

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



A minute of the PASS Monitoring and Evaluation Advisory Group

held on Friday 4th July 2014

in the offices of the Scottish Health Council, Delta House,

50 West Nile Street, Glasgow from 14:00 to 16:00

Present:

Allyson Angus, NHS Tayside (by videoconference)
David Brownlee, Citizens Advice Scotland
Dougie Brownlie, Citizens Advice Scotland
Valerie Costello, Citizens Advice Bureau Motherwell (representing
Jonny Miller)
John Hamilton, NHS Greater Glasgow and Clyde
Margaret Fraser, NHS Lothian
Christine Lang, Citizens Advice Scotland
Annemarie Long, Scottish Health Council
Gary McGrow, Scottish Health Council
Susan McLaren, Scottish Health Council (notetaker)
Lisel Porch, Scottish Government
Francis Santos, Scottish Government
Liz Taylor, Scottish Health Council (Chair)
Nigel Walker, Citizens Advice Bureau East Dunbartonshire

Apologies:

Shaben Begum, Scottish Independent Advocacy Alliance
Arlene Campbell, NHS 24
Pauline Marland, NHS Forth Valley
Andrew Moore, NHS Ayrshire & Arran
David Taggart, NHS National Services Scotland
Dr Elspeth Weir, Community Pharmacy Scotland
Shona Welton, NHS Lanarkshire & NCPAS

1. Welcome and introductions

The Chair welcomed those present to the meeting and thanked them for taking part in the group. It was noted that there were a number of additional members from NHS boards which was a welcome development.

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

2. Minute of meeting on 30th January 2014

The minutes of the last meeting were noted and approved.

3. Matters Arising

National Quarterly PASS Reports

Christine Lang agreed to liaise directly with John Hamilton regarding the figures quoted for Glasgow.

Action: C Lang

Integration of Health and Social Care

In response to a question about how the Integration of Health and Social Care might impact on PASS Francis Santos stated that it was still too early to be able to identify any impact.

With respect to the contract there is an option for this to be extended for a period of 1 year and it is envisaged that discussions will take place in October between Scottish Government and the NHS. David Taggart should be able to give more information about this when the time comes.

John Hamilton stated that the feeling within his board was that they would be happy for PASS to continue. There were also strong views that boards should be kept informed of any changes in a timely fashion to allow for them to manage any transition effectively.

4. Update on the Monitoring and Evaluation of PASS – June 2014

a. Review of Terms of Reference and membership

When the group was set up it was agreed that the Terms of Reference would be reviewed after a period of time. Members are now asked to consider if the Terms of Reference are still fit for purpose and send any comments on these to Liz Taylor. A paper outlining the Roles and Responsibilities of key partners on the group was distributed and will be sent out electronically

to all members. Group members are asked to review this and send any comments to Liz Taylor. This document sits alongside the Terms of Reference.

Action: all

At early meetings of the group there was discussion on the content and format of quarterly and annual reporting. The PASS service is scoping for an external agency to conduct a review and it is possible that this may come under part of their remit. Christine Lang will discuss with colleagues the possibility of including this in the tender documents.

Action: C Lang

Monitoring and reviewing relevant aspects of service delivery including feedback from service users is part of the work being carried out by Gary McGrow.

The Chair advised that the public partners that were part of the group have now resigned. It is proposed to seek replacements prior to the next meeting of the group. The presence of public partners on the group was felt to be important and comments made by them were very much valued.

Poor representation from within primary care was noted although it was felt to be unlikely that this could be improved upon.

A positive development observed over the past few meetings was the greater numbers of boards being represented on the group. Discussion took place over how to continue this; perhaps to consider the national group meeting with the regional planning groups to generate more interest and in developing local action plans. It was felt that this could be a good way of achieving this however reservations were expressed over how it might work in practice. It was felt important to ensure that at least 2-3 boards were represented at each of the meetings. Should it be agreed to hold meetings in different areas consideration needs to be given to the makeup of the group to ensure that board representation continues at that level. It was also pointed out that it was important to maintain some consistency with respect to the attendees at group meetings.

b. Client Feedback

Following a review of the feedback received from PASS clients in 2012 and 2013 it was agreed by the PASS Monitoring and Evaluation Advisory group that the system of continuous feedback would be replaced with a snapshot survey to run from April - June 2014. A paper based survey was supplemented with telephone interviews and an electronic survey in the hope that this would increase the level of returns. A full analysis of the responses still has to be completed however early indications suggest that:

- statistics appear to be very similar to the previous years in terms of client satisfaction, in accessing the service, and if they would use the service again
- given that the expectation was for an increased level of responses, this has not been achieved
- some board areas are obtaining more feedback than others

The report on this feedback is expected to be finalised in August. The group agreed that this should be circulated to the Local Advisory Groups.

