval):

- establishment of the Scottish Health Council in shadow form;
- a national chairperson will have been appointed;

- members of the public will have been appointed to the Scottish Health Council's national Council; and
- a Director will have been appointed.

69. In the months following its establishment the Scottish Health Council will be expected to:

- define its strategic vision and management structure;
- establish an effective dialogue with the existing local health councils, NHSScotland and other stakeholders to allow it to begin full operation nationally and locally in April 2004; and
- identify its key priorities for the first 3 years in a strategic action plan to be submitted to the Scottish Executive Health Department by October 2004.

70. By April 2006 it is envisaged that the organisation will undertake a review of its role and functions. A report of the review will be submitted to the Scottish Executive Health Department by October 2006.

Scottish Executive Health Department
March 2003

Annex 1

Patient Focus and Public Involvement: Local Health Councils

The ***Patient Focus and Public Involvement*** framework contains the following section on local Health Councils:

Local Health Councils

The requirement for NHS Boards to engage more directly with the public will impact on the role of Health Councils. Health Councils have also recognised the need for change and for greater clarity about their roles and responsibilities. This is particularly important as different councils have, over time, focused on different areas of interest and often interpreted their role very differently. We will give clarity to the role of Health Councils that takes account of changes in NHSScotland.

Health Councils believe their credibility with the public is jeopardised by the current arrangements, as NHS Boards select and appoint Health Council members and staff. The revised proposals will address this issue, and guidance will be provided in order to address any issues concerning legislation.

We will consult on a suggested new role and structure for Health Councils, which will have 3 main functions

- ***Assessment - ensuring that the voices of patients and the public are heard and the services respond***
- ***Development - supporting development of good practice in areas of public, patient and community involvement***
- ***Providing feedback - supporting patients, carers and the public to make their views known.***

It is proposed to establish a National body with a local presence - the Scottish Health Council.

This body will incorporate:

- ***a national office responsible for infrastructure, staff support, training and dissemination of good practice.***
- ***local offices, with a small core staff appointed by the national body and non-executive members locally appointed in conjunction with the national body, working in each NHS Board area.***

- ***a Health Service Users Forum in each NHS Board area. This forum will appoint the non-executive members of the local office of the Scottish Health Council.***

Annex 2

Patient Focus and Public Involvement: Strands

1. The ***Patient Focus and Public Involvement*** framework broad strands can be described as follows

Building Capacity and Communications

2. The NHS is required to put the patient at the centre of service delivery by building and sustaining the necessary skills at individual, organisational and professional level. Supporting a change in thinking and working that ***does with*** rather than ***does to*** the patient also requires the NHS to provide training and support for the public to enable them to:

- take an active role in their own care
- make an active contribution to service development using personal experience
- be involved in discussions with the NHS about wider health issues.

Key to all this is the communication which links every part, or process, of health and health care. The NHS must ensure that communication is effective at all levels:

- between the patient and professional
- between NHS and the public
- between NHS and other organisations.

Patient Information

3. Feedback from the public repeatedly emphasises a need for better information about their health, their treatment, the options for care, and the availability of health services. The NHS must provide this information for it to be practical for patients to make informed choices or to take responsibility for their own health.

Involvement

4. Greater patient and public involvement is seen as a very important part of improving the quality of service provided by NHS Scotland. The framework sees effective public involvement:

- acting as a catalyst for change

- helping achieve a major improvement in the health of the public
- helping strengthen public confidence in the NHS.

It notes that public involvement has often been seen as a low priority issue, but that NHS Boards must make it a day-to-day reality that is fully integrated across the different levels and different organisations of the NHS.

5. Among the actions to take the involvement agenda forward are requirements on NHS Boards to:

- work closely with community planning partners and voluntary organisations in developing public involvement procedures
- strengthen existing partnerships and ensure opportunities for patient and public involvement are integrated and in-line with policy for that Board area
- produce a sustainable ongoing framework for public involvement.

Responsiveness

6. Previous attempts at making the NHS more 'patient friendly' may have failed because patients felt excluded or patronised. NHS organisations must therefore respect the views and needs of individuals, the wider public and local communities and reflect this in their strategies. They are therefore required to provide:

- a range of opportunities for the public to provide feedback on local health services;
- flexibility and sensitivity in responding to specific needs
- mechanisms for taking account of and acting upon complaints and concerns; and
- ways of sharing positive messages about good practice.

Annex 3

BUILDING ON CURRENT HEALTH COUNCIL CORE ACTIVITIES

1. This annex sets out how the current health council core activities will continue to be delivered, who will deliver them and how they will relate to the new role and functions of the proposed Scottish Health Council.

