

[Getting Involved – jpg]

# About Patient Focus and Public Involvement

## Learning Note 1

Updated March 2009

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## About this Learning Note

Getting Involved is a learning programme for staff in the Allied Health Professions in NHS Greater Glasgow and Clyde.

This is an initial introduction to the ideas and policies around Patient Focus and Public Involvement for staff who work in the NHS in Scotland.

## Patient Focus and Public Involvement

**Patient focus** is starting with the needs and wishes of individual patients. Other terms that are sometimes used are patient-centred care, patient-led care and person-centred care. Sometimes the focus is on the needs of the person being cared for and their family.

**Public involvement** is involving the public in planning for services. This includes the current and potential users of the service and people who have a wider interest. The activities can focus on a specific service. Or they can focus on a broader strategy, such as a series of developments over the coming 10 years or so.

Other public bodies, such as local authorities, are also working to make their services reflect the needs of the people who use them.

Patient Focus and Public Involvement – or PFPI – is the term that is used in the NHS in Scotland. It brings both elements together. The immediate focus for an NHS member of staff, or for a member of the public, will usually be on just one of these aspects. But the two aspects are closely connected.

- People are more likely to believe they can have an impact on bigger issues when their experience is that they are listened to and invited to use their experience around their own care.
- Staff will feel more confident in working in partnerships with people on service-wide issues when they have experience of working in partnership with the people they care for on an everyday basis.
- Patient involvement in planning for a particular service is the point at which the patient focus and the wider involvement aspects come together most often. Planning for a service or implementing changes to it will draw on both aspects.
- It is easier to explain to the public about how future plans will affect the people who use those services when the experiences and suggestions of the current patients are one of the drivers for the proposed change, and

the patients have been involved in providing background information about the plans.

- People may get involved in service user-led or carer-led groups when they want to use their own experience as part of working with the NHS to develop additional or more flexible services both within and alongside the NHS.

## **Policies and requirements on the NHS in Scotland**

NHS Boards are required to involve people in designing, developing and delivering the health care services they provide for them.

The initial policy was set out in 2000 in *Our National Health*.

“A patient-centred NHS must not just be a slogan: it must become a way of life. We want to work with the NHS to ensure that a patient focus is embedded in the culture. To make this happen we will ensure that listening, understanding and acting on the views of local communities, patients and carers is given the same priority as clinical standards and financial performance.”  
*Section 5, Our National Health, 2000*

The details of Boards' responsibilities in this area were initially set out in the document Patient Focus and Public Involvement (2001).

<http://www.scotland.gov.uk/library3/health/pfpi-00.asp>

There is a statutory requirement on NHS Boards to encourage involvement of people who use their services in planning and developing services: this is in Section 7 of the National Health Service Reform (Scotland) Act 2004.

[http://www.opsi.gov.uk/legislation/scotland/acts2004/asp\\_20040007\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040007_en_1)

*Better Health, Better Care* builds on *Our National Health*. It was published in 2007 and sets out a new vision for the NHS. It is based on a theme of mutuality that sees the Scottish people and the staff of the NHS as partners, or co-owners, in the NHS. The policies and good practice include involvement, representation and participation by people who use health services and their carers.

<http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

Specific strategies and good practice to support the care of people with particular conditions include an emphasis on people being involved in planning their own care.

### **Policies and good practice affecting all public bodies, including the NHS**

The *National Standards for Community Engagement* set out the good practice that every organisation should follow when they are carrying out activities around public involvement.

Engagement includes involvement. It goes further in that it recognises that the community groups should also be part of setting the agenda and the terms of engagement, as well as responding to consultations around specific proposals.

[http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs\\_010771.hcsp](http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs_010771.hcsp)

The Disability Equality Duty places a duty on all public bodies – including the NHS - to ensure that all the services they provide pay ‘due regard’ to disabled people. Many people who have long-term health problems are covered by the definition of disability.

<http://www.dotheduty.org/>

Public bodies also have a statutory duty to ensure that they pay ‘due regard’ to the circumstances of people in every area of their work under the Gender Equality Duty and the Race Equality Duty.

There is more information on the responsibilities of public bodies and of service providers from the Equality and Human Rights Commission.

<http://www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/pages/businessesorganisationspublicbodies.aspx>

### **Benefits for the quality of care**

The other reason why the NHS involves the people who use and have an interest in its services is that it is an integral part of good patient care.

- It leads to better outcomes. There are better clinical outcomes when people are involved in their own care. It helps to be able to draw on the ideas and expertise of a wider pool of people when we are planning for future services – especially when the problems are new or are complex.

- NHS Quality Improvement Scotland supports the delivery of good quality care in all NHS settings. The work of NHS QIS, the Standards and good practice advice are built on and promote the involvement of patients, their carers and the public.
- It is an integral part of the good professional standards which the Health Professions Council (HPC) promotes. It is closely linked to the standards for Continuous Professional Development set out by the HPC, especially Standard 3 – seeking to ensure that the CPD contributes to the quality of practice and service delivery – and Standard 4 – seeking to ensure that the CPD benefits the service user.

### **Useful sources**

Better Health, Better Care:

<http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

NHS Quality Improvement Scotland: [www.nhshealthquality.org](http://www.nhshealthquality.org)

The Health Professions Council: [www.hpc-uk.org](http://www.hpc-uk.org)

Section 7 of the National Health Service Reform (Scotland) Act 2003:

[http://www.opsi.gov.uk/legislation/scotland/acts2004/asp\\_20040007\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040007_en_1)

Equality and Human Rights Commission:

<http://www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/pages/businessesorganisationspublicbodies.aspx>

<http://www.equalityhumanrights.com/en/yourrights/pages/default.aspx>

Equality Duty: <http://www.dotheduty.org/>

Getting Involved: Continuous Professional Development for AHP staff in Glasgow

### **Further Information**

Further information about the Getting Involved programme and the other Learning Notes is available from:

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