Discussion of this feedback highlighted that there may have been a lack of clarity for the Patient Advisers with regard to use of a paper based questionnaire and also at what point clients should be approached. The snapshot survey is now closed but this feedback can be reflected upon for future evaluation.

c. Local Advisory Groups

Local Advisory Groups have been established in 7 board areas although not all the groups have this as their dedicated function. There is no group in 3 board areas. It was agreed that more specific guidance in relation to the Local Advisory Groups might be helpful in influencing their setup where none exist. It might also be helpful for those who are working well to share this with other colleagues.

Allyson Angus stated that in Tayside they found it challenging to comply with the guidance in terms of what the group looks like. Within their current setup there are different elements: review meetings between the managers and CAB Scotland practitioners and Patient Advisers to analyse the information, the main business of the LAG, and sharing this with their public partners.

Margaret Fraser, as Manager of the Customer Relations and Feedback team (CRaFT) in Lothian, does link with the Local Advisory Group but is not part of it and the Public Involvement Coordinator has the main responsibility for this.

In Glasgow the Local Advisory Group is active, meeting regularly (4 times a year) and has a timetable that they are working to. At present they do not have any public representation as it was desired that the group was well established before recruiting public members to it. This recruitment process is now under way.

Liz Taylor and Francis Santos are meeting on 8th July and will discuss further the approach to be taken about setting up of LAGs and developing links with these across the country.

Action: L Taylor, F Santos

d. Review of PASS

Citizen's Advice Scotland are required to review PASS after a period of time. They have made the decision to get an external company to carry out the work and have held interviews.

As part of the review process information will be gathered from a selection of boards; NHS Highland, NHS Greater Glasgow & Clyde and Lanarkshire. The final report is expected to be published in October.

5. National PASS Reports

a. Quarterly reports Q3 & 4

Christine Lang highlighted key points from the Q3 and Q4 reports:

There was a significant increase in the number of clients from Q3 to Q4 with a greater number of enquiries been seen by a Generalist Advisor. In one board area they are trialling PASS champions and this may be what is impacting to give this increase.

The advice code, staff group and clinical treatment breakdown remain fairly static whilst supplementary advice and referrals in from NHS complaints staff are up.

More client profile information is contained in the Q4 report.

Christine Lang confirmed that there was scope to capture information about referrals out to advocacy organisations and agreed to check that information for Tayside.

Action: C Lang

Where there are anomalies in the statistics, this to be indicated if as a result of rounding errors.

Action: C Lang

b. Annual Report - highlights

Although the Annual Report still has to be finalised, a number of key findings from the report were given. The highlights paper is included with the minutes.

c. Feedback from NHS

The Citizens Advice Scotland Development Officer occasionally meets with NHS boards and feedback is received on the content of the reports. It should be noted that there is felt to limited scope for changes to these.

6. Promotion of Patient Advice and Support Service

Dougie Brownlie, Publicity Officer for PASS came into post in February and described the work that had been undertaken since that time.

- Contacted hospital radio stations across Scotland to ask for their help in raising the profile of PASS. One of the stations is running promotional clips.
- Building a presence on social media - increased followers from ~200 to 659 on Twitter.
- Developing links with key contacts e.g. SHC, NHS and HIS.
- Met with NHS GGC for a new staff induction. Following this had a distribution of 2000 leaflets.
- Patient Opinion - can post PASS details, including where there has not been a response from a board.
- NHS payslips - 3/4 of boards now have had information about PASS displayed on these. Other boards have included information about PASS in their staff briefs.

- Attendance at conferences and events to raise awareness, included the Patient Managers conference at the Beardmore Hotel.
- A wider range of promotional materials is now available, including pens and post-its.

He said that it is difficult to identify if the post is successful; linking specific increases in demand to promotional activity may not be possible to do. However it was observed that following PASS details being included on payslips in Tayside there was an increase in numbers being referred locally. However, concern was expressed that if it was too successful, the capacity would not be there to handle additional clients.

The Twitter address of the PASS service is [@PatientAdvice](#)

Francis Santos commented that links between NHS boards and PASS varied across the country and were better in some areas than others.

e-Modules for NHS staff and Patient Advisers have been developed and are on the NES website. Further modules are planned on the role of the Scottish Public Services Ombudsman.

7. Any other business

To encourage good attendance at the PASS Monitoring and Evaluation Advisory group meetings members are requested to send someone to deputise for them if they are unable to attend. Lisel Porch may in future act as a deputy for Francis Santos.

The group wished Sandra Falconer all the best in her partial retirement.

8. Date of next meeting

Susan McLaren will contact members to agree a date for the next meeting of the Group.