Current core activities	Activities in proposed structure
➢ ***To act as the voice of patients/public in the health council area***	New duty on NHS boards to consult and involve the public and patients in decision making. NHS boards must support and enable patients and the public to take part in this process. Scottish Health Council monitors whether this is happening by taking part in the annual assessment of NHS boards as part of the NHS accountability review process. Scottish Health Council feeds back the concerns and views of patients to NHS bodies as part of its feedback function. Scottish Health Council has power to support groups of patients whose voice might not otherwise be identified or heard.
➢ ***To influence health gain by contributing to a patient-centred health service***	This is already a function of the NHS Quality Improvement Scotland generic clinical governance standards. Through its input to the NHS Accountability Process, the Scottish Health

➢ ***To monitor health services***	Council will be able to contribute directly and effectively to the developing NHS quality agenda. NHS Quality Improvement Scotland plays the lead role in the monitoring of services. Lay reviewers are always included in reviews of services. Once again the Scottish Health Council's place at the heart of the NHS quality improvement and inspection process will allow it to contribute directly to this work
➢ ***To provide and develop information and advice strategies***	NHS Boards are required to develop effective advice and information services for the people they serve. The Scottish Health Council's role will be to monitor the effectiveness of these services as part of the national accountability review process. A Scottish Health Council function.
➢ ***To manage health council resources*** ➢ ***To contribute to the national voice for patients and the public in health matters.***	It is the responsibility of all NHS bodies and the Scottish Executive Health Department to have proactive mechanisms to support the engagement of the public, patients, carers, groups and communities in their work and to demonstrate that they have listened to and acted upon their views. The Scottish Health Council as a national body will be in a strong position to assess the extent to which the NHS throughout Scotland is listening and responding to patients and the public.

Annex 4

GLOSSARY

advocacy	Where an individual acts independently on behalf of, and in the interests of, patients/users who may feel unable to represent themselves in their contacts with a health care or other facility.
carer	A person who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.
clinical governance	A framework through which NHS organisations are accountable for both continuously improving the quality of their services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish. Management of clinical risk at an organisational level is an important aspect of clinical governance. Clinical risk management recognises that risk can arise at many points in a patient's journey, and that aspects of how organisations are managed can systematically influence the degree of risk.
Clinical Standards Board for Scotland (CSBS)	The Clinical Standards Board for Scotland was a statutory body, established as a Special Health Board in April 1999. Its role was to develop and run a system of quality control of clinical services designed to promote public confidence that the services provided by the NHS met nationally agreed standards, and to demonstrate that, within the resources available, the NHS was delivering the highest possible standards of care". On 1 January 2003, CSBS was merged, along with four other clinical effectiveness bodies, to form NHS Quality Improvement Scotland (NHS QIS). See NHS Quality Improvement Scotland.
CSBS	See Clinical Standards Board for Scotland.

Family Health Service	The type of health service provided by GPs, dentists, opticians and community pharmacists.
generic standards	Standards that apply to most, if not all, clinical services.
HDL	See Health Department Letter.
Health Council	Each NHS Board area has a Health Council, an organisation whose aim is to promote public consultation and participation in health-related matters. Sometimes referred to as a local Health Council.
Health Department	See Scottish Executive
Health Department Letter (HDL)	Health Department Letter (formerly known as Management Executive Letter - MEL), formal communications from the Scottish Executive Health Department to NHSScotland.
legislation	Laws passed by a parliament.
LHCC	See Local Health Care Co-operative.
Local Health Care Co-operative (LHCC)	In Scotland, Local Health Care Co-operatives are voluntary groupings of GPs and other local health care professionals intended to strengthen and support the primary health care team in delivering local care.
MEL	See Management Executive Letter.
monitoring	The systematic process of collecting information on clinical and non-clinical performance. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas.
NHS Board	NHS Boards replaced the separate board structures of Health Boards and NHS Trusts. The NHS Boards cover the same geographical area as the old Health Boards. The overall purpose of NHS Boards is to ensure the efficient, effective and accountable governance of the local NHS system, and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.
NHSScotland	The National Health Service in Scotland.
patient	A person who is receiving care or medical

	treatment. A person who is registered with a doctor, dentist, or other healthcare professional, and is treated by him/her when necessary. Sometimes referred to as a user.
primary care	The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, though by no means exclusively, delivered through general practices. Primary care services are the most frequently used of all services provided by the NHS. Primary care encompasses a range of family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners.
Scottish Executive Health Department (SEHD)	The Scottish Executive Health Department is responsible for health policy and the administration of NHSScotland. Website address: www.show.scot.nhs.uk/sehd/
statutory	Enacted by statute; depending on statute for its authority as a statutory provision. Required by law.
Trust	A Trust is an NHS organisation responsible for providing a group of healthcare services for the local population. An acute hospital Trust provides hospital services. A Primary Care Trust delivers primary care/community health services. Mental health services (both hospital and community based) are now usually provided by Primary Care Trusts.

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