

Scottish Ambulance Service
A Special Health Board of NHS Scotland



Scottish Ambulance Service

**Patient Focus and Public Involvement
Strategy 2008-11**

August 2008

Shirley Rogers
Director of Human Resources and Clinical Development



PATIENT FOCUS AND PUBLIC INVOLVEMENT STRATEGY 2008-11

Contents

<u>Item</u>	<u>Page number</u>
1. Introduction	3
2. What have we achieved so far?	5
3. What do we want to achieve?	6
4. How will we achieve it?	7
5. Summary	15

6. Bibliography	16
7. Appendix One: National Standards for Community Engagement (Communities Scotland)	17
8. Appendix Two: Action Plan	18

This document may be available in summarised format in large print, Braille, audiocassette or an alternate language. If you would like a copy in any of these formats or if you would like someone to explain it to you, or you would like to assist us in our future PFPI arrangements, please contact the **Corporate Affairs Manager** at the address below:

Scottish Ambulance Service

National Headquarters

Tipperlinn Road

Edinburgh

EH10 5UU

Telephone – 0131 446 7000

1. INTRODUCTION

This document provides the strategic framework for a comprehensive approach to patient and public involvement at the Scottish Ambulance Service, with the primary aim of ‘involvement’ becoming integral practice within all service planning and delivery of services. The Scottish Ambulance Service recognises and supports the inclusion of patients, carers and the public as essential partners in its development. The Board also believes that people should be at the heart of service development and the decisions made which affect them.

The Scottish Ambulance Service believes its services should be designed and developed specifically to meet the needs of its patients, and is committed to the involvement of patients and the public in every aspect of its work in order to achieve this goal. The Scottish Ambulance Service therefore shares the determination shown by the Scottish Government to rebuilding the NHS as a service in which patients, carers, and the public have a real voice.

Strategic context

The Scottish Ambulance Service is a Special Health Board, employing around 4,000 staff across Scotland with a budget of over £180 million each year. It provides pre-hospital and community care and transport to appropriate facilities, if necessary, for about 500,000 patients involved in accidents and emergencies and approximately 1.5 million patients with non-emergency needs each year. Services are delivered locally where possible, using both land and air assets.

The service is driven by issues which are central to NHS Scotland – increasing demand for services, limited resources, the need to modernise, social inclusion, involving service users in service design, lifelong learning, and delivering clinically effective pathways through evidence based practice. The service mission statement is simple – “*to provide the best possible ambulance care for the people of Scotland*” – and belies the complexity of delivery mechanisms.

Principles underpinning Patient Focus and Public Involvement (PFPI)

This strategy is based on the following principles, values and benefits.

Equity: There is due respect and recognition of people’s skills, perspective and values where everyone can participate without fear of discrimination.

Diversity: Recognising and valuing difference specifically in relation to the provision of individual service and in creating a culture that respects and values difference, for the benefit of patients, carers, staff and members of the public.

Openness: Information sharing will be full, honest and easy to understand.

Transparency: The processes involved in decision making will be explicit.

Trust: Understanding and respecting roles and perspectives will enhance the relationships and promote honest open communications.

Accessibility: Managers and clinicians will be available, approachable and visible. Information will be provided in an accessible format appropriate to the individual.

Accountability: The Scottish Ambulance Service will be responsible to the public for levels of involvement in decisions and will provide its rationale for decisions when challenged.

Building Capacity and Communications: Strengthening skills to ensure continuity of purpose. Resourcing through people, skills, dedicated time, equipment and funding.

Sustainability: This Strategy will be built on a foundation of involvement and, thereafter, engagement and consultation with patients, staff, carers and the public.

Participation, Partnership and Involvement: Working in partnership with patients, staff, carers and the public – working together and encouraging relevant and meaningful participation.

Patient Information: Providing and improving accurate, consistent, user friendly patient information.

Empowering individual users: People having their say and enabling them with the availability of advocacy and equipping them with the skills to facilitate.

Respect for Carers: Ensuring patients' family, friends and relatives support the process of care where relevant, and feel valued themselves.

