# 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 level of detail provided is useful and appropriate
- b) Suggested additional information :-
  - Additional clarification could also be provided regarding the reference to the right to go to other European Economic area countries for treatment - by listing these at the time of publication.
  - The third "right" listed on page 5 of the Draft Charter refers to "your local health board". This is followed immediately by reference to the right to go to other European Economic area countries for treatment. Is there a potential additional intermediary source of treatment which also requires to be listed by an other health board in Scotland?
  - It would also be helpful to provide confirmation that this provision is also available in England, Wales and Northern Ireland – if this is the case; although this may be viewed as being covered under the reference to other EEA countries;

Page  $7-2^{nd}$  responsibility refers to the responsibility on the patient to attend appointments etc. This needs to be balanced by confirming NHS Scotland's responsibility to notify patients / carers of appointments made for them - in an appropriate accessible manner and in sufficient time to enable their attendance. The additional four responsibilities on the part of the patient are invalid if the patient or their carer is not notified of the appointment or not notified within a timescale allowing them to make arrangements to attend .

c) Suggested improvements:simplify wording re " agreed inpatient or day care treatment" on Page 6

# 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) The language used in generally clear see Question 1 above
- b) The clear font, left alignment of text and general layout of the document makes it accessible. Consideration should however be given to the effect of printing the document in black and white only as will be inevitable by organisations and individuals to reduce costs. Increasing the font size of the rights and responsibilities bulleted may be worth considering.
- c) Suggested improvements:-
  - Page 10 refers to the patient's right to clear communication. It should also be recognised that the manner of communication is important, particularly where a patient may be reluctant to ask questions - the adoption of a supportive but not patronising or diffident manner is essential to put patients and their carers at ease and encourage their meaningful engagement:
  - Clear communication is also essential between NHS staff themselves, across the spectrum of specialisms and care an individual patient may receive to ensure both continuity of care and effective care itself.
     The NHS should provide the continuity for the patient the patient should not have to make the connections themselves some may be unable to do so.
    - Effective communication is fundamental to achieving effective care for patients and reducing the costs of its delivery .
  - No reference is made of NHS's responsibility to ensure staff have the necessary skills to enable them to communicate effectively with each other and patients / carers

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**

See response to Question 2b) above

### **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) Copies of the Charter need to be made available both electronically and in hard copy – it should not be assumed that everyone has the means or skills to access the Charter electronically. Hard copy needs to be available on request from as wide a range of "treatment "locations as possible e.g. GP surgeries / Health Centres/ Dentists/ Clinics and hospitals themselves. This need not require stocks of texts but the provision of a printed copy from the NHS / relevant health Board's intranet on request.
- b) Realistically, alternative formats are likely to have to be requested but the ability and willingness to provide these should be widely publicised.

### **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) No Comment

- Part 2 (Pages 22-23) needs reference to relatives / carers consistent with the approach in the remainder of the document. It should be made very clear that relatives / carers can raise concerns / make complaints on behalf of a patient and not just the patient as the wording of this text appears to imply. This is considered essential in respect of vulnerable patients including children who may be unable to express their concerns independently
- "Some of the reasons why you may wish to raise a concern include "should read " raise a concern or make a complaint "for consistency
- It would be useful to include a brief statement confirming that NHS
   Scotland will investigate complaints <u>before</u> the text referring to the
   Scottish Public Services Ombudsman. While its appreciated that the
   NHS complaints system cannot be replicated in this document the
   minimal reference to it is not considered sufficient to assist the
   potential complainant.
- Suggest that the order of the last paragraph on Page 22 and the text on Page 23 should be revised to follow the layout of rights then responsibilities used throughout the document generally. Reference to the circumstances under which a patient may be subject to legal action in such bold terms could be regarded as intimidating. This does however need to be balance with reference to a patient's responsibilities towards others whether staff / patients / their carers / family members.

## **General**

#### **Question 6**

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

## **Question 6 Answer**

The publication of the charter is welcomed but in itself is no substitute for good professional practice particularly in respect of effective communication with patients. Increased recognition that services are being delivered to the same individual patient and that they need to be "joined up " by those delivering them and not the patient themselves is considered essential. It is also useful that the relevant information regarding patient rights, responsibilities and associated complaints procedures are available together.