

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

- a) Yes, very useful
 - Charter is very user friendly no jargon
 - perhaps the icons could be explained.
 - Staff copies are essential.
 - Detail level good – not too little not too much.
 - A lot of information to cover and seems to have done so in plain English and without jargon.
- b) General agreement of most areas having been covered with following points -
 - There is emphasis on secondary care throughout the charter, many of the primary care considerations are missing. The charter should be completely revised to take account of this.
 - The dreaded smoke free zone. What is the situation for home visits to a smokers home? Should reference to rights or what the NHS should expect of me ie not to smoke be added.
 - Page 13 final section, “You may give consent to your information being used or shared in different ways – for example – by not objecting or disagreeing if you are told the information will be shared.” Suggest that this should also include “...and who the information will be shared with”
 - Reference required to right to translation services being made available for medical reports in other languages when UK residents bring a report back after being ill abroad.
- c) The charter should be completely revised to take account of primary care as well as secondary care.
An index would help a great deal

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?

- a) Most of the time

Very easy. Good for public to understand fluent language and “No jargon”.

There will always be some people who will find difficulty in understanding fully any charter.

- b) Yes, it is well laid out.

- c) Good access to other formats, Audio, Non English language etc “on request”.

A detailed index would be very helpful at the front of the charter.

A summary is available that will be useful for quick reference.

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

No. It is fine for me.

No. Part 1 gives you an index reference.

I have no problems with design or colours used.

Not for me but maybe for others as was mentioned at the meeting.

It was brought up at the meeting that some people may be coloured blind. To me numbering the pages are adequate.

Generally the design is acceptable. Assurances are needed around acceptability to particular people and groups. For example are the colours used suitable for people with colour blindness. People who suffer from aphasia may have challenges following the flow of the icons and other aspects of the presentation.

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

- a) Suggestions include
 - that they should be made available on request and in alternative formats (on request)
 - they could be held in Doctor's surgeries, dental practices, pharmacies, libraries, council offices, information desks in hospitals and health centres and within health information shops
 - Access to leaflets on admission to hospital wards/on initial assessment
 - Staff should encourage patients to take the leaflet eg when in GP surgeries
 - Make people aware that it is available online
- b) Comments include
 - Not sure what this means – is this “produce on demand”, or “supply on demand”? In any case, need to consider economies of scale.
 - Consensus that it should be made available in different formats on request due to costs involved

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

- a) Comments on balance of rights and responsibilities include –
- Access: page 7 – clinics can sometimes run very late, but there is an emphasis on the patient being on time for appointments. What about NHS responsibilities about seeing the patient on time? Should be guarantees on how soon patient will be seen and maximum wait time. Possibly, text messaging service for clinics that are running late.
 - Communication: page 12 – Hospital records (during elective surgery in particular) can be many years out of date. There should some guarantee that if the patient informs one part of the NHS about a change then all records throughout the service should be updated at that time.
 - Confidentiality: page 14 – If you do not want your information to be shared, the default should be NOT unless informed by the patient otherwise. It should be up to the NHS to seek the permission of the patient, not to put the onus on the patient to make sure in every case that their wishes are being respected. How does the patient know when to ask for their information not to be shared? The default should be that the patient is always asked for permission.
 - Confidentiality: page 14 – “Access your own health records”. Is this a complete set of records or just part of it? Needs explanation if not a complete set.
 - Respect: Page 16 – If needs and preferences cannot be taken into account, then a full explanation should be given to the patient why they can not.
 - Respect: Page 16 – Privacy should include not just the examination, but also changing facilities and clinical clothing.
 - Safety: Page 19 – Telling about the medicines should not be just in hospital, what about primary care – GP, dentist, optician, pharmacy?
 - Safety: Page 19 – When signing consent for a procedure, any disclaimers should be explained fully, expediency permitting.
 - Helpful contacts have been included but complaints procedure and Citizens Advice details could be added.
 - Although most of the information has been in the public domain for quite a long time, it is good to bring this information into one format that is easily accessible and easy to understand. Also for our front

line staff and managers it is easier to set goals and targets based on public/patients needs and expectations as set out in the charter.

- Page 13 patient should be given a letter saying who will be given the information

b) Comments on making it better not already captured in a)

- The public/patient and staff committed to responsibilities of charter.
- Through training, awareness of contents of charter to be part of every day working within NHS.
- That over a period of time the charter can, and will be improved.

General

Question 6

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

Question 6 Answer

Some information has to be acted on after the end of life ie organ donors – how will this be recorded?

Once the Patient Rights and Responsibilities Charter is in the public domain, it must not be allowed to disappear from view. It should also be a focal point for standards within the NHS and be included in future training of all NHS Staff. It is a good Charter and will ensure standards of care are improved and maintained.

Patients / Carers / Family can be assured that access, safety and involvement in their personal care or care of a relative or a person who is vulnerable or with learning difficulties should maintain a high level of professional care and support from all providers within the NHS.

I was involved in a consultation on the Charter in January and even at that time, I felt this was a very powerful document. The aim to improve and maintain patient care at a very high standard.

This charter should be widely publicised and all copies should be dated so as obsolete copies can be removed and destroyed.