Responsiveness: Listening to what people have to say: identifying and responding to patient needs and maintaining mutual respect.

Political Context

Patient Focus and Public Involvement, a framework document published in 2001, challenges the NHS to become:

- A service where people are respected, treated as individuals and involved in their own care.
- A service where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services.
- A service designed for and involving users.

Better Health Better Care: Action Plan, 2007, asserts the need to build a 'mutual NHS' that will 'strengthen public ownership by improving rights to participate'. It also articulates the need to 'ensure that patient focus and public involvement are core drivers of decision making and not an afterthought or side issue'. The Scottish Government has introduced independent scrutiny panels, launched 'Better Together:

Scotland's Patient Experience Programme', and is establishing a Patients' Rights Bill to facilitate the attainment of a 'mutual' NHS.

Independent Scrutiny

Independent scrutiny panels will be established for major NHS service changes, to give patients and the public the confidence that the available evidence has been assessed rigorously, all viable options considered and that their views have been sought appropriately and their interests taken fully into account.

Better Together: Scotland's Patient Experience Programme

The Patient Experience Programme, beginning in 2008 and initially running for three years, will 'encourage and empower patients, carers and health care staff in Scotland to work together in partnership to provide patient centred care and improve NHS services for the benefit of all.' Patients, carers and staff will work together to redesign services by identifying opportunities to improve the patient experience. This programme is intended to transform NHS Scotland into 'a world leader in involving patients in the design of health care'.

Patients' Rights Bill

A public consultation will be launched in 2008 on the possible content of a Patients' Rights Bill. The charter would provide a clear statement of rights and responsibilities from the perspective of Government, staff and the public. It will also set out the right of patients to be treated as partners in their care and challenge all those who work for NHS Scotland to respect the expertise of patients and their carers and improve the way in which we communicate and involve them in decisions that affect them.

Strategy Development

The following sources were taken into account in the development of this strategy:

- Interviews with patient and public representatives
- The Scottish Ambulance Service's PFPI self-assessment 2007/08
- Feedback from the Scottish Health Council on recent quarterly submissions
- *National Standards for Community Engagement*, Communities Scotland, 2005
- *Better Health, Better Care: Action Plan*, Scottish Government, 2007
- *Patient Focus and Public Involvement*, Scottish Executive, 2001
- National Patient Survey results and findings
- Discussions with managers of the service
- PFPI Strategies of other NHS Health Boards and Trusts

2. WHAT HAVE WE ACHIEVED SO FAR?

PFPI activity currently takes place at both divisional and national level. There are lead officers for PFPI in each of the divisions who are responsible for raising awareness of PFPI within the division, evaluating the quality of engagement, and

reporting activity nationally. Some national departments, such as the Service Redesign team and Communications, are also closely involved with PFPI work.

Some of the Service's consultation is conducted in collaboration with external stakeholders, for example by attending meetings hosted by local territorial Health Boards, Community Health Partnerships and Public Partnership Forums. A variety of methods is used, including informal focus groups, formal meetings, 'virtual' consultation (via letter, phone and email), surveys, interviews and workshops.

An independent research organisation is commissioned to conduct an annual National Patient Survey, which gathers the views of several hundred patients for both the Patient Transport and Accident and Emergency Services. Separate Air Ambulance surveys are also undertaken.

The Scottish Ambulance Service currently performs particularly well against standard eight of the National Standards for Community Engagement, which requires organisations 'to develop actively the skills, knowledge and confidence of all the participants' (see Appendix One). The Service has a programme of public emergency life support skills training, and an extensive network of Community First Responder Schemes, for which members of the public receive training to act as first responders for medical emergencies. The Service also provides safety and awareness training in conjunction with Police and Fire and Rescue Services, such as road safety events in schools.

Governance for PFPI is provided by the Board, through the Designated Director, who chairs the PFPI Steering Group. The role of the divisional PFPI leads has been enhanced by the recent creation of the Steering Group, and they are now instrumental in ensuring that activity and good practice is reported and shared nationally. They provide a template of recent activity for circulation at each Steering Group meeting, which is also used to inform the writing of the quarterly submissions to the Scottish Health Council. A 'User Guide to Patient Focus and Public Involvement' has recently been issued to give information and advice to any member of staff carrying out public consultation.

