

**AMBASSADORS FOR PUBLIC OPINION
IN THE NHS**

**Evidence on Lay NHS Monitoring Visits:
Report of Health Link's Survey of Patients' Forum
and Community Health Council ex-Members
Updated January 2009**



Strengthening public influence on health

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ACKNOWLEDGEMENTS

We would like to thank the many Patients Forum and ex Community Health Council members who responded to our survey. We were over whelmed with the number of responses which totaled several times the numbers of surveys we originally circulated. The experience, expertise and sound judgment that their responses reveal in the fine art of constructive lay monitoring visits, speak volumes for what they have achieved for patients.

1 Background to the survey

To contribute evidence to the debate on ppi reform, Health Link carried out a survey in the summer of 2006 to seek the views of Health Link's London PPI Network members, all lay people with real experience of volunteer patient and public involvement. A copy of the survey and accompanying letter is attached at Appendix 1. Issues covered in the survey included:

- Experience of participation in monitoring visits
- The number of visits participated in
- Type of health service premises visited
- How the visit was conducted (e.g. whether visitors spoke to patients and staff)
- Whether the visit planned or unannounced
- Whether shortcomings were found and what type
- Any improvement made to the services as a result of recommendations
- Views on the new arrangements for visiting

This Report has been updated to take account of the introduction of Local Involvement Networks (LINKs) in April 2008. The survey findings are offered as a contribution to good practice for the set up of LINKs who have 'enter and view' rights in health and social care.

2. Methodology

The self completion survey was distributed by post to our Health Link Network, with our Freepost address. The Network comprises 125 patient representatives across 31 London boroughs, who are familiar with the front line of Patient involvement. Given their experience, we felt that they might well have participated in visiting NHS services. In the event we received numerous requests to allow the survey to be forwarded to people outside the Network and finally received over 400 responses (including 6 by email) from all parts of the country. 237 were received before the deadline and the results are incorporated into this Report.

The areas from which responses were received within the timeframe are shown in Appendix 2, and cover a large part of the country. As our original purpose was to consult our London network, we have grouped the numbers of responses by London boroughs and areas outside London. Where we only have details of the Patients Forum to which the person belongs, we have included that name under the appropriate section.

3. Survey Respondents Overall

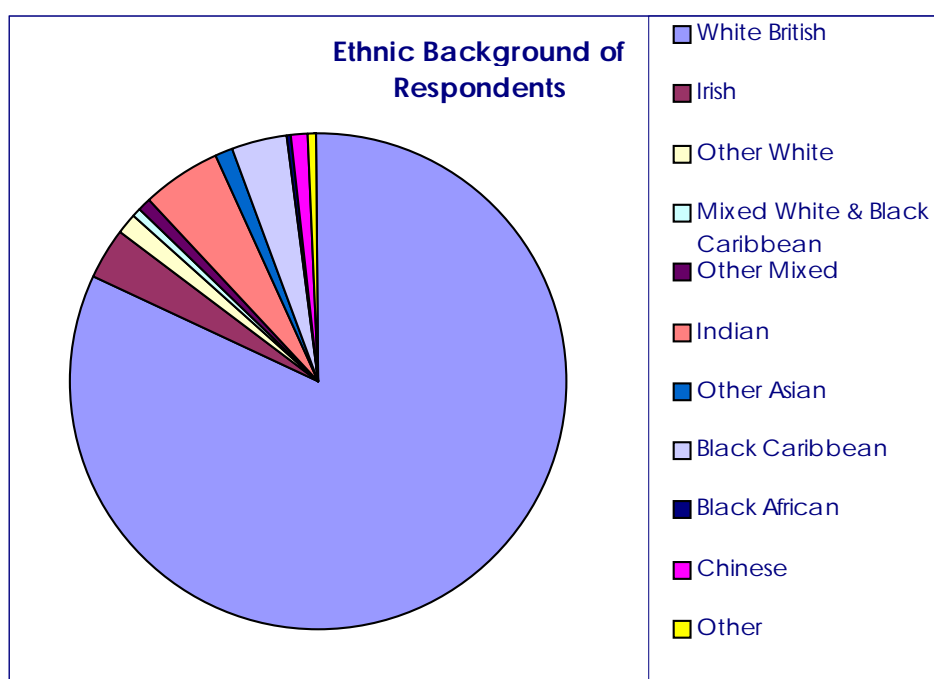
53% of respondents were male and 47% female.

