

NHS Health Scotland

Patient Focus and Public Involvement (PFPI) Framework

1. The PFPI Agenda

Patient Focus and Public Involvement (PFPI) is a NHS Scotland wide agenda designed to bring about culture change in the way the NHS interacts with and involves the public in designing and delivering services and in taking greater personal responsibility for health. In particular, this agenda is being strongly driven by legislation designed to promote public involvement, legislate against discrimination and actively promote equal opportunities for all groups in society. As Appendix I demonstrates, the range of policies and current and pending legislation impacting on this agenda is very broad.

For the purposes of this framework, we use the term PFPI to cover not only patient focus and public involvement in its narrowest sense but also all issues concerning the need to consider the diverse needs of our population, to avoid discrimination and promote equality in all of our work.

2. What does this mean for NHS Health Scotland?

2.1 *The role of NHS Health Scotland*

The prime purpose of NHS Health Scotland is to improve health and reduce inequalities across the whole population. NHS Health Scotland works across different settings and sectors and works with a wide range of partners, using its specialist expertise in pursuit of the overall aim of promoting and improving health.

2.2 *Applying PFPI policies to a health improvement agenda*

It is clear that the various overlapping policy strands and legislation connected with PFPI make responding to PFPI and the Fair for All agenda in a meaningful way, and meeting all of our statutory obligations, a complex and potentially daunting task. It is also clear that there are particular challenges in interpretation and application of these policies for a special health board with no direct delivery of services to patients.

Having said this, as Scotland's national health improvement organisation, the essence of PFPI and its principles are not only significant for our success but also underpin much of our work. Improved outcomes in health improvement and health inequality have always necessitated working with people and understanding the factors that influence an individual's access to and use of health improvement actions.

The relevance of PFPI to NHS Health Scotland is clearly articulated in *Partnership for Care (2003)* and *Improving Health in Scotland, The Challenge (2003)*:

Health improvement actions will need to involve the public in all its diversity and that will need highly effective and varied communications.

Our proposed approach to improve health throughout Scotland...will empower the people of Scotland by supporting more people to care about their own health and that of their families; and help people to understand the issues, listen to their needs and give them the kind of support they need, underpinned by clear consistent messages.

Partnership for Care, Scotland's Health White Paper, 2003

We need to inspire, enable, encourage and challenge the nation to achieve (our) vision.

Improving Health in Scotland, The Challenge, 2003

2.3 Overarching Themes for Action

We believe that the spirit of PFPI and Fair for All – the Wider Challenge, and the general and specific duties placed on us by current and expected legislation, cluster around five common themes for action. These are:

- Meaningful consultation with our partners and the public
- Provision of accessible and relevant information
- Robust systems to assess the potential impact of our policies and functions on equality and minority groups
- Robust systems to monitor the outcomes we achieve from our actions under the PFPI policy framework.
- The collation and effective dissemination of evidence at a national level around the factors influencing health and health inequalities across our diverse population

The relevance of each of these themes to our work in NHS Health Scotland is set out below. We believe that taking these five themes as the cornerstones of all our work under this broad agenda allow us to construct a framework that helps us find a meaningful and practical way through this legislation and policy.

2.3.1 Information

As Scotland's national health improvement organisation, we have a duty to help people make informed decisions about their health and lifestyle choices. We do this by providing high quality and accessible information in a number of ways - by advancing our understanding of Scotland's health and how to improve it; continually improving strategies to share learning and good

practice in health improvement; providing support and clear messages to the public on how health can be improved.

We also have a role in collating and disseminating information on the factors that contribute to health inequalities within minority groups in the population.

2.3.2 Consultation

As a special national health board, the nature of the services we deliver to the public is different from area health boards, but the design and reach of our work nevertheless clearly affects the population of Scotland and a wide variety of groupings within that population.

We consult with the public in the widest sense – both directly via social marketing and advertising campaigns and indirectly via a wide range of policy makers, local health service organisations and representative groups.

It is a challenge to find methods of consultation that are most useful in gaining an understanding of the health improvement needs of the population and, in particular, of the particular needs of groups experiencing health inequalities for a variety of reasons. We are aware that it may be harder for some groups to take part in public consultations. To overcome such difficulties and to ensure that we reach all those likely to be affected by our policies, we work closely with partner organisations such as Commissions, religious and faith groups, racial equality organisations, voluntary and community organisations which already have relationships with and experience of particular communities, as they can advise us on how to reach and engage with them effectively. It is also a challenge to find ways of enabling the public to most meaningfully influence our strategies.

