

4. STANDARDS FOR COMMUNICATION AND PERSONAL AND PUBLIC PARTICIPATION

Effective communication with service users is essential to all aspects of the adequate planning and provision of health and social care. Without effective communication, there can be no effective participation by service users in any partnership with health and social care.

Communication will be of increasing importance as HSC strategies and targets are worked through. For example, it is essential to develop patient partnerships to achieve success in disease prevention and in the management of long term conditions. It will be essential to involve service users in strategic change – such as an increase in home and community-based service provision and reduced dependence on hospitals, if such initiatives are to proceed at all.

For many, good communication may be seen as to be assumed, or implicit. However, sustained involvement with service users indicates poor communication to be at the heart of most complaints, much negative experience and many negative perceptions and attitudes on the part of service users.

Good communication cannot be presumed. It is a function requiring specific skill and training, dedicated resources, priority and focus to the same extent that clinical service provision, service planning and governance require these competencies.

For these reasons, it is right that a specific standard for communication appears within all service frameworks. Making good communication part of the guiding ethos of the framework is unlikely to ensure that it is addressed with the same focus and priority as any of the individual targets.

It might be suggested that most of those charged with delivering on the frameworks will focus first on what it specifically requires them to do within their area of responsibility. A standard on communication requires action at the same level and in the same way.

A standard on personal and public involvement has also been developed.

Overarching standard 1:

All patients, clients and carers should expect effective communication with them by HSC organisations as an essential and universal component of the planning and delivery of health and social care.

Rationale:

Effective communication has a significant impact on all aspects of care provision from disease prevention, to diagnosis to self management of long term conditions. Poor communication is a significant factor in most complaints against HSC organisations.

Evidence:

Guidance on strengthening Personal and Public Involvement in Health and Social Care (DHSSPS, 2007)

http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf

Good Medical Practice (GMC, 2006)

http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

http://www.dhsspsni.gov.uk/hpss_qi_regulations.pdf

Responsibility for delivery / implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimension

1. Good communication with patients/clients/carers enables adequate understanding of, consent to and compliance with treatment and care and contributes to audit and monitoring.
2. Good communication helps to deliver and sustain appropriate patient/client/carer access to services and a clear understanding of the role and responsibilities of the service user in achieving health and care outcomes.
3. Health and social care outcomes are enhanced through improved patient partnership and dialogue, including, but not limited to - diagnosis, self referral, health promotion, disease prevention and management of long term conditions.
4. As a universal requirement, good communication helps to ensure input by all service users on all aspects of the services they receive assisting in the highlighting of gaps in provision and areas for improvement.
5. Patient centredness cannot be delivered or claimed in the absence of good communication with service users. Good communication is a prerequisite of patient centredness.

Performance Indicator	Data source	Anticipated Performance Level	Date to be achieved by
HSC organisational communication strategies should show evidence of direct patient / client feedback as part of regular audit of their effectiveness	HSC communication strategies	All HSC organisations	March 2010
HSC organisational complaints reports should show evidence of action where communication is the primary factor	HSC complaints records	All HSC organisations	March 2010
HSC organisational strategies for clinical and social care governance should show evidence that direct patient feedback is included in relevant audit and monitoring	HSC CSCG strategies	All HSC organisations	March 2010

Overarching standard 2:

All patients, carers and the public should have opportunities to engage actively and meaningfully with HSC organisations at all levels.

Rationale:

Actively involving patients and the public in the planning and provision of health and social care in general has been noted to bring many advantages to both those who receive and those who provide care. These include:

- Increased patient satisfaction and reduction in anxiety with positive health effects;
- Improved communication between service users and professional staff;
- Better outcomes of care with greater accessibility and acceptability of services;
- Bridging of the gap between those who avail of services and those who provide care; and,
- Recognition of the expertise of the recipient of care developed through experience.

Evidence:

Guidance on strengthening Personal and Public Involvement in Health and Social Care (DHSSPS, 2007) http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

http://www.dhsspsni.gov.uk/hpss_qi_regulations.pdf

A Healthier Future 2005-2025 (DHSSPS)

http://www.dhsspsni.gov.uk/show_publications?txtid=7282

Healthy Democracy (NHS National Centre for Involvement, 2006)

http://www.involve.org.uk/mt/archives/blog_37/Healthy_Democracy/Healthy_Democracy.pdf

Responsibility for delivery / implementation

HSC Board

Public Health Agency

HSC Trusts

Senior operational and clinical teams within HSC Trusts

Primary and Community Care Clinicians

Quality Dimension

1. Personal and public involvement enhances governance at all levels through the routine inclusion of patient experience and the issues arising from this in the planning, delivery and monitoring of services.
2. Personal and public involvement ensures that the level and means of engagement with service users and the public are appropriate to the needs of the service and of service users.
3. The development of partnerships with service users and the public contributes to the health and care outcomes generally. It is a prerequisite of success where patient and public participation is the decisive factor in achieving the outcome – for example, in health promotion and disease prevention.
4. Well developed and widespread personal and public involvement contributes to equitable services through the active engagement of service users and the public in planning, priority setting and decision-making.
5. Personal and public involvement is a necessity for the successful development of patient centred services.

Performance Indicator	Data source	Anticipated Performance Level	Date to be achieved by
HSC organisational strategies and for person and public involvement	HSC Organisational Monitoring Reports	All HSC organisations	March 2010

<p>HSC service planning reviews for respiratory disease are carried out on a regular basis at locality level. Patients and carers are afforded every opportunity to participate. The results of the planning reviews are summarised and widely circulated, for example, through the voluntary network, self help groups and respiratory networks</p>	<p>HSC Trust report</p>	<p>All HSC Trusts</p>	<p>March 2011</p>
--	-------------------------	-----------------------	-------------------