3. WHAT DO WE WISH TO ACHIEVE?

Setting targets

The Scottish Ambulance Service must consider the level of public engagement that it wishes to achieve. Public involvement theory typically articulates four degrees of involvement:

1. *Informing* – providing knowledge and awareness of services to patients and the public.
2. *Consulting* – asking what patients and the public think in order to make a better decision.
3. *Involving* – working in partnership and acting jointly with patients and the public.

4. *Empowering* – supporting patients and the public to make decisions themselves.

It is important to aim high on this scale, but also to remain realistic about the experience and knowledge needed to make certain decisions, as well as the willingness for a representative number of patients and the public to volunteer the time and efforts needed to be involved so closely. There can also be no one target level that all PFPI activity is expected to achieve, since different levels of involvement are appropriate for different issues and decisions. The best approach is therefore always to consider this scale of involvement when conducting activity, and to assess whether more could feasibly be done to ensure that as high a level as possible is achieved.

Approaches to PFPI

It is important to recognise that a distinction exists between ‘patient focus’ and ‘public involvement’. A patient-focused service is described as one that ‘exists *for* the patient and which is designed to meet the needs and wishes of the individual receiving care and treatment’. ‘Patient focus’ could therefore incorporate operational and clinical governance elements, in addition to involving the public in the delivery of services. The Scottish Ambulance Service recognises this distinction, and will continue to conduct its PFPI activity accordingly.

Strategic objectives for 2008-11

1. To develop good practice in engagement methods, ensuring that all methods meet quality standards.
2. To seek wider, and more representative, patient and public involvement.
3. To improve staff awareness of PFPI.
4. To enhance the co-ordination of PFPI activity nationally.
5. To ensure the full integration of PFPI into strategic planning.
6. To seek opportunities for consultation in collaboration with other departments, divisions and organisations.
7. To encourage community resilience and development.

4. HOW WILL WE ACHIEVE IT?

- 1. To develop good practice in engagement methods, ensuring that all methods meet quality standards.**

Engagement methods

There is no one right way or best method for involving people. Examples of engagement methods include:

- *Patient and public representation at formal Scottish Ambulance Service meetings*

There should be patient and public representatives at as many formal meetings as possible including, for example, divisional Continuous Improvement Groups, the Clinical Governance Board, and national project boards.

- *Patient Reference Group*

Regular participants are sometimes asked to provide comments and suggestions on national Service matters on an ad hoc basis. Consultation for this can either be 'virtual' in nature (with consultation via letter, phone and email to overcome the geographical challenges of national consultation), or volunteers could be asked to attend meetings, if the issue to be consulted on would deem this more appropriate.

- *Strategy Days*

A Strategic Planning Day is held annually, at which current Service developments and challenges are discussed and debated. Patient and public representatives, as well as other organisations, are invited to these days.

- *Patient Surveys*

In addition to the annual National Patient Survey, smaller-scale surveys can be an effective method of consultation for matters of service delivery and redesign. Surveys can also themselves be used to assess preferred methods of consultation.

- *Focus Groups*

Focus Groups could either be facilitated by an independent 'expert' on consultation, or by a manager from the Scottish Ambulance Service. Any focus group that was held would usually need to be replicated several times throughout Scotland, to ensure that both rural and urban communities are represented, and to allow as many people as possible to take part.

- *Public Participation in Board Meetings*

The Scottish Ambulance Service Board advertises its meetings to the public and holds its meetings in publicly accessible venues. Fifteen minutes is allowed at the end of each meeting for a public question and answer session. The Secretary to the Board will continue to review and update public preferences for access and locations of Board meetings.

- *Annual Review*

The Annual Review held with the Scottish Government is advertised publicly and is held in a publicly accessible building. Thirty minutes of questions and answers is allocated and the questions can be asked on the day or pre-submitted.

