

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) The BDA considers that the level of detail in the Charter is appropriate.
- (b) The information appears to be fairly comprehensive.

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) Yes
- (b) Yes
- (c) No further comment

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

Consideration should be given to numbering the paragraphs and individual statements in each section, rather than bullet points. This might allow easier reference to specific points, or for easier revisions in the future.

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) The most appropriate way of obtaining the Charter would be in paper form and on-line
- (b) No, we do not believe alternative forms should only be available on request.

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) The Charter appears to be well-balanced.
- (b) No further comments.

General

Question 6

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

Question 6 Answer

Introduction – Page 3

We recommend the very last sentence be expanded to include the word “accountably” so that it reads “Others are what everyone is expected to do to help the NHS work effectively in Scotland, and to help make sure its resources are used responsibly *and accountably.*”

Access - Page 5

Payment of dental treatment

The comment regarding payment for dental services does not appear to take into account the disparity across the primary and secondary care sectors in charging patients for dental treatment. For example, a patient who needs to undergo the removal of impacted wisdom teeth under conscious sedation, and who is referred to the hospital dental service, would not have to pay for dental treatment and so the Right outlined in this section of the Charter would apply. However, the same patient undergoing the same procedure provided in a community setting would have to pay.

Access – Page 6

The use of the word “may” in the sentence beginning “Arranging treatment in another EEA country..... may need to get approval...”. and throughout this section appears to make the Right discretionary. It appears that the Charter makes the Right subject to a GP approval, yet it is the patient’s responsibility to make arrangements. This might appear confusing for patients.

Consideration should be given to replacing the word “may” in subsequent sentences under **You have the right to request support to access NHS services in Scotland** with the word “should”.

Patient Responsibilities - Page 7

Patients who wish to access dental services should also be responsible for ensuring they register with a general dental practice and health boards will help them if they are unable to register at a preferred practice.

There appears to be inconsistency in the use of the words “you should” and “you can expect”, the former being more definite than the latter. This might appear confusing to the patient as to whether it is an absolute right for them to be told, for example, how long they are likely to have to wait for an appointment, or should they only expect to be told. Similarly, it might be confusing to a patient to read that they can “normally expect to see and get a copy of any letters,...”. This appears vague and potentially confusing to patients over what their actual right is.

Communication and Participation – Page 11

We suggest that wording be added to the first bullet point at the top of page 11 so that alternative options are included in the right to accept or refuse treatment. We suggest the additional wording in blue “..... about the care or treatment you are offered **and appropriate available alternatives**, then you have the right to accept or refuse any treatment, examination, test or screening ...”

Page 12

We believe that more emphasis needs to be placed on patients taking responsibility for their own health, and particularly for preventable diseases such as dental caries and periodontal disease.

Respect – Page 16

We suggest the third sub-bullet point be expanded slightly by inserting the words in blue, “In emergencies, decisions need to be made quickly. However, where it is possible, you can expect to be given **reasonable and adequate** time to make up your mind about any examination or treatment, without **undue** pressure from NHS staff providing your care.”

Page 17

We suggest that the description of “violence” be expanded to include “non-verbal gestures that suggest violence”.

Safety – Page 19

Dentists should be included in the bullet that continues at the top of page 19, “.... discuss this with your doctor, **dentist** or pharmacist first.”

Similarly, where it says “If you go into hospital, tell staff about any medicines you are taking”, we suggest this also be expanded to refer to **dental practices**.

Under the bullet point that refers to hand-washing, we would ask you to consider the words “**whenever entering a hospital ward**”, instead of “before visiting”,

Part 2 – page 22

We recommend inserting the word “**abusive**” at the bullet point that reads “you are violent or aggressive towards staff”