We therefore seek to make imaginative use of the consultation methods open to us. In many cases it will be appropriate for us to consult with other national bodies representing policy makers and population groups. We also already regularly use population surveys, focus groups, meetings and advisory committees to seek a better understanding of the views and needs of the public around improving their health. We recognise the need to ensure that these are carried out in a way that complies fully with the principles of PFPI policy and equality and diversity legislation. We also have the opportunity to use the consultative forum available to special health boards wishing to consult with BME communities and it will be appropriate to link in with consultation, engagement and involvement processes that happen locally through area health boards and other organisations.

A major part of our work in developing and implementing this framework will be to establish a consistent consultation process across the organisation, embedding it fully within our business planning systems. We are establishing a comprehensive database of consultation bodies and plan to develop greater confidence in employing a range of consultation methods to meet different needs.

We also need to include our own staff through formal partnership fora and other informal mechanisms in all decisions and policies that affect them.

2.3.3 Monitoring

Through the Performance Assessment Framework, the Scottish Health Council is responsible for assessing our performance on PFPI activities and supporting our continuous improvement of performance in this area.

We are also required to actively monitor our own performance on equality and diversity by setting and tracking the actions set in our Race Equality Scheme and other intended schemes across all strands of the equality and diversity agenda.

2.3.4 Impact Assessment

We are currently required under the Race Relations (Amendment) Act 2000 to assess our policies and functions for impact on race equality. This will shortly be extended to other equality and diversity strands and we will be required to consider these issues in a systematic and rigorous way when designing, developing and reviewing any new policy or programme of work. This allows us to assess our service, including how we work with our partners and the public, supporting a truly patient focussed service from NHS Health Scotland.

2.3.5 Influencing Policy

Two of our primary strategic aims are to gain a better understanding of Scotland's health and to influence national policy around health improvement and health inequalities. We have a key role to play, primarily through our public health science directorate, to build evidence around the link between health and disadvantaged communities and to present this in clear and influential ways to our Scottish Executive sponsors and to a wide range of national bodies, committees and steering groups.

We also play host to the National Resource for Ethnic Minority Health which has a specialist role in supporting ourselves and the other special and area health boards in Scotland to design and monitor our services for active consideration of ethnic minority needs.