The majority of the respondents were over 60. Two thirds of hospital users are over 65. Most participants who responded to our survey had visited hospitals, reflecting their interest in the part of the NHS which they use.

Table 1 AGE OF RESPONDENTS BY %					
16-19	20-29	30-39	40-49	50-59	60+
0	0	1%	6%	15%	78%

Ethnic background of respondents is shown over the page. 77% of the respondents were White British, which compares with 91.2% of the UK population who are White British.

Chart 1. Ethnic Background of Respondents



4. Findings

Findings from our survey are divided into various sections:

- How and Where visits were conducted
- Shortcomings found or improvements secured
- Views of respondents to the survey on the plan to remove local lay led visiting

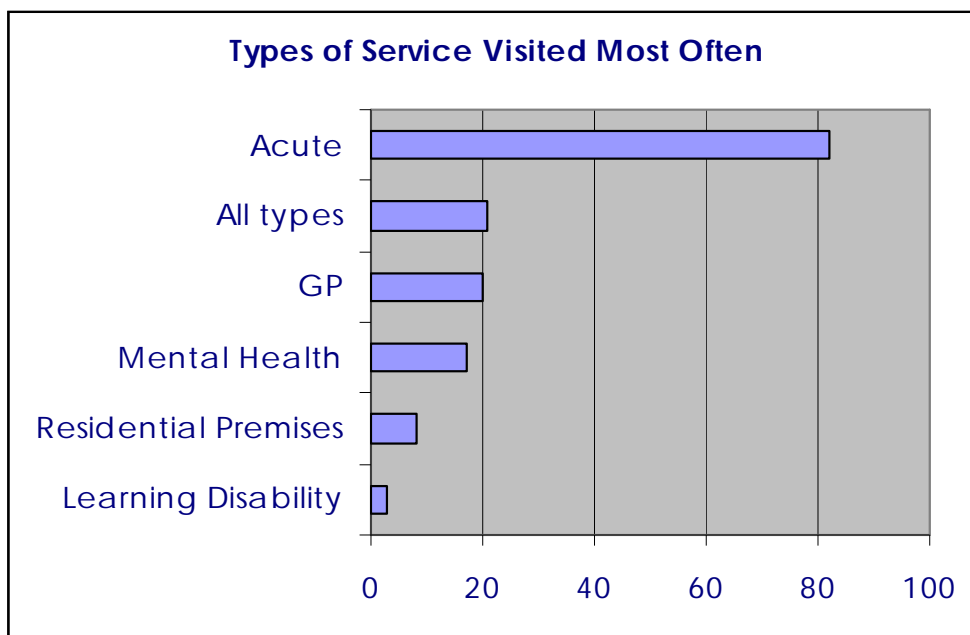
85% of respondents had experience of visiting and were therefore well qualified to contribute to our evidence gathering on the subject, with 37% having conducted more than 10 visits.

4.1. How and Where Visits were Conducted:

The whole range of NHS facilities was visited by respondents, from residential premises to hospitals and GP premises, with 57% visiting acute hospitals most often and 14% visited GP

surgeries and clinics most often. The Table below ranks types of facility by frequency of visit.

Chart 2. Types of Service Visited Most Often



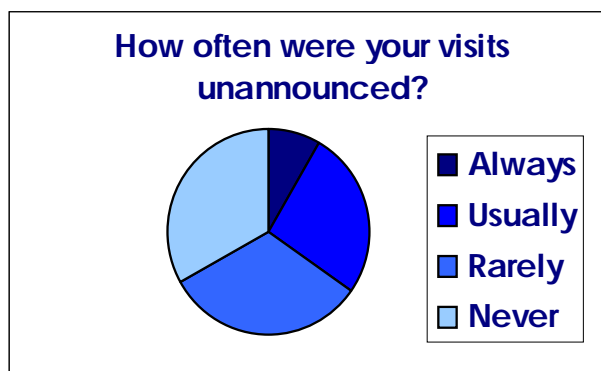
It was usual practice for visitors to talk to both patients and staff to get their views on services and environment. The opportunity for front line staff to talk informally to visitors about issues, such as long standing repairs or staff shortages, has traditionally been a benefit of lay visiting. The visit report highlights the issue and the management is obliged to respond and often addresses the issue, short circuiting internal processes.