Quality standards

PFPI activity must be communicated within each division or department, before being reported nationally, so that it can then be assessed for quality standards by Scottish Ambulance Service PFPI leads and the Scottish Health Council. The ten National Standards for Community Engagement are the guidelines for assessing the quality of public involvement.

National PFPI leads and the Scottish Health Council are available to provide guidance and support to departments and divisions to ensure that their PFPI activity meets quality standards. The Service's 'User Guide to Patient Focus and Public Involvement' should also be consulted for information and advice. This document is available on the intranet.

Feedback to volunteers

Feedback should always be provided to those who have been involved in consultation, in accordance with the ninth National Standard for Community Engagement. This should detail how the information gathered was shared or passed on to the relevant stakeholders, and how it was used in improving services or making a decision. If the information was not used to make any changes, then a reason for this should be given. This is essential for demonstrating the transparency of the process, and therein building public confidence.

Scottish Health Council

The Scottish Health Council is responsible for both monitoring and supporting the PFPI activity of NHS Health Boards. They assess Health Boards' quarterly PFPI submissions, in which Boards report progress on specified strategic actions, and also oversee an annual assessment/self-assessment process. The Scottish Ambulance Service continues to work closely with the designated Scottish Health Council officer.

Making the resources available

Funds will be identified to pay reasonable expenses to volunteers, and for other associated costs including room hire, etc. There will be a finite level of resources available, however, and so the affordability of PFPI developments will need to be accounted for when considering their implementation. The Service must also therefore assess whether the most appropriate and suitable method of engagement has been selected.

2. To seek wider, and more representative, patient and public involvement.

Who should be involved?

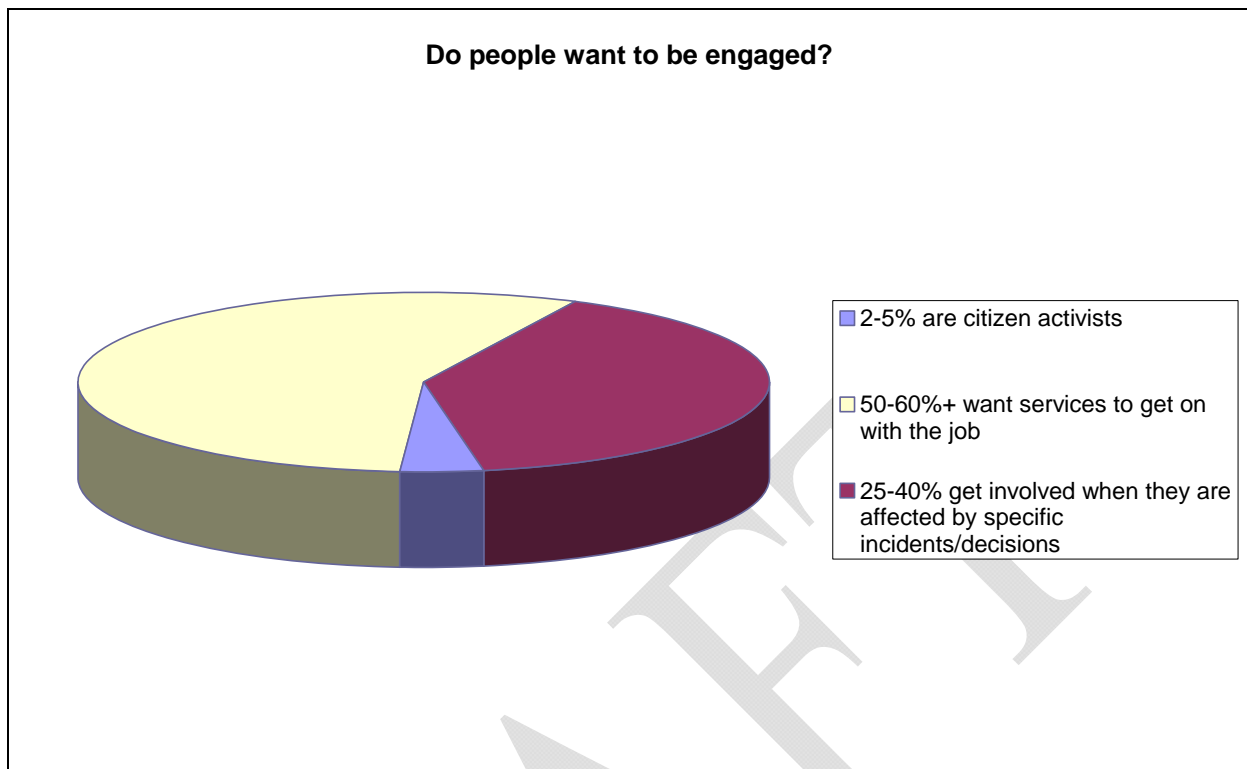
The patients and public who become involved in consultation should accurately represent the communities affected by the particular issue. This includes the six equality strands: race, gender, disability, sexual orientation, religion or belief and age. In addition, the Scottish Ambulance Service must achieve the right mix of representation from rural and urban communities, 'hard-to-reach' groups, e.g. asylum seekers, and patients with specific medical conditions.