3. Putting PFPI into Practice in NHS Health Scotland

3.1 *Key Principles of our Approach*

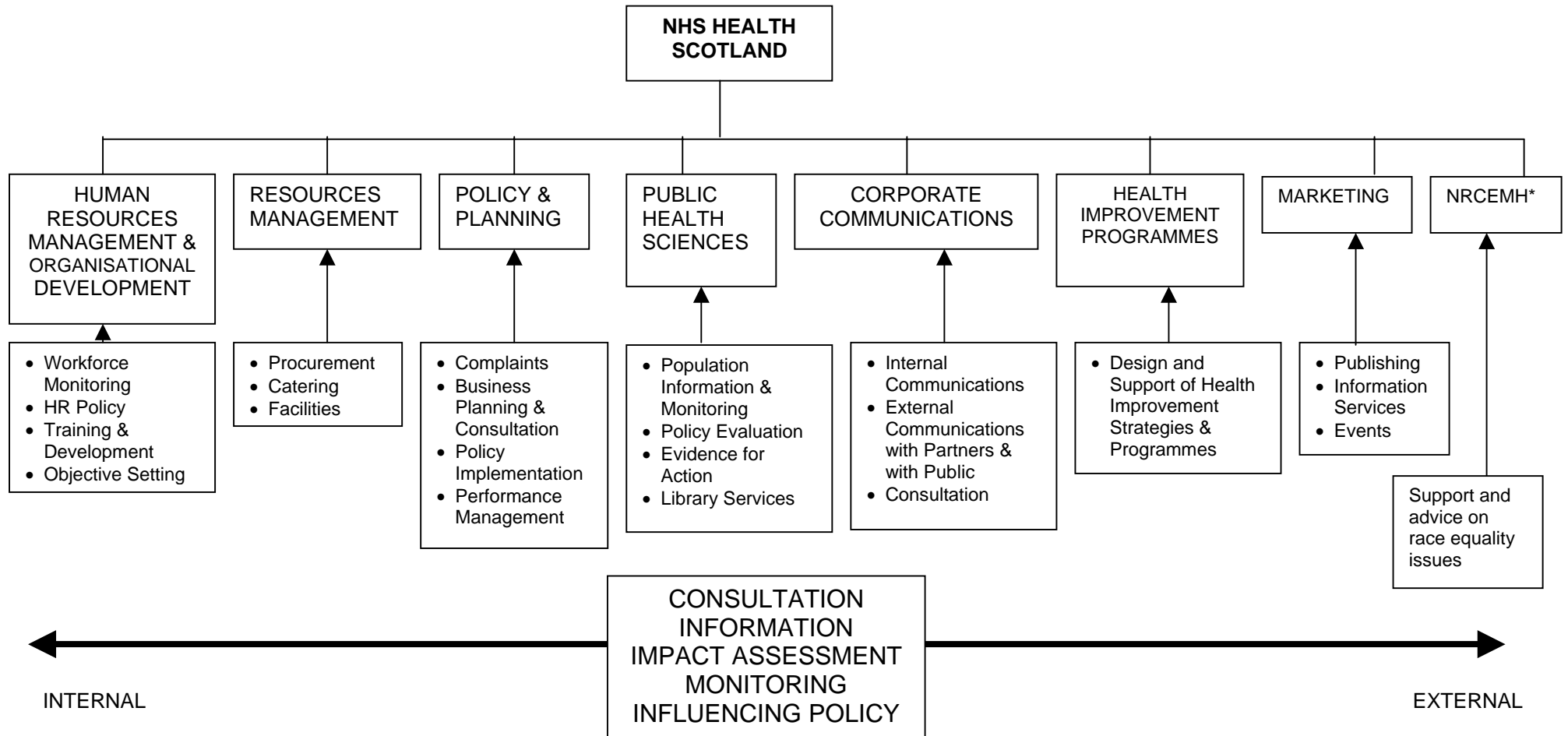
There are a number of key principles which should underline everything that we do in this area.

- Responsibility for meeting both our legal requirements and for going beyond the spirit of the law to take a genuinely positive and proactive approach to this work must rest with the whole organisation and not one individual
- Our work in this area must be truly mainstreamed into our key processes of planning, monitoring and reviewing our work
- We should avoid duplication of work and duplication of approach wherever possible

3.2 *Taking an Organisational Approach to PFPI*

We believe that across all the strands of diversity there are common areas of our organisation and activity that we need to consider in a systematic and integrated way. This approach allows us with every issue that arises to consider in a coordinated and systematic way what issues we need to cover, which functions and/or policy areas we need to look at and whether our approach should be largely internal, external or both. The diagram overleaf represents the starting perspective from which we would consider any PFPI policy issue.

3.3 Taking an Organisational Approach to PFPI (cont)



3.4 Delivering the PFPI Agenda

3.4.1 Our Agenda

Detailed analysis of the policies and legislation described in Appendix I of this framework have highlighted a number of specific requirements on NHS Health Scotland that require immediate attention in 2006/07.

- Review & publish a revised and compliant Race Equality Scheme for 2005 – 2008. Our Race Equality Scheme can be accessed at www.healthscotland.com/aboutus/race-equality-scheme.cfm.
- Devise an overarching PFPI framework for the organisation which provides a framework under which all PFPI and equality and diversity work will be coordinated
- Account for our progress on PFPI to the Scottish Health Council
- Prepare Disability and Gender Equality Schemes for legal implementation
- Prepare and implement an Action Plan which incorporates the action plan set out in our Race Equality Scheme 2005 – 2008 and all other actions identified by the PFPI group
- Set up a system to monitor and track progress against this Action Plan

3.4.2 Accountability

Executive responsibility for PFPI agenda rests with the Director of Programme Design & Delivery. Day to day responsibility for the coordination and implementation of this framework rests with the Policy & Planning Department, headed by the Head of Policy & Planning supported by 2 policy officers.

3.4.3 PFPI/Equality & Diversity Group

We have reviewed the membership of the organisation's Equality and Diversity Group to re-energise commitment to the PFPI agenda and drive forward a new PFPI Action Plan. The Group (now named the PFPI/Equality & Diversity Group) is chaired by the Director of Programme Design & Delivery and reports regularly to the Corporate Management Team (CMT) and, via the CMT, to the Board. All key functions and areas of the organisation are represented, at senior level, on the group.

