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Market Research & Consultancy

Final Report for:

NHS Greater Glasgow and Clyde

Health Information Centres Research

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1. Background to evaluation and research objectives

1.1   Background

Glasgow's health has been improving with reductions in deaths from cancer, coronary heart disease and stroke. However, there are persistent inequalities in life expectancy and in specific health outcomes, between the best and worst off.

The Health Promoting Health Service (HPHS) concept is that *"every healthcare contact is a health improvement opportunity"* and aims to embed health improvement into acute care settings. With proportionately greater use of acute and community hospital services by patients from deprived communities and people at increased risk of multiple health and social inequalities, hospital settings offer a major opportunity for primary and secondary prevention.

The Scottish Government Health Directorate, in CEL 14 (2008), identified the key role hospitals can play in improving population health and wellbeing and reducing health inequalities through their access to a large number of patients, families, visitors and staff. In its follow on CEL (01) 2012, emphasis was given to the importance of integrating health improvement into every healthcare opportunity.

In *From Knowing to Doing (NES, 2008),* the national strategic framework for managing knowledge acknowledges the role access to good quality health information for patients, carers and the general public and healthcare staff helps support self-care and informed decision making. It also recommends facilitating easier access to information for health professionals, patients and other key stakeholders.

In its Acute Services Review (ASR) NHS Greater Glasgow and Clyde (NHSGGC) defined health improvement as "*a process by which a number of actions contribute to a positive health outcome for an individual, community or population. These actions will address one or more of the following:*

- *health related behaviours*
- *access to and delivery of appropriate and safe health and care services*
- *life circumstances, social and economic determinants*
- *capacity building, coping support and skill and knowledge development.*"

The ASR framework cited a number of actions which could create a 'one stop shop' for:

- Patient information service (multi-media access to health and wellbeing information; outreach health library information, written patient information and face to face support)
- Signposting to local community services and networks (counselling, debt management, employability initiatives)
- Delivery of health promotion services (smoking cessation, Shape Up, alcohol programmes, etc.
- Programmed lets for support services delivered by voluntary sector partners (carer support, condition support groups, and income maximisation)
- Volunteering, volunteer Centre and advocacy services (patient involvement, patient problems and concerns)
- Healthy Working Lives Award (related health promotion campaigns and events; links to occupational health and HWL initiatives)
- A helpdesk facility (access and way finding around the building; booking for interpreting services; ordering of equipment; links to social work services).

With an estimates 400,000 patient contacts a year, the opening of two new ambulatory care hospitals, the New Victoria and the New Stobhill, offered the opportunity to develop Patient Information Centres (PiC's) to provide individuals with an opportunity to discuss and manage their health and health conditions more effectively. Each of the two new hospitals support patients through a range of departments for minor injuries, day surgery, pre-admission assessments and diagnosis as well as return visits for cardiac rehabilitation, chemotherapy and management of long term conditions.

The two PiCs in the New Victoria and New Stobhill hospitals were developed to provide on-site, hospital based health improvement interventions to help users make informed decisions about their health. Services are provided by health board staff and volunteers, as part of NHS GGC's commitment to Investing in Volunteers. In addition to patients, each Centre aims to support carers, families and friends and staff and their families.

A core element of the service is to support marginalised groups who may not otherwise easily access information or services, particularly in relation to literacy needs, communication aides, and English as a second language.

A feasibility study conducted in 2008 recommended the following:

- The key PIC services should be information, supported signposting and referring to other sources of information and support with the provision of a wide range of information on condition specific topic, social issues and health promotion topics
- Supported signposting and referral to services in local areas
- The PICs should be fully integrated into the hospital structures and operate within the context of the Health Promoting Health Service. Strong links with clinical staff were seen as essential to make the services effective and ensure people used them
- Staffing would be essential for the P:ICs to function effectively and provide a quality service and that there should be combination of permanent staff and volunteers
- Local hospital management should be involved in the day to day management of the service
- The positioning of the rooms would be vital and should be near to the hospitals entrances
- The layout of the rooms should help increase accessibility of the services, particularly for passing trade.

Since the introduction of the PICs, patients, carers, families and staff can access services by walk in to the drop-in service at each of the Centres, by telephone, email or staff referral.   The Centres provide information on a range of issues including:

- Lifestyle such as smoking, healthy eating alcohol, physical activity, stress
- Money advice
- Employment
- Support for carers
- Help with literacy
- Information in other languages
- Accessing community services.

A similar support service, the Family Support and Information Service (FSIS), is available at Yorkhill Children's Hospital. It was established in 1993, and this came under the management of the Health Directorate's Health Improvement Team in January 2013. This service also offers families of children attending Yorkhill emotional support and access to support for accommodation, toiletries and primary care health services as well as information and advice.

The support provided by staff and volunteers at the PICs/FSIS is categorised into three levels as follows:

Level 1 – asking for brief information or taking a leaflet.
Level 2 – requires a brief intervention or referral to one of the HiC Health Improvement Services.
Level 3 - usually a complex enquiry which may require searching of multiple sources.

1.2   Research objectives

NHS GGC wished to assess the effectiveness of the PiC and FSIS service delivery models and use this evidence to inform future expansion and development of the service into the New South Glasgow Hospital. This research aimed to establish:

- To what extent the support and information model worked
- Whether it worked for all its stakeholders (i.e. patients, carers, hospital staff, and service commissioners)
- What was it about the approach that made it work
- How any barriers had been overcome
- What lessons could be learned from the implementation of the three HICs to date
- What improvements should be considered to enhance effective delivery in the three existing sites
- Key recommendations for the future direction of the HIC service.