The Scottish Ambulance Service should remain aware of the demographics of its current patient and public representatives, and actively seek to recruit volunteers from demographic groups who are not represented. This would currently mean targeting young people, black and minority ethnic communities, those from areas of low affluence, those who do not necessarily have high levels of educational attainment, those whose knowledge of NHS Scotland could be limited, and those who work during office hours. Not all current volunteers have been recent patients of the Scottish Ambulance Service, and so it is important to seek representation from those who have been.

NHS Health Scotland has, in partnership with the Special Health Boards, created a National Reference Forum to represent black and minority ethnic communities. The Scottish Ambulance Service will work closely with the Forum in the coming years to develop its engagement with the represented communities.

The most recent National Patient Survey was adapted to include in-depth interviews with carers, and the Service has recently been developing a Carers Strategy. The Service should build on this work with carers to ensure that their views are also represented.

Using public involvement research and theory to widen the volunteer base



The above chart shows the results of a study carried out by the research organisation Ipsos Mori, in conjunction with the Audit Commission. The study looked at the degrees to which members of the public are involved in the organisation of public services. 2-5% of people are described as 'citizen activists' (volunteers who work very closely with public bodies and organisations to contribute to their delivery of services), and 50-60%+ do not wish to become involved at all. The remaining 25-40% of people could be key to the development of PFPI: these people get involved when a specific incident or decision affects them, but do not currently have regular involvement. Since they have already expressed an interest in the organisation of services, it is likely that many would be keen to become involved more regularly.

When these results are applied to the Scottish Ambulance Service, it would seem that there are many occasions when patients or members of the public get involved on a one-off basis, and some of these people could be asked to become regular volunteers. Examples include those who contact the Service to ask questions, make complaints, pass comments and those involved with local campaigns regarding issues of redesign. The Scottish Ambulance Service will consider how to recruit these patients, carers and members of the public to become involved more regularly.

Meeting the needs of patient and public representatives

The Scottish Ambulance Service must endeavour to remove all barriers to participation. Venues of meetings should always be accessible, meetings should be held at convenient times, and representatives should have a named contact at the Service for any queries. Several methods of communication must be offered for 'virtual' consultation, capacity training should be provided if necessary, and the policy

for the reimbursement of travel and subsistence expenses must be clear and payments must be timely.

Some patient and public representatives favour formal meetings with managers of the Scottish Ambulance Service present to answer queries, and for which formal agendas and minutes are produced. Others will be discouraged and even intimidated by such formality, and may prefer more relaxed meetings, that might perhaps have independent facilitators. It is important that a variety of formats is offered to encourage as many people as possible to participate, and participants should be asked for their preferences when they become involved.

Maintaining the interest of volunteers

The Scottish Ambulance Service should ensure that volunteers' particular areas of interest are taken into account and that any specific skills they have are used appropriately. The Service should also make clear its expectations of volunteers and what their commitment will be.

