

**Patient Advice and Support Service (PASS):
Monitoring and Evaluation Advisory Group**



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**A minute of the PASS Monitoring and Evaluation Advisory Group
held on Friday 30th October 2015
in Meeting Room 4, Delta House
50 West Nile Street, Glasgow, G1 2NP from 10.30am – 12.30pm**

Present:

Allyson Angus, NHS Tayside (by teleconference)
Shaben Begum, Scottish Independent Advocacy Alliance (SIAA)
Brigitte Cosford, representing Arlene Campbell, NHS 24
Val Costello, representing Jonny Miller, CAB Airdrie
John Hamilton, NHS Greater Glasgow and Clyde
Annemarie Long, Scottish Health Council
Susan McLaren, Scottish Health Council (notetaker)
Derek Neilson, Patient Advisor, Clackmannanshire CAB
Liz Taylor, Scottish Health Council (Chair)
Nigel Walker, Citizens Advice Bureau East Dunbartonshire
Dr Elspeth Weir, Community Pharmacy Scotland

Apologies:

David Brownlee, Citizens Advice Scotland
Christine Lang, Citizens Advice Scotland
Pauline Marland, NHS Forth Valley
Andrew Moore, NHS Ayrshire & Arran
Tina Morrow, Public Partner
Niamh O'Driscoll, Citizens Advice Scotland
Rowena Price, Patient Advisor, Lothian
Susan Siegel, Public Partner
Francis Santos, Scottish Government
Shona Welton, NHS Lanarkshire

1. Welcome and introductions

The Chair welcomed those present to the meeting and thanked them for taking part in the group.

Apologies received in advance of the meeting were noted and group members introduced themselves.

2. Minute of meeting on 16th March 2015

The minutes of the last meeting were noted and approved.

3. Matters Arising

Review of PASS contract

At the last meeting it was stated that Scottish government would be inviting boards to be involved in the discussions over the new contract. It was unclear whether or not this had happened.

It was felt important that NHS boards had an input into the procurement process to ensure they had been involved in what was being contracted for on their behalf. There was considerable disappointment amongst the group that notification of the new contract was still not out. In addition, no communication has been received by boards to confirm the one year extension of the PASS contract to run until March 2016. It was reflected that there should be learning to be had from the change from the Independent Advice and Support Service (IASS) to PASS in terms of allowing boards the opportunity to plan for required changes. It was also noted that the delays in receiving communication about the new contract could lead to a loss of valuable and experienced staff and it was unfair to leave people with such a degree of uncertainty over their future employment. The lack of certainty over the status of PASS also gives uncertainty as to the role of this group.

Integration of Health & Social Care

It was felt that there should be provision within the PASS contract or new contract for both health and social care to be covered so that a case worker could take on both aspects without having to hand over aspects relating to social care to a generalist advisor. The need for specialist advice for the whole system was recognised by the group but felt also that it was important for this to be fed back through other channels of influence.

It was noted that the Carers Bill going through Parliament has provision for an advice and support service for carers.

Local Advisory Groups

John Hamilton asked if there would be a change to the role of Local Advisory Groups as the Our Voice framework was implemented. This is still in the development phase so there is no clear idea of the impact there might be for Local Advisory Groups.

It was again agreed that future meetings of the PASS Monitoring & Evaluation Advisory group would have a focus on monitoring actions taken to address recommendations in the independent evaluation report carried out by SMCI Associates.

4. Client feedback

One of the recommendations from the independent review was that CAS should collect their own client feedback and this is now happening.

A report for the NHS Greater Glasgow & Clyde (NHSGGC) was shared with the group. It is thought that there will be reports for each of the boards although this is not confirmed.