- 76% usually or always talked to patients about their views of the service
- 81% usually or always talked to staff about their views of the service

Amongst respondents to our survey, it was not uncommon for visits to be unannounced, but they were usually by prior arrangement:

- 30% said visits were usually or always unannounced
- 55% said visits were rarely or never unannounced
- 15% did not respond

Chart 3. How often were your visits unannounced?



4.2 Shortcomings highlighted by Visits

77% of respondents said that their visiting had highlighted shortcomings in services. Issues raised are grouped for Acute (hospitals), Primary Care and Mental Health Services. In terms of the patients' interest, it is striking that issues highlighted would all have a powerful effect on the quality of the patients' experience, including cleanliness, infection control, security, single sex wards and waiting times in hospitals and GP surgeries.

Chart 4. Shortcomings Highlighted in Mental Health Services

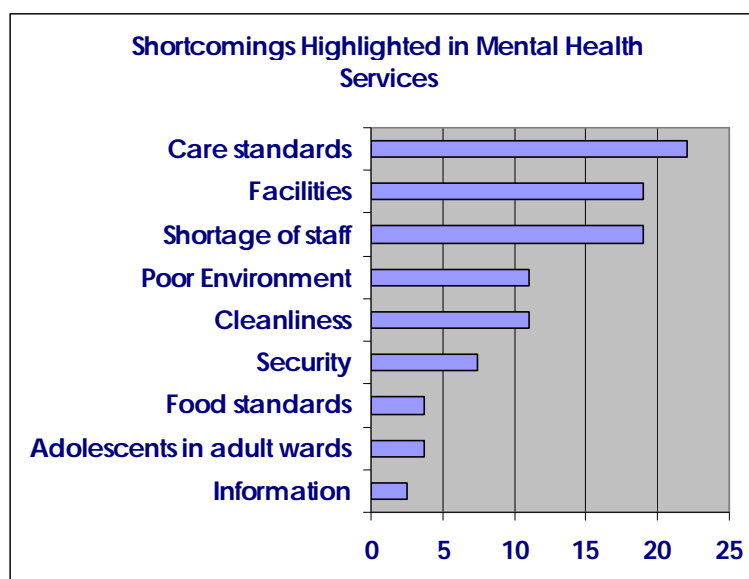


Chart 5. Shortcomings Highlighted in Primary Care

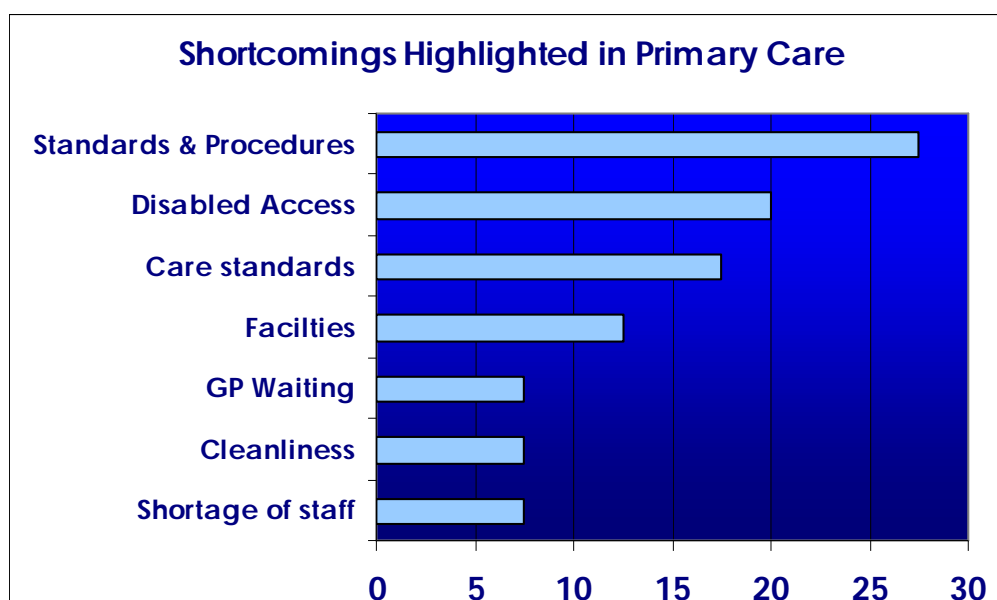
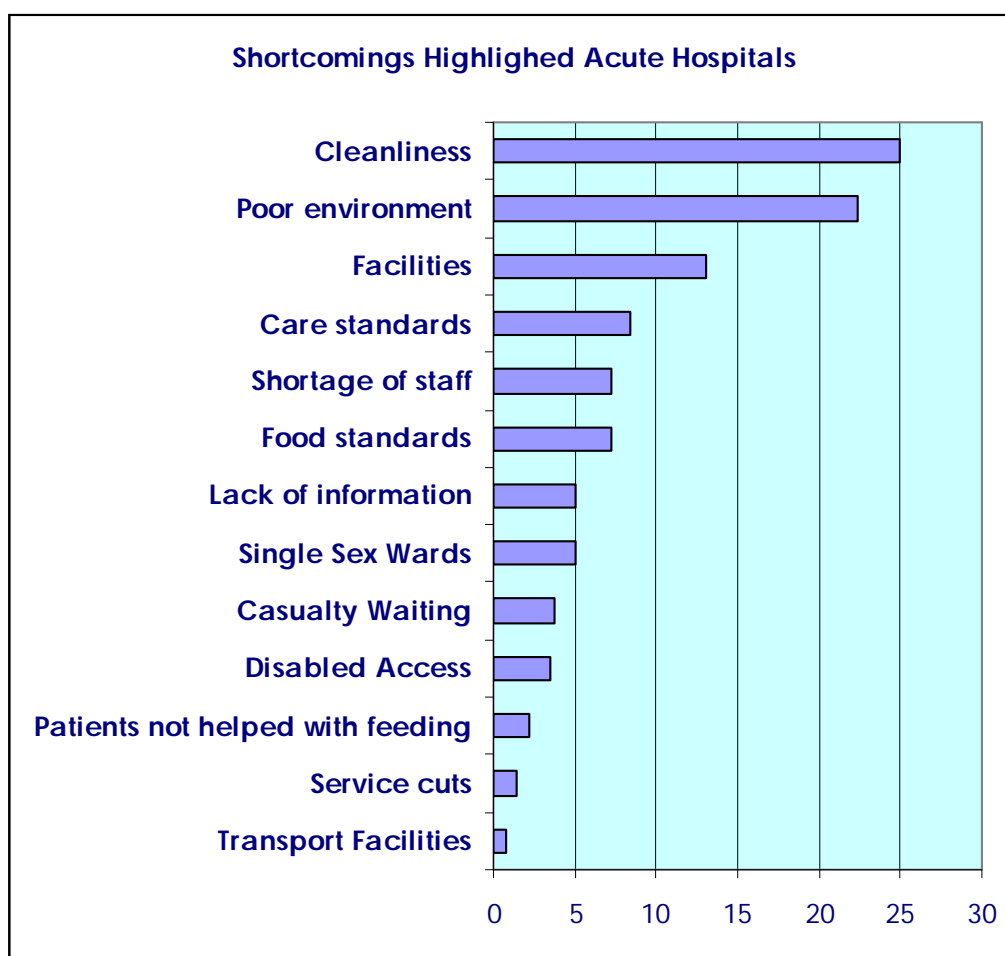


