

## 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

We felt that the level of detail in the Charter is useful and appropriate. It outlines clearly what individuals can expect from the NHS and what is expected of them. We have the following comments on how we felt the content could be enhanced and to cover possible omissions (numbers in brackets indicate page numbers):

- (5) “You should never be refused access...on the basis of unlawful discrimination”, this understates a patient’s rights when using the NHS. Patients and service users have not only the right not to be refused access but not to be treated less favourably because they have a characteristic protected under the Equality Act 2010 (cf. also comments in response to question two about language used referring to equality)
- (6) The Charter says that you have the right to request support. It is unclear the extent to which the NHS is obliged to provide support or indeed consider requests for support.
- (7) “If you are going to be late, phone and let a member of staff know.” Redrafting as “...to be late, please let a member of staff know” would better include people who cannot use phones (e.g. BSL users) and takes into account booking services which use email and text, without diluting the meaning of the sentence.
- (13) The NHS requests equality monitoring information from individuals. It would be helpful to mention this and use it as an opportunity to explain how this data is used.
- (16) The point starting “You can expect all staff to respect your views and preferences...” could be expanded to include the views and preferences of carers and family members.
- (20) The feedback and complaints processes themselves need to be accessible. It might be helpful to include this so patients know to expect this.
- (20) A point should be included around a patient’s right to complain

should they feel they or a carer or family member has been discriminated against and explain NHS Scotland's stance on discrimination, harassment or abuse.

- (20) The Equality Act 2010 protects people who make a complaint under the Act from being victimised as a result of their complaint. Given the fear of being treated badly as a result of making a complaint can discourage people from making a complaint in the first place, we feel it is important to include this in the Charter.

## **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?

The vast majority of the Charter is clearly written. However, we felt that some of the language used when referring to provisions of the Equality Act 2010 was too legal. For example:

- (16) “You can expect all staff to respect your views...(provided these are lawful)” gives no indication of what is a lawful or unlawful view.
- (16) “You have the right not to be unlawfully discriminated against...” provides no explanation of what it is to be unlawfully discriminated against – that is to be treated less favourably than others (Equality Act 2010 ss.13, 19)
- (17) The final bullet point could be clearer about what constitutes harassment. It could read, for example: “You should do nothing which could make anyone feel intimidated, degraded, humiliated or which creates a hostile or offensive environment. If you do so because of another person’s sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy or because they are a mother, married or in a civil partnership, this is unlawful and will be treated particularly seriously.”

We felt that the terminology in the box about exclusions from the Treatment Time Guarantee (TTG) is relatively inaccessible too (7). The text could be reframed to speak not about services that do not apply but rather when for you as a patient the TTG does not apply, e.g. “The TTG does not apply when you are waiting for an organ transplant or to donate an organ.”

## **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**

The use of icons is helpful. However, the body text varying in size and being contained in a table made this document harder to read.

## **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**

The Charter should be available throughout the NHS, in particular in settings where members of the public make initial contact with the service, e.g. primary care, Accident & Emergency, Minor Injuries and Acute Receiving Units.

However, if it is going to reach the people most likely to suffer from disadvantages relating to their health, we need to consider disseminating it through other routes too. Gypsy/Travellers report higher levels of unfavourable treatment from the NHS, therefore we should consider making it available through local authorities at official sites. Other organisations like Health Rights Information Scotland may be able to help dissemination. Voluntary organisations such as Citizens Advice Scotland, Shelter, and the Scottish Refugee Council might be good routes to disseminate it to people who are less likely to access the internet and yet who have a high risk of suffering disadvantage in their health.

It is essential to consider how the Charter's dissemination could differently affect people with protected characteristics or who are vulnerable to inequalities in health. We welcome the Scottish Government's commitment to equality impact assess work like this. While NHS Boards should also assess their local dissemination plans, a central impact assessment is integral to avoiding consistency nationally. Any impact assessment should outline the different ways and settings people with protected characteristics and who suffer from unfair disadvantages in their health might access this document, and matters NHS Boards should consider when thinking about dissemination locally.

We disagree that you should only make alternative formats available on request. This document is too important for this approach and should be automatically translated into the most commonly translated languages in Scotland and formats such as Easy Read.

NHS Health Scotland makes all materials involved in informing consent automatically available in Urdu, Chinese, Polish and Easy Read. If requested, we will automatically provide these materials in large print, Braille and audio versions. Given the importance of the Charter and the size of the potential audience, the Scottish Government should consider a similar approach for the Charter.

## **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**

No comment.

## **General**

### **Question 6**

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

### **Question 6 Answer**

It would be helpful to have some statement about how the NHS will be held accountable for delivering on this charter.