The contact details of patient and public representatives should be held nationally, if they consent to this, so that they can receive regular invitations to participate in consultation. Patients who have not been involved for some time should receive communications from the Service, such as newsletters and Response magazines, to maintain their interest and goodwill and to show acknowledgement and appreciation of their contributions.

3. To improve staff awareness of PFPI.

Some current PFPI activity goes unreported (and cannot therefore be evaluated or shared with others) because some managers see public consultation as simply a routine part of their job, without realising that such activity is classified as PFPI. While this is positive in showing that public involvement is embedded into the culture and an integral part of the Scottish Ambulance Service, awareness of PFPI must be improved so that managers can recognise when an activity fits this category and subsequently report it to their divisional leads, thereby allowing the evaluation and sharing process to begin. The quality of public involvement will therefore be improved through enhanced staff awareness.

There are key documents that give guidance for conducting public consultation, and these should be circulated to key staff and made available on the Service's intranet. The Scottish Ambulance Service has created a 'User Guide to Patient Focus and Public Involvement', which explains the requirements for PFPI, and gives practical advice and guidance for carrying out consultation. The annual Scottish Health Council assessment/self-assessment process details key areas for development in the upcoming year, and the quarterly submissions to the Scottish Health Council report the latest PFPI developments in the Service.

Divisions should discuss PFPI at Divisional Management Team meetings and representatives from as many departments as possible should be invited to join the PFPI Steering Group. The Service will in the future assess the demand and projected benefits of holding staff PFPI training days.

4. To enhance the co-ordination of PFPI activity nationally.

This is closely linked to Strategic Objective No. 3, as the national co-ordination of PFPI activity relies on staff awareness. All staff who conduct public consultation should report this activity to their divisional or departmental PFPI leads, who can then inform the PFPI Steering Group and national PFPI leads of any developments. This will facilitate the reporting of progress to the Scottish Health Council, and allow activity to be evaluated and shared if appropriate. It will also allow any gaps in activity to be identified and addressed, and additional training and support to be provided where necessary.

Good central co-ordination of PFPI activity will allow consultation on national matters to be organised more easily. It will mean that there will be a database of groups and volunteers who can easily be contacted and invited to participate. This could prove particularly useful for the Service Redesign team, and would also allow more patient representation at such events as the Strategic Planning Day.

5. To ensure the full integration of PFPI into strategic planning.

The full integration of PFPI into strategic planning relies on the achievement of Strategic Objective No. 4, if public involvement in strategic planning is to be meaningful and effective. Currently, the annual Health Plan sets out objectives and targets for the Scottish Ambulance Service to achieve, with specific mention of recent progress in PFPI and plans for its further development.

In most cases, patients and the public should be involved at the very start of any planning process. There are some situations in which this is not appropriate, for example if there are clinical, operational or financial reasons why some research, or consultation with other stakeholders, must happen first. Where this is the case it should be made clear to the patients and public who later become involved, in order to maintain their confidence in the transparency of the process. Patients and the public should continue to be involved until the implementation of the project or strategy concerned.

6. To seek opportunities for consultation in collaboration with other departments, divisions and organisations.

The joining up of consultation between departments, divisions and organisations will streamline and simplify the process for patients and the public, reducing the 'consultation fatigue' that can be experienced by those who volunteer regularly, as well as reducing the costs and time associated with consultation. It would also allow for the honing of engagement methods and could be key to ensuring the quality of activity. Divisions already regularly attend meetings hosted by other organisations that have patient and public representation, such as Community Health Partnerships, and their associated Public Partnership Forums. Opportunities for joining up consultation between departments and divisions of the Scottish Ambulance Service will be more easily identified when Strategic Objective No. 4, the enhanced national co-ordination of PFPI activity, has been achieved.

At the time of writing this strategy, discussions were taking place about the possibility of creating a national Public Partnership Forum for Special Health Boards. This would help to share costs, workload and expertise for boards who traditionally find PFPI difficult because of the specialist nature of their work and the geographical challenges associated with a national Health Board. It could also develop relationships between some of the Health Boards, thereby encouraging and facilitating joint working.