John Hamilton advised the group that their report was considered at their last Local Advisory Group meeting. Points raised at that meeting were:

- A question over the representativeness of the numbers giving feedback (20) which was small in comparison with the total numbers of people using the service.
- Whilst it was good that people were pleased with the service, there was then difficulty in pulling out learning where the responses were so positive.
- Pleased that people were hearing about PASS from NHSGGC officers. Also pleased that people are aware of PASS from leaflets which indicates that these are getting picked up.

It was noted from the National Client Feedback Report May-October 2015 that although there were instances of dissatisfaction, this was not reflected in the comments provided. If adverse comments were given it would be good to have these included in the report and this would give a better balance. It was recognised that there might be ways to generate more comments by restructuring the survey to promote this aspect.

It is not clear from the reports why people who are aware of the service chose not to use it. This was a point that was picked up in the evaluation and is something that needs to be given greater consideration. From experience the Patient Advisors suggested that this very much relates to demographics with people that use CABs for other reasons being more inclined to also use PASS.

5. PASS National Reports

The report was noted.

On page 3 it was felt that the heading in the table “Number of Patient Advisor Hours” was misleading and should be changed.

It was encouraging to see referrals coming in from MPs and MSPs and NHS staff.

The 7% referrals from advocacy organisations was noted. Shaben Begum stated that as advocacy organisation aim to get their clients to take control there may be additional crossover from SIAA member organisations and PASS. SIAA member organisations might be telling individuals about PASS but would not necessarily make a formal referral. It was not known if the number of referrals out to advocacy organisations was captured. Additional recurring funding has been made available to NHS Boards since 2010/11 to help increase access to and the availability of advocacy. The additional funding was in recognition of the impact made and raised awareness of the availability of advocacy following the introduction of the Patient Rights

(Scotland) Act 2011. SIAA carried out some research a few years ago on the relationship between PASS and advocacy organisations. At that time there was not much crossover but it might be greater now.

6. PASS Monitoring and Evaluation Group

- Reporting of activity – website

Richard Kennedy-McCrea outlined his role in maintaining the Scottish Health Council website and asked the group for their thoughts on having some information about the group there.

A demonstration of the volunteering pages on the Scottish Health Council website was given as a suggestion as to how this might be approached. Within this section there is information about guidelines for supporting volunteering, the aims and objectives of the National Group for Volunteering, membership and all the information about each of the meetings.

It was felt that there needed to be some thought given to what was to be achieved by sharing information on the Scottish Health Council website and if this was the right place for it to be. It was felt that some basic information that would be required would be on the role of Scottish Health Council and its role in the PASS Monitoring & Evaluation Advisory Group and also possibly to have papers from the meetings. As it was considered that it would be good to have the Terms of Reference for the group as part of the information, this will be revisited to ensure that it is current. Any pages from the group on the website would be to share the work of the group and not to promote PASS itself.

It was noted that Scottish Health Council have a role to chair the group but do not have a governance role in how the service is run and that it would be important to keep that distinction. NHS NSS have an official role in monitoring the service.

It was suggested that at group meetings, there could be discussion on what from the meetings should be put on the website, but there was an unanimous view that most, if not all, agenda, minutes and papers should be publicly available.

Richard Kennedy-McCrea will draft a paper outlining options to be considered.

Action: R McCrea

Liz Taylor will report on the group's discussions to Francis Santos and seek his views on how the work of the group can be more widely shared.

Action: L Taylor

A short discussion was held about how multimedia might be used although there were reservations expressed about the necessity of this for a governance type group.

7. Promotion of Patient Advice and Support Service

An update on promotion of the Patient Advice and Support Service will be sent round the group by email to accompany the draft notes.

8. Prison work

An update on the work of the Patient Advice and Support Service in prisons will be provided to the group by email to accompany the draft notes.

9. Any other business

It was agreed that requests for agenda items at future meetings should be accompanied by a paper so that items could be discussed in the event of unforeseen absence.

10. Date of next meeting

The group requested a further meeting be held early in 2016 and Susan McLaren will contact the group to agree arrangements for the next meeting.