

# SIGNposting patients to use evidence to improve services

SIGN

Chest
Heart &
Stroke
Scotland

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# Background

#### Public Involvement

Patient, carer and public involvement has been actively promoted by the Scottish Government since the initial comments in *Patient Focus Public Involvement* (PFPI) in 2001 "It is no longer good enough to simply do things to people; a modern healthcare service must do things with the people it serves'. In 2010, *The Healthcare Quality Strategy for NHS Scotland* states that "our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care".

#### Present challenges

The challenges faced by health and social services to meet public expectations at a time of resource restraint are many. To progress this, they must develop a true partnership, a mutual model of engagement, with the public feeling equal within the process.

To ensure that this public involvement is meaningful and productive it is essential that people are prepared and supported for this role.

#### **Voices Scotland**

The Voices Scotland programme (Fig I)delivered by CHSS supports the public to have their say. Through workshops and ongoing support the public are provided with the knowledge, skills and confidence to work with health and social care services by participating in planning and redesign networks from a local to a national level.

In order to effectively influence services the public need to understand the structure of health and social services and training includes the raising awareness of SIGN (Fig 2) and its evidence based clinical guidelines.



Fig 2 SIGN logo

This health and social services structure training tool is demonstrated in Fig 3.



Fig 3 Basic NHS structure tool used on Voices Scotland public involvement training



Fig | Interactive Voices Scotland public involvement training day

### A Case for Change

VOICES Scotland training helps people to identify the strengths and weaknesses of local health and social services. People are then guided to use evidence to support the expression of these views via local health and social care structures such as Managed Clinical Networks (MCNs) and Public Partnership Forums. People are encouraged to move away from simply telling their stories and experiences towards presenting a more evidence based and structured **Case for Change** (Fig 4 and 5)

## The steps for a Case for Change

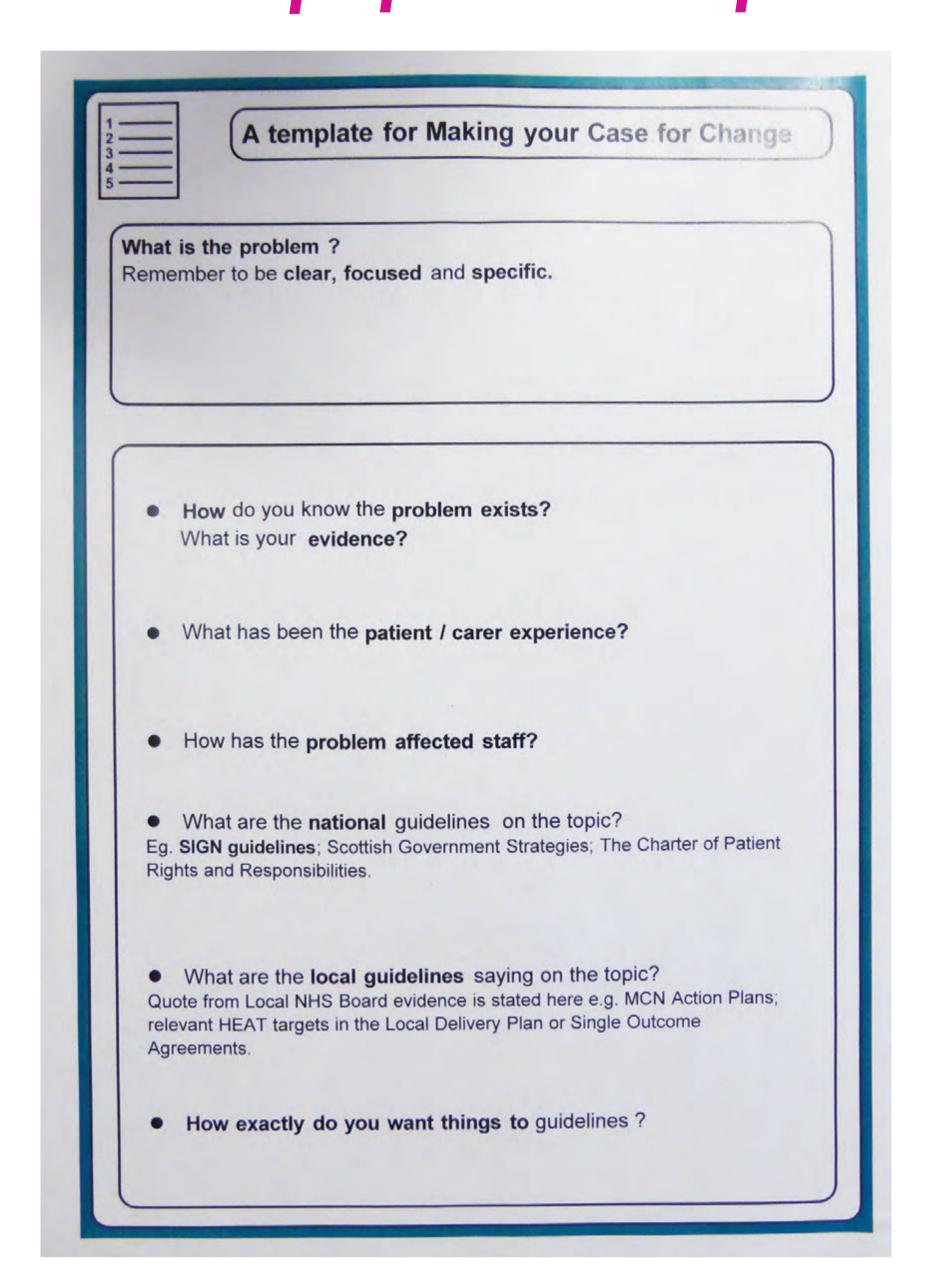




Fig 5 SIGN 118 and the Case for Change template

"The 'Voices' Programmes have...
established themselves as the 'gold
standard' of patient and carer
involvement...to help design truly
person centred services."

