

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

Overall the level of detail in the Charter is both useful and appropriate. There are, however, certain points which should be addressed and in some cases require further clarification.

Under the ‘Right to Access’, the Charter states:

“You have the right that your local health board will assess the local community’s health needs and provide the services it considers necessary to meet them. Your health board must make informed decisions about how best to share out the resources it has to meet its areas needs. This means it will not necessarily be able to provide every treatment for every patient.”

This statement creates real concern about the further exacerbation of what is already considered a ‘postcode lottery’ across the NHS in Scotland.

“Services are dependent upon individual location and are not consistent across Scotland. It’s unfair.”

At present, different areas of the country have different priorities. Services which are widely available throughout one health board may not be accessible in other health board areas. This could be seen to conflict with the concept of ‘universality’ that the NHS was built upon.

The Charter also states that, under certain circumstances, patients have the right to ***“go to other European Economic Area (EEA) Countries for state or private treatment that would be available to you through the NHS in Scotland”***. Despite this there is no indication as to whether, given the focus on local health boards, patients are entitled to access treatment in other health board areas, which may be nearer to where they live. Further clarification is required.

The geographical and rural nature of Scotland means that, in many cases, individuals are covered by one health board while their nearest hospital may be under the jurisdiction of another. Public transport is a major issue in many areas of Scotland. Bus services are considered “*woefully inadequate*” across these parts of the country resulting in many women struggling to access essential services.

There is little clarity within the Charter regarding those who have to travel from rural areas to central locations for treatment. Attending hospital for ‘quick’ appointments can be time consuming, expensive and inconvenient for those from rural locations. In some cases an overnight stay is required. Women with families or other commitments become stressed at the thought of arranging support in order to attend often routine procedures.

“The financial impact of having to take time off work to attend appointments is not considered.”

As it stands there is no information in the Charter regarding assistance available in order to access these appointments.

The responsibility contained in the Charter to “**attend any GP, dental, optical hospital or clinic appointments that have been arranged**” could cause concern among many members of society. It is unclear what repercussions or sanctions will be faced by those unable to attend an appointment at short notice.

Public transport, particularly in more remote parts of the country, is seen as “*limited and expensive.*” Inadequate bus services severely restrict the mobility of people who live there. Timetables are often subject to change at short notice and routes are altered during school holidays and at different times of the day. In bad weather many roads are closed which effectively leaves communities “*shut off*”. These factors can all contribute to women, at short notice, being unable to attend appointments.

Poor mobile telephone coverage results in women being unable to contact services to advise that they are running late for or cannot attend appointments.

Caring responsibilities often mean that women who have made appointments may not be able to attend. Emergencies, lack of childcare, care for the elderly can impact on a women’s ability to attend a pre-arranged appointment. Notice can only be given when the situation arises, which could be on the day of the appointment. It is important that the terms of the Charter are not seen as a threat. Consideration must be given to women in circumstances such as these.

Patients with mental health issues could feel intimidated by the responsibility “**If a member of NHS staff (for example a health visitor or community psychiatric nurse) is coming to visit you at home, make sure you are in at the agreed time**”. Those who require visits from psychiatric nurses may not always remember that they have a scheduled

appointment, or because of their mental state on that day may be unable to cope with communication. This should be borne in mind when implementing the Charter.

NHS24 is a necessary service relied on by much of the population, especially as most GP out-of-hours assistance has been removed. The Charter should make it clear that calls to NHS24 are chargeable. Depending on the nature of the emergency, a number of calls may have to be made to NHS24 resulting in increased stress for vulnerable women due to the costs incurred.

The Charter places the responsibility on patients to discuss care and treatment “**with NHS staff in an open and honest way**”. While this is important to ensure the best possible care and treatment is given, in many parts of Scotland there is a strong patriarchal culture and an ‘everyone knows everyone else’ mentality. Many women can be unwilling to discuss more private matters, particularly with non-medical staff, as often they and their families are known within small communities.

“I feel very uncomfortable having to explain my medical needs to people who aren’t medically qualified. It’s not up to them to decide whether I need to see a doctor or not.”

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?

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

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

It is important not to rely heavily on the internet for distribution of the Charter. Broadband in rural areas is "*patchy and unreliable*". Cheaper deals by internet providers, available in urban areas, do not apply in more remote parts of the country. Similarly, access to the internet is seen as a luxury for many living on lower incomes. While libraries have computers available for free, cuts to public services mean that many are running on reduced opening hours. It cannot be taken for granted that all households in Scotland would be able to access the Charter online.

As all of Scotland is expected to adhere to the Charter, everyone should be provided with a copy in a format which they are able to understand.

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

General

Question 6

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

Question 6 Answer