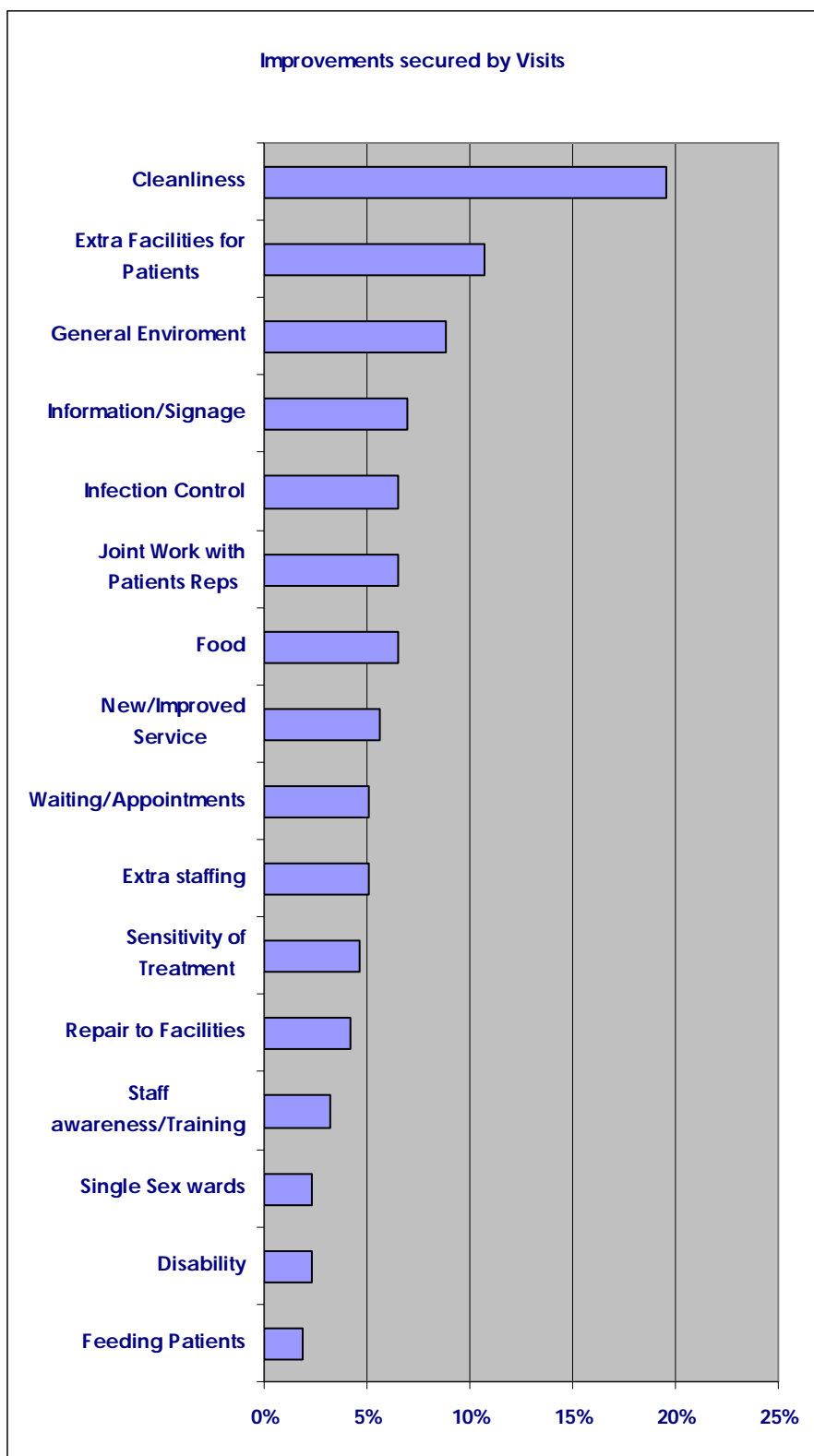
Chart 6. Shortcomings Highlighted Acute Hospitals



4.3 Improvements made as a result of Visits

Not all respondents reported improvements. When considering abolishing the local lay inspection system, it is also important to note the range and diversity of improvements reported by respondents as a result of visiting, across all sectors. These are illustrated on the bar graph overleaf. Improvements to the cleanliness, feeding of patients, to sensitivity of care and to patient information, signage and disabled access clearly relate very closely to the patient's experience of care and issues such as infection control relate to the quality of clinical outcome. In addition, there is a clear link between shortcomings highlighted and improvements secured. The purpose of the visits was not just to pick holes in the NHS and complain - real improvements were negotiated as a result.