Sir Harry Burns, CMO Scottish Government (CEL 29, 2012)

"Voices Scotland provide really useful resources for anyone interested in involving the public."

Rosemary Hill Scottish Health Council

"Voices Scotland helps to strengthen the patient and carer voices of the cardiac and stroke MCNs."

Better Heart Disease and Stroke Action Plan (2009)

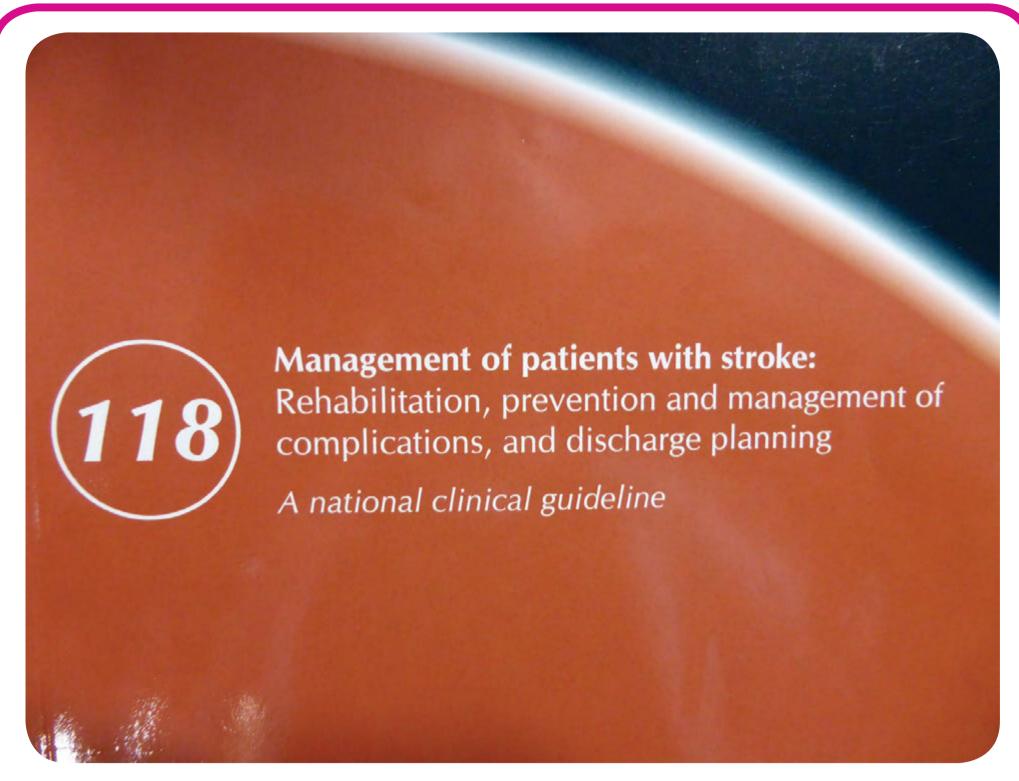


Fig 6 SIGN Guideline 118

Fig 4 Case

for Change

template

#### Case for Change SIGN 118

A key place for sourcing this evidence base are the many SIGN guidelines. Any local patient group that is looking to examine the completeness of local services is signposted towards SIGN as a place of reference and comparison.

As an example and to demonstrate this methodology, the issue of the *lack of trained specialist staff in stroke units* was raised by a group of patients undertaking Voices Scotland training.

As part for this training the group produced a **Case for Change** which they presented to the local MCN manager and later discussed at the MCN.

The **Case for Change** below demonstrates the centrality of SIGN guidance in supporting evidence based public involvement (Fig 6).

#### Stroke Case for Change

I. What is the problem?

Stroke Units are not always staffed by specialist nurses.

- 2. How do you know the problems exists?

  The issue was highlighted through Stroke Voices training session attended by eight participants who had also had this experience.
- 3. What has been the patient/carer experience? The patients may experience poor care, not feeling understood, particularly those with cognitive and communication difficulties. This is emotionally stressful and not conducive to maximising recovery for the patient or support for the family.
- 4. How has the problem affected staff?

  Staff may find caring for stroke patients with complex problems stressful and frustrating without specialist stroke knowledge. This also diminishes staff satisfaction in their job.
- 5. What are the national guidelines on the topic?

  SIGN 118 3.2.1 states Stroke patients requiring admission to hospital should be admitted to a stroke unit staffed by a coordinated multidisciplinary team with a special interest in stroke care. Grade A

  SIGN 118 3.3.5 states Members of the multidisciplinary stroke team should undertake a continuing programme of specialist training and education. Grade B
- 6. What are the local guidelines saying on the topic?
  Local NHS Board evidence is stated here e.g. MCN
  Action Plans; relevant HEAT targets in the Local Delivery
  Plan or Single Outcome Agreements.
- 7. How do you want things to change?

  Patients in stroke units should always be cared for by specialist stroke staff.

Further information: www.chss.org.uk or email voicesscotland@chss.org.uk

### References

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