7. To encourage community resilience and development.

Much of the focus of PFPI is on gathering feedback from patient and public representatives, but the opportunity to encourage and promote community development is another important element to public involvement. This is in accordance with the eighth National Standard for Community Engagement, which states that public bodies should 'develop actively the skills, knowledge and confidence of all the participants'. The nature of the Scottish Ambulance Service is such that it has a real opportunity to excel in meeting this standard.

Community First Responder Schemes

The Scottish Ambulance Service is able to provide a unique opportunity for those wishing to volunteer in their communities. The Service has established Community First Responder Schemes throughout the country, where volunteers are trained in life support techniques and are immediately called to local emergencies, often reaching the scene before the allocated ambulance crew.

Community emergency life support and safety training

Scottish Ambulance Service crews provide a programme of emergency life support skills training to schools and local community groups. Scottish Ambulance Service crews are often involved in community safety training, such as road safety events held in schools in conjunction with the Police and Fire and Rescue Services.

Development opportunities through becoming a volunteer

Becoming a patient or public representative for a Health Board can provide self-development opportunities for some people. This could include gaining a thorough knowledge of the chosen Health Board (and indeed NHS Scotland), learning about the governance and management of large organisations, and even gaining more practical knowledge such as meeting skills and formalities. This knowledge could be invaluable for those looking to build or change their careers, and groups who could benefit in particular include students and those who are seeking employment after a career break.

The public should be made aware of these opportunities, and particularly those in the aforementioned groups. Where appropriate, volunteers could also be offered the chance (and any corresponding support) to become involved in the administration of patient groups, for example through taking the minutes and arranging the meetings, thereby gaining practical work experience.

5. SUMMARY

Progress on this three-year strategy will be monitored by the PFPI Steering Group, which will also monitor progress on the annual action plans alongside the Scottish Health Council. The Designated Director, who chairs the PFPI Steering Group, will then report progress to the Scottish Ambulance Service Board.

We have identified and set out a challenging, but important, agenda, to be taken forward in the months and years ahead. In doing so we will endeavour to ensure that this is fully supported by key partners and has the full involvement of our managers, staff and the population and patients we serve. We hope that by adopting a structured approach to patient and public involvement, we can ensure that the concept of a 'mutual NHS' becomes embedded in the everyday practice and culture of the Scottish Ambulance Service.

Shirley Rogers
Director of Human Resources and Clinical Development

August 2008

Bibliography

Better Health, Better Care: Action Plan, The Scottish Government, Edinburgh, 2007

National Standards for Community Engagement, Communities Scotland, Edinburgh, 2005

Patient Focus and Public Involvement, Scottish Executive, Edinburgh, 2001

DRAFT

Appendix One: National Standards for Community Engagement (Communities Scotland 2005)

1. The involvement standard

We will identify and involve the people and organisations who have an interest in the focus of the engagement

2. The support standard

We will identify and overcome any barriers to involvement

3. The planning standard

We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement to be taken

4. The methods standard

We will agree and use methods of engagement that are fit for purpose

5. The working together standard

We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently

6. The sharing information standard

We will ensure that necessary information is communicated between the participants

7. The working with others standard

We will work effectively with others with an interest in the engagement

8. The improvement standard

We will develop actively the skills, knowledge and confidence of all the participants

9. The feedback standard

We will feed back the results of the engagement to the wider community and agencies affected.

10. The monitoring & evaluation standard

We will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.

Appendix Two: Action Plan

2008-2009

The strategic priorities listed below are those agreed with patient and public representatives and the Scottish Health Council, on which the Scottish Ambulance Service will report progress quarterly during 2008-09.