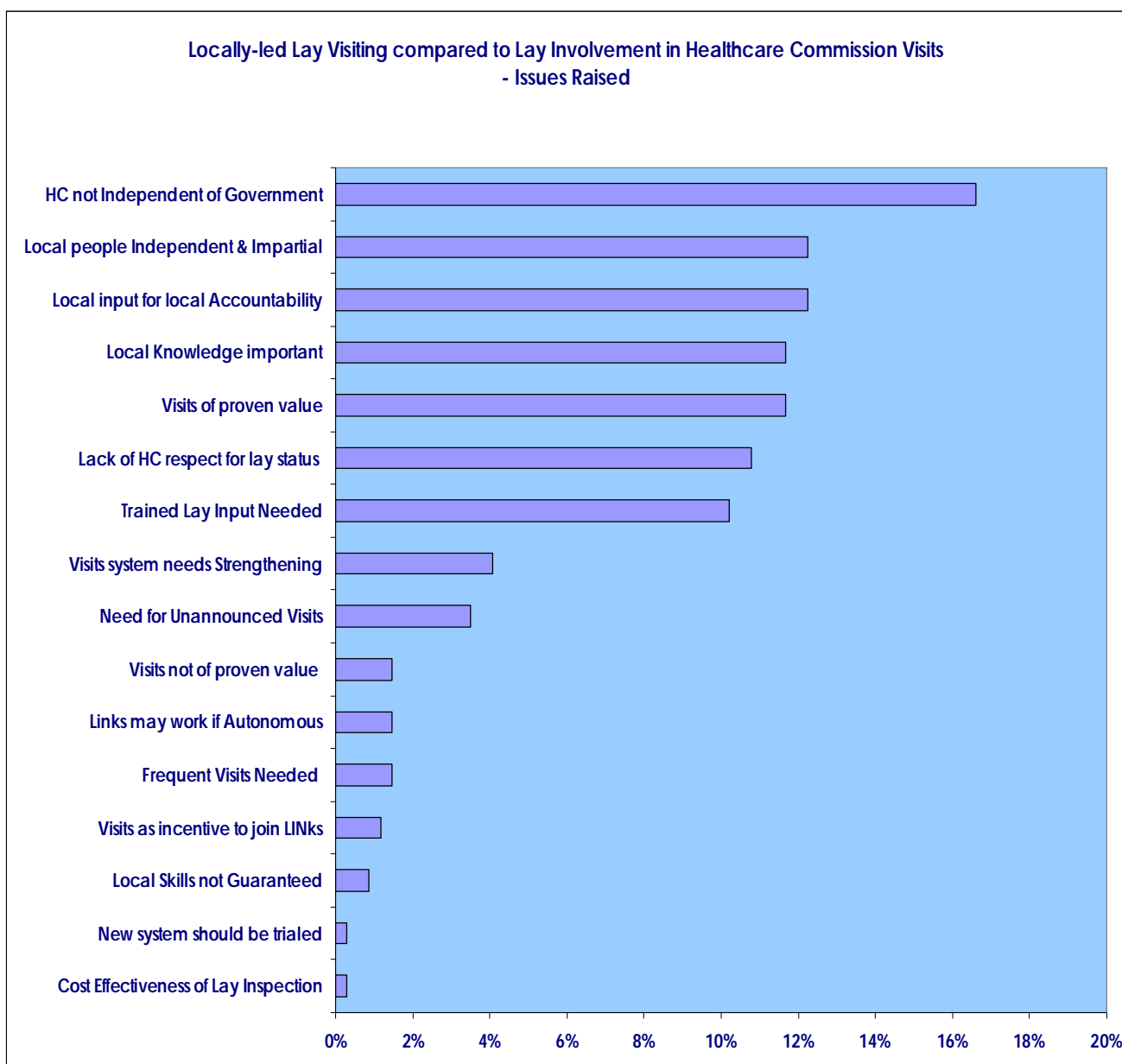
- Where shortcomings were highlighted, 92% (161/175) of people recommended how each shortcoming identified could be improved.
- Where shortcomings were highlighted, improvements were made by the Trust as a result of the visits made in 77% (135/175) of cases.

Chart 7. Improvements secured by Visits

4.4 Respondents Views comparing local lay visiting to Healthcare Commission visits

Our original survey asked for views on the abolition of locally led lay visiting, and its replacement with involvement in Healthcare Commission visits, which proposed at the time as part of the transition to Local Involvement Networks (LINKs). In our survey, 83% opposed this abolition, 3% in favour and 5% were unsure. The proposal was subsequently dropped by government and the 'enter and view' arrangements incorporated into the LINKs' powers. We have included the comparison made by respondents between locally led lay visiting and the role of the regulatory visits, currently being conducted by the Healthcare Commission, as it is instructive on the differences between the two functions, whoever is carrying them out.