The remit of this group is proposed as:

- To drive forward the development and delivery of essential and prioritised work across each equality & diversity strand.
- To drive forward the development of the PFPI framework and action plan
- To champion the work of the group across the organisation.
- To oversee the review and impact assessment of the organisation's policies, functions and business plan proposals.

- To report regularly to the CMT and to the Board, who will review the progress that the group makes.

3.5 Conclusion

PFPI is a challenging agenda but one which NHS Health Scotland is committed to taking forward in a meaningful and practical way. This simple framework, designed principally to bring all policy strands under one umbrella, is a positive way of ensuring that we tackle these issues in a coherent, measured and corporate manner.

PFPI & Fair for All Policy in Scotland

Designed to Care, Scottish Office, 1997

White Paper containing proposals to strengthen patient and public involvement.

Our National Health: A plan for action, a plan for change, Scottish Executive, 2000

A paper recognising that a culture change in the way services are delivered was required to improve the health of the people of Scotland, deliver high quality services and reduce health inequalities.

Patient Focus Public Involvement, Scottish Executive, 2001

A framework setting out how such a culture change in NHS Scotland could be achieved through: Building Capacity & Communications; Patient Information; Involvement; Responsiveness. It stated that it was “no longer good enough to simply do things *to* people; a modern healthcare service must do things *with* the people it serves.”

Sustainable Patient Focus and Public Involvement, Scottish Executive, 2003

A research report into the sustainability of PFPI to support Boards and partner organisations integrate PFPI into ongoing work.

A Partnership for Care, Scotland's Health White Paper, Scottish Executive, 2003

White paper confirming commitment to a patient-centred health service and calling for the service to learn how to engage the public more effectively. It outlined principles of Fair for All would be extended to make sure that health services recognise and respond to the individual needs, background and circumstances of people's lives. The Scottish Health Council was set up following this White Paper to provide leadership and support the development of good practice in public involvement.

Fair for All: Working Together Towards Culturally-Competent Services, NHS HDL(2002)51

A Scottish Executive Health Department letter with accompanying guidance setting out the responsibilities on NHS organisations to deliver a culturally competent service. It outlined five key policy areas namely, Energising the Organisation, Demographic Profile, Access and Service Delivery, Human Resources and Community Development.

Fair for All – The Wider Challenge, Scottish Executive, 2004

This leaflet indicated that an Equality and Diversity Strategy: Fair for All – The Wider Challenge was being developed as part of the PFPI agenda.

Fair for All – The Wider Challenge, Good LGBT Practice in the NHS, Stonewall Scotland, 2004

This document provides information, case studies, good practice examples and real experiences of LGBT people who have used NHS services. It includes a checklist for considering any practical changes that could have an impact on the services provided for LGBT people.

Strategic Guidance to NHS Scotland in Mainstreaming Disability Equality and Access into Policy and Planning, Consultation Document, Scottish Executive Health Department, 2005

The Fair for All - Disability team was put in place to support the NHS meet the requirements of the Disability Equality Duty in the Disability Discrimination Act 2005. These consultation documents provide strategic and good practice guidance on disability issues across NHS Scotland.

Legislation affecting PFPI

NHS Reform(Scotland) Act 2004

This places a duty to encourage equality of opportunity and a duty to involve the public.

Race Relations Act 2000

This strengthened the Race Relations Act 1976 and placed a general duty to promote race equality on most public authorities, including NHS Health Boards. The generally duty is supported by a series of specific duties providing steps public bodies should follow.

Disability Discrimination Act 2005

This Act creates a new Disability Equality Duty, placing a requirement on public authorities to produce clear policies and action plans, review existing policies and functions aimed at proactively tackling disability discrimination and promoting equality. This will come into force in December 2006.

Pending Legislation

The Equality Bill, currently going through Parliament, includes duties and powers of the new Commission for Equality and Human Rights. This will include responsibility for the promotion of human rights and for the new equality areas of age, religion and belief and sexual orientation.

The Gender Equality Duty is part of the Equality Bill and will require public bodies to pay due regard to promoting gender equality and eliminating sex discrimination. It will require public bodies to set their own gender equality goals in consultation with service users and employers and take action to achieve them. It is expected to become law in April 2007

The Equality Bill also includes measures which will outlaw discrimination in goods, facilities and services on grounds of religion, belief and sexual orientation.