Strategic Priority	Specific Actions	Lead Person/Group	Timescales
Improve the co-ordination of PFPI activity nationally.	<p>Continue discussions and research into the creation of a national network.</p> <p>Create a centralised database of patient and public representatives, and recruit more volunteers.</p> <p>Review the progress and membership of the PFPI Steering Group.</p>	<p>National PFPI Lead</p> <p>Corporate Affairs Manager and Corporate Affairs Assistant</p> <p>Corporate Affairs Manager/PFPI Steering Group annually</p>	<p>Update at quarterly Steering Group</p> <p>Database to be set up by August 08/ongoing recruitment</p> <p>April each year</p>
Improve the structures of involvement, and the communication and support provided to patient and public representatives.	<p>Create a Service-wide travel and subsistence expenses policy for PFPI volunteers.</p> <p>Improve engagement with 'hard-to-reach' groups.</p> <p>Where possible, produce timetables of meetings and consultation.</p> <p>Communicate with patient and public representatives at least every 3 months by sending out Response magazines, etc.</p>	<p>National PFPI Lead</p> <p>General Managers / Divisional Representatives</p> <p>Corporate Affairs Manager</p> <p>Corporate Affairs Manager and Corporate Affairs Assistant</p>	<p>Draft to be ready by November 08</p> <p>Update at quarterly Steering Group</p> <p>Ongoing</p> <p>Update at quarterly Steering Group</p>
Improve communications with the public about the	Publish and implement Communications Strategy.	Communications Manager	Date of publication likely to be October 08

services that are provided, and appropriate use of these services, within the wider Communications strategy.	Consider how to communicate with 'hard-to-reach' groups.	Equality and Diversity Lead	Ongoing
Consult with families and carers, as well as patients and the public, at times of service change.	Consider how to build a database of contacts for this. Implement the Carers' Strategy. Consider targeting families and carers as an area of focus for the qualitative dimension of the National Patient Survey. Divisions ongoing work to consult with families and carers, as well as patients and the public, at times of service change.	Corporate Affairs Manager Designated Director Designated Director Divisional Representatives	Ongoing Ongoing – updated via Board and PFPI Steering Group Annual Survey Update at quarterly Steering Group
Enhance the explicit connections between PFPI and strategic planning.	Develop, and invite more patient and public representatives to, the annual Strategic Planning Day. The Service Redesign team to work closely with national PFPI leads and the Scottish Health Council. Invite key managers to join the PFPI Steering Group. Identify a Divisional General Manager to lead on PFPI	General Manager for Performance and Planning General Manager for Performance and Planning Corporate Affairs Manager National PFPI Lead and Designated Director	November 08 Ongoing, update at PFPI Steering Group General Manager for Performance and Planning invited August 2008. Review as and when required Autumn 2008
Continue to develop the Community First Responder schemes, and	Increase and develop local communication and engagement when new Community First Responder schemes are set up.	Divisional Representatives and the General Manager Lead for Community First	Ongoing, update at PFPI Steering Group

the programme of public CPR training, particularly in schools.		Responder Schemes	
--	--	-------------------	--

2009-2011

New strategic PFPI priorities are set each year, and the actions for 2009-10 and 2010-11 are likely to include the following (in addition to continuing and building on the priorities for 2008-09):

Action	Lead Person/Group	Rolling Timescale
Continue to work closely with the Scottish Health Council.	National PFPI Lead	Regular meetings with SHC representatives
Develop good practice guidelines in engagement methods.	National PFPI Lead	Ongoing, and reviewed after quarterly updates from Divisional Representatives
Ensure that feedback is always given to participants.	Corporate Affairs Manager and Divisional Representatives	Ongoing
Recruit more patient and public representatives.	Corporate Affairs Manager and Divisional Representatives	Ongoing, aim to double database by April 2009
Seek volunteers from community and demographic groups who are currently under-represented.	Equality and Diversity Lead	Review membership of database each quarter
Ensure that key documents and guidance are circulated to all staff involved in PFPI activity.	National PFPI Lead	Ongoing
Assess the need for staff PFPI training days.	National PFPI Lead	Review each quarter

Identify opportunities for collaborative consultation between departments, divisions and organisations.	Corporate Affairs Manager and Divisional Representatives	Ongoing
Identify and promote the development opportunities associated with becoming a volunteer, and provide support for this where necessary.	National PFPI Lead and Divisional Representatives	Ongoing
Continue to provide community training in emergency life support.	Director of Human Resources and Clinical Development	Ongoing
Continue to provide community safety training.	Director of Human Resources and Clinical Development	Ongoing

DRAFT