Chart 8. Locally - Led Lay Visiting compare to Lay Involvement in Healthcare Commission Visits - Issues Raised



5. Conclusions

The role of the regulator is to monitor at a distance and focus on outcomes within the provider unit. The role of lay visiting is much more subtle and many faceted. These visitors act as 'ambassadors for public opinion' in public services, whereas regulators are an arm of government. At its best, locally-led lay visiting delivers:

- A good relationship between the local visiting body, the Local Involvement Network since April 2008
- A better understanding of the real life challenges that care staff face which is superior to any account given in an externally published report
- An opportunity to talk to service users who are more vulnerable than any others as they are using, indeed resident within, the services in question and their ability to complain is therefore severely curtailed
- A public eye on the culture, attitudes and behaviours of staff in a publicly funded service
- A unique user perspective to assist managers and providers in tailoring their services to those who depend on them

In receiving the benefit of local lay visiting, it should not be forgotten that the service is delivered by volunteers. The findings of the Health Link survey reveal a wealth of knowledge, experience and commitment across the country and describe many improvements that these volunteers have secured for patients in health services. There is no doubt that the lay visitors and 'experts by experience' who support visits into social care premises have made a similar contribution. Contributions by volunteers must not be ignored just because they are volunteers. There is commitment from government under the Compact to value volunteers and volunteering and to '*involve volunteers when developing new policies and ideas; and 'consult the sector so that proposed legislation or regulation, guidance and policies take account of the ways they may affect volunteers and volunteering activities.'*' The evidence in this report emphasises that this approach is indispensable to developing sound policy and practice in monitoring local care services.

DOCUMENTS SENT OUT FOR SURVEY

14th August 2006

Dear

RE: NHS Monitoring Visits Survey

You may be aware of plans by the Department of Health to replace Patient Forums with Local Information Networks ('LINKs'). LINKs will have no rights to visit and inspect the NHS, unlike Forums and, before them, Community Health Councils. Interestingly, it was the Commission for Patient and Public Involvement in Health whose evidence swayed the Expert Panel advising the Department of Health: *'deploying the public as amateur inspectors of health services can at most be a cosmetic and unsatisfactory activity, involving few people and achieving change on a very small scale'*.

Some limited aspects of these plans are out to public consultation by the Department until the 7th September. Health Link has concerns of the loss of visiting rights for Patient Forums. As a result, we are undertaking a survey to seek your views on this issue as people who are familiar with the front line of patient involvement and who may well have participated in visiting NHS services. Results will be included in our response to the consultation.

We would be very grateful if you would complete the enclosed survey and return it to the FREEPOST address provided. We anticipate that it will take 10 to 15 minutes to complete the survey. All replies and contact details are completely confidential and will only be seen by the Health Link survey team. Findings will be anonymised before we publish the report.

We feel such a reform should not be decided without input from people with real experience of the issue. Your views are crucial. As we are doing the survey without funding, our capacity will be stretched, we would be grateful for any volunteer help you felt able to give with collating the surveys. You would need Word skills and we could offer you support in our office. We would appreciate your response to the NHS Monitoring Visits Survey as soon as possible and in any event by the 30th August. If you have any queries, please do not hesitate to contact us.

Yours sincerely

Elizabeth Manero
Director

SURVEY - NHS MONITORING VISITS

About You (You may tick more than one)

1. a) Are you or have you ever been a member of
- A Patients Forum
 - A Community Health Council
 - An Overview and Scrutiny Committee
 - Other patient and public involvement (please specify).....

b) Please say which one:

-Community Health Council
-Overview & Scrutiny Committee
-Patients Forum
- Other.....

About Your Experience of Visiting

2. Have you ever participated in a monitoring visit as a Patients Forum or Community Health Council Member?

- Yes No

If 'No', please go to question 15

3. Please estimate how many visits you have participated in.

- 1-3 4-10 More than 10

4. How often did you visit the following types of health services?

	Most Often	Often	Seldom	Never
a) Acute hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) GP surgeries or clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mental health units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learning Disability units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) All type of NHS facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Private hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Residential Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. When visiting, did you and/or the other members of the visiting team talk to patients about their views of the service?

Always
Usually Rarely Never

6. When visiting, did you and/or the other members of the visiting team talk to staff about their views of the service?

Always Usually Rarely Never

7. How often were the visits you participated in unannounced (i.e. NHS did not know you were planning to visit)

Always Usually Rarely Never

8. Did you receive training on how to visit NHS services?

Yes No

9. Did any of the visits you participated in highlight shortcomings in the service visited (such as lack of cleanliness or shortage of staff)?

Yes No

If no, please go to question 13.

10. If Yes, please briefly describe up to 3 examples of the shortcomings

Example 1:
Example 2:
Example 3:

11. Did the visiting team recommend how these shortcomings could be improved? (Please tick yes or no for each of your examples)

Example One: Yes No

Example Two: Yes No

Example Three: Yes No

12. If so, please briefly describe how the problems were resolved.

Example 1:
Example 2:
Example 3:

13. Did the NHS Trust or Primary Care Trust running the service make any improvements in that service as a result of any of the visits made?

