

Content

The Charter contains information on rights and responsibilities in six areas: Access, Communication and Participation; Confidentiality; Respect; Safety; and Comments and Complaints.

There are also sections describing what you can do if your rights have not been respected, and where you can get further information and support.

A leaflet will be produced to summarise this information further, and factsheets will provide practical examples of your rights and responsibilities in the six areas described above.

Question 1

- a) Do you think the level of detail in the Charter is useful and appropriate?
- b) Is there any information not included in the Charter that should be covered?
- c) What would make it better?

Question 1 Answer

1a) – NHS 24 considers that the level of detail in the Charter is useful and appropriate.

1b) – NHS 24 considers that the statements: 'Take some personal responsibility for your own health' and 'Take an active part in discussions and decisions about your health care and treatment' be amended to include reference to the range of information which is available from NHS inform electronically or by telephone (page twelve bullet points two and three).

NHS 24 consider that the section supporting the statement: 'You have a right to say if you do not want your personal health information to be shared in particular ways, and to expect that the NHS in Scotland will not normally pass on your personal health information without your permission' be expanded to include the need to consider the potential consequences to a patients care if they chose not to allow access to or the sharing of the clinical information. This could compromise the quality and safety of the care patients receive, particularly in, the out-of-hours setting where access to relevant clinical information is already limited (page 14 second bullet point).

NHS 24 considers that the supporting statement: 'You can expect that any medicines your doctor prescribes have been approved by the NHS in Scotland' be extended beyond 'doctor' to include the wider range of qualified healthcare professionals (page 18 bullet point one).

1c) No recommendation made.

Accessibility

We want the Charter to be as accessible as possible. This means that the language is easy to understand, and it is set out in a way that is easy to read.

Question 2

- a) Do you think the information in the Charter is written in a way that is easy to understand?
- b) Does the format of the Charter make it easy to find the information you need?
- c) What would make it better?

2a) NHS 24 considers that the Charter is written in a way that it is easy to understand.

2b) NHS 24 considers that the format of the Charter makes it easy to find the information you need.

2c) NHS 24 welcomes the commitment to produce a leaflet to summarise this information further, and factsheets which will provide practical examples of patient rights and responsibilities in relation to access; communication and participation; confidentiality; respect; safety; and comments and complaints.

Design

The Charter is presented in A4 format, with a different colour and icon for each section.

Question 3

Do you have any comments on the design of the Charter?

Question 3 Answer

3a) NHS 24 notes that each section has subheadings titled 'What does it mean for me' and 'What does the NHS in Scotland expect from me'.

Consideration should be given to displaying these subheadings more prominently within the Charter.

Availability

The Patient Rights (Scotland) Act 2011 says Health Boards must make copies of the Charter available without charge to patients, staff and members of the public.

The Charter will also be published online, and supporting information such as a summary leaflet and fact sheets will be available.

We are considering what the most appropriate alternative formats for the Charter or the supporting information is. For example, different languages, large print or audio may be produced. We would normally make available alternative formats on request.

Question 4:

- a) What do you think is the most appropriate way for people to get a copy of the Charter?
- b) Do you agree that we should only make alternative formats available on request?

Question 4 Answer

4a) NHS 24 considers that an electronic version of the Charter should be available to view online and that written copies are available for distribution on request.

NHS inform, a health information service, should be utilised to ensure that the Charter is available online and through digital television.

4b) NHS 24 considers that the Charter should be readily available in the six most commonly used languages in Scotland and large print, audio and British Sign Language versions should also be available.

In addition, requests for alternative formats should be considered.

Rights and Responsibilities

The Charter outlines responsibilities as well as rights. These are things that people using health services can do to help the NHS in Scotland work effectively and deliver quality care and treatment.

Question 5

- a) Do you have any comments on the balance of rights and responsibilities set out in the Charter?
- b) What would make it better?

Question 5 Answer

5a) NHS 24 considers the balance of rights and responsibilities set out in the Charter to be proportionate.

5b) NHS 24 considers that the statement: 'What does the NHS in Scotland expect from me', which is a theme throughout the report be reworded to explicitly reference the responsibility that the patient has across each of the six areas of the Charter.

General

Question 6

Do you have any additional comments to make about the Charter of Patient Rights and Responsibilities?

Question 6 Answer

Members of the NHS 24 Public Partnership Forum were invited to contribute to the NHS 24 response.

The following comments are attributable to members of the Public Partnership Forum:

- Access – Your rights when using NHS services in Scotland: comment was made regarding the waiting time of at least three to four weeks for an appointment to see a General Practitioner in a rural setting and the apparent autonomy which receptionists have when deciding to provide a patient with an emergency appointment.
- Prescriptions – adverse reactions are not always explained by doctors due to the limited consultancy time available and drugs recommended by a consultant can be changed for a less expensive generic version.
- The range of services available in a rural setting may be limited.
- The Charter is well written, self explanatory and easily understood.
- There is a request that the Charter is made available online, in large print and that a printed Braille version is also made available.
- Ensuring that those who are less able, both physically and mentally, are protected is imperative and that someone can have a supporter or have someone appointed on their behalf is a great idea.
- Access (page 5) – the paragraph: You should never be refused access to NHS services in Scotland on the basis of unlawful discrimination against you, because of your age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation' should be extended to include the words 'or where you live'.
- Communication and Participation (page 9 third bullet down on first section) - I think instead of 'You can ask any question if you do not understand something' it should be 'You will be asked if you understand your diagnosis and treatment'. Some people are reticent about asking questions so they should be asked or prompted, I feel.
- Communication and Participation (page 9 third bullet down on the second section) talking about rights to information and health care treatment and options...third bullet talks about 'You can ask for more information if you want to know more'. I think it should be expanded to include making available the statistics for the hospital, surgeon, etc in terms of infections, success rates, how many operations of this type carried out. Earlier in the document it confirms you can ask for a specific doctor at your practice so you should be able to have some educated say in who treats you in which hospital.
- I don't like the expression 'You should be able to....or you can expect'

that 'should be' or 'can expect' to be replaced by 'you will'. Example: at the bottom of page 9 the bullet states 'You should be given information in a way you can understand'. Simply it becomes 'You will be given information in a way that you can understand'. Next page another example is 'You can expect to be told the names of the staff responsible for your care and how to contact them' It becomes 'You will be told the names etc'. You should be or you can expect is not the same level of commitment that 'will' has.

- 'This looks good – the only problem I can see is that it makes assurances that cannot possibly be kept'.
- The paper is user friendly. Access should be at GPs, Dentists, Pharmacy facilities and Library. Alternative formats only on request. Patient groups could be asked to have a focus information discussion.