Yes No

14. If so, please briefly describe up to 3 examples of the improvements.

Example 1:
Example 2:
Example 3:

Your Views on the New Arrangements for Visiting

Instead of letting local people do their own visits (through Forums), the Government is considering arranging for the Healthcare Commission¹ to ask local people to join its inspection visits to NHS services. Yet the Commission will be relying more on self assessment by the NHS and reducing the number of visits it makes.

15. In your view, is this change from local-led visiting to national arrangements?

Advisable Not advisable Don't Know

16. Please give briefly explain why you have this view.

17. Please tell us any other comments you would like to make about visiting by local people to NHS facilities

Thank you.

Please return to:

Health Link
FREE POST RLXR-EUYS-KEAH
62 Beechwood Road

Background Information

You are not obliged to tell us your name and address. If you do so, we would then be able to keep you informed on the outcome of the survey. Your details will kept confidential in accordance with the Data Protection Act.

Your Name.....

Gender:

Male Female

Age: 16-19 20-29 30-39 40-49 50-59 60+

What is your ethnic group?

A. White British Irish Other White background

B. Mixed

White and Black Caribbean White and Asian
 White and Black African Any other mixed background

C. Asian/Asian British

Indian Bangladeshi
 Pakistani Any other Asian background

D. Black/Black British

Caribbean African Any other black background

E. Chinese or other ethnic group

Chinese Any other ethnic group

APPENDIX TWO

Areas of Residence of Survey Respondents

Areas of Residence of Survey Respondents					
Areas Outside London			London Boroughs/ Area		
Airedale	1	Merseyside	1	Barking	1
Ashford	1	Mid Surrey	2	Barnet	1
Bedfordshire	1	Mid Sussex	1	Bexley	5
Birmingham	3	Mid Yorks	1	Brent	2
Bradford	1	Mid-Cheshire	1	Bromley	5
Brighton	2	N. Lincs	2	Camden	4
Bristol	2	NE Lincs	1	City & Hackney	1
Canterbury	1	Newcastle	1	City of Westminster	1
Cheshire	5	Newhaven	1	Croydon	5
Chichester	1	Norfolk	2	Ealing	1
Conwy	1	North Cumbria	1	East London	1
Cotswold & Vale	1	North Lincs	1	Enfield	2
Dacorum	1	Northampton	1	Hackney	2
Dartford	1	North Yorkshire	1	Hammersmith & Fulham	2
Bradford	1	Oxfordshire	1	Haringey	4
Derbyshire	1	Poole	1	Havering	1
Dudley	2	Rotherham	1	Hillingdon	1
East Berkshire	1	Royal Wolverhampton	1	Hounslow	2
East B'ham	1	Shepway	1	Kensington & Chelsea	1
East Cheshire	3	Shropshire	1	Lewisham	6
East Surrey	2	South Glos.	1	Newham	1
East Wakefield	1	South Manchester	1	Redbridge	3
Essex	1	South Tyneside	1	Richmond	1
Eynsford	1	South Wales	3	Royal Brompton & Harefield	1
Gateshead	1	Southend district	2	SE London	1
Gloucestershire	3	St. Helens	3	South London	1
Gravesham	1	Suffolk	3	Southwark	5
Guildford Surrey	1	Surrey	2	Sutton & Merton	2
Herefordshire	1	Sussex	2	Tower Hamlets	4
Hertfordshire	2	Swindon	1	Waltham Forrest	4
Horsham	1	Torbay	1	Wandsworth	2
Hull	1	Trent	1		
Isle of Wight	1	Tyneside	1		
Kent	1	Wakefield	1		
Knowsley	1	Watford	1		
Leeds	1	Waveney	1		
Lincolnshire	1	West Bromwich	1		
Macclesfield Cheshire	1	West Glos	1		
Maidstone	1	West Surrey	1		
Medway	4	Weston	1		
Unknown		54			
Total from Outside London 110			Total from London 73		
Overall Total Respondents where Area was specified: 183					

NB: Where we only have details of the Patients Forum to which the person belongs, we have included that name under the appropriate area

ⁱ The Government's Inspectorate of the NHS, which monitors how services perform against targets and standards set by government.