2. Methodology

The research methodology was intended to be conducted in the following stages:

- Data mining of the Patient Information Database (PIED) in which all enquiries in the PICs and FSIS are recorded
- In-depth interviews with service management
- On site immersion days incorporating discussions with users and non-users of the services (staff and general public) and observation of environment in which the services are delivered
- Follow up in-depth interviews with Level 3 users of the PIC and FSIS services.

2.1 Data mining

The purpose of the data gathering and mining was to establish:

- Who is using the service?
- When are they using it?
- What they are using the service for?
- Who in the hospital is referring people to the service?
- Which PiC/FSIS services/support have the most/least demand?
- Which type of user is most/least likely to use the service currently?
- How many users are referred on?
- Extent of linkages with external organisations
- The most common referral pathways.
- The extent to which the service is supporting people from inequalities groups e.g. people from deprived areas, ethnic minorities, people with disabilities etc.

In addition to profiling usage overall, the data was also to be used to prepare a usage profile of each of the three locations in order to compare and contrast usage.

Unfortunately issues with the design of the current PIED system meant that only limited service activity information could be retrieved from it. As a result, it was decided that information on user activity would be collected and recorded separately over a four week period during the evaluation and this would be used to illustrate service activity collectively and within each of the three Centres.

The form which was developed specifically to support this evaluation can be found in Appendix 1 of this report.

2.2 Interviews with service management

In-depth, face to face interviews were conducted with individuals who had been responsible for planning/managing the service in each of the three hospitals. The discussions with service management sought to establish how the delivery model has been implemented (in each of the three locations) and what issues are arising/have arisen from this.

They discussion guide used in the interviews can be found in Appendix 2 of this report.

2.3 Immersion days

Visits were made by the research team to each of the three hospital locations. The purpose of the visits were to meet with service staff/volunteers, speak to hospital staff about their views of the

service and to speak to members of the public who are attending the hospital on that day about their use/non-use of the PiC/FSIS service. Observations of the service environment were also made in each of the hospital locations during the visits.

Service staff and volunteers
Face to face and telephone in-depth interviews were conducted with staff and volunteers at each of the hospital sites. The purpose of the discussions was to explore their understanding of their role, how they thought this matched the needs of the people using the service and how they were supported in undertaking their responsibilities. A copy of the discussion guide used in these interviews can also be found in Appendix 2.

Service users
Face to face interviews were conducted in each of the three hospital locations with members of the public who were users of the service. The purpose of the interviews was to explore how people found out about the service, how they used it and whether they got the advice/information support they expected/needed. We also intend to explore participants' priorities for future advice/support from the service.

We recognise that situations requiring Level 3 support are more complex and may not be resolved within a three week period. Therefore we propose to invite people from the PIED who received Level 3 support previously to participate in the research. We will liaise with service management to secure their consent for us to contact them and then arrange with the service user to conduct the telephone in depth interview at a time convenient to them.

Telephone follow up discussions with 10 people were conducted to find out how they used the advice/support from the service and what difference it made. These individuals' lived experiences were used to develop case studies illustrating their use of the service and the benefits that resulted from this.

Non-users
Face to face interviews were conducted in each of the three hospital locations with members of the public who had not used the service. The purpose of the interviews was to explore their awareness of the service, their perceptions of what it does, their reasons for not using it and what might encourage them to use it in the future.

Hospital staff
Face to face interviews were conducted in each of the three hospital locations with members of hospital staff to explore why some staff referred patients to the service and others did not. The focus of the discussion would be to explore what has encouraged staff to refer people to the service and what would encourage staff who have not yet referred people to do so.

The questionnaires and discussion guides used in the interviews can be found in Appendix 2 of this report.

Observation
During the visits to each of the hospital sites, the research team took particular note of the service's physical environment including visibility of signage, ease with which the service can be found, service location, extent to which the layout is user friendly, extent to which ambience is welcoming etc.

The evidence gathered in the course of this evaluation is considered in Section 3 of this report in relation to service activity and impact.

3. Feedback

3.1   Service activity

Activity data gathered in the four week period from 26th January 2015 to 20th February 2015 indicated that the PICs and FSIS supported a total of 395 people during this time (185 at New Victoria, 178 at New Stobhill and 32 at Yorkhill).

3.1.1 Profile of users
Profile information on service users is somewhat limited. This is due to the large number of Level 1 enquiries – only limited profiling information is currently gathered for these enquiries. The available profiling information is outlined below.

Two thirds of the users were female and a third male. Just over half (53%) were patients, with less than a fifth carers (14%) or staff (14%). A very small number of users (4%) were visitors or members of the public.

Age was only available for Level 2 and 3 users. This indicated a difference in age profile between users in Yorkhill and those in the PICs, with users in Yorkhill tending to be younger (aged 26 – 34) and those in the PiCs older (over 55).

There was little data available for disability or postcode, making it difficult to comment on the extent to which the services were engaging with people at risk of health inequalities. The data did suggest that there was little use made of the service in the four week period by people from minority ethnic communities (only 11 out of 395 users). This is surprising given the extent of the BME population, particularly in South Glasgow.

3.1.2 How they found out about the service
This information is only gathered currently from Level 2 and 3 users. Although this information was not recorded for all Level 2 and 3 users it was available for 105 out of 130 users.   The data gathered suggested that the users found out about the service in different ways between the PICs and FSIS. Walk in was the most common means of people finding out about the service in the PICs (39%), although this only applied to the PICs. Whereas almost all the service users in Yorkhill found out about it from ward visits by FSIS staff or ward referrals, the most common means of finding out about the service in the PICS was walk ins (50%). Unlike Yorkhill, only two users were referred by hospital staff and a fifth of users were referred by PIC staff in the Atrium.

3.1.3 Type of enquiry
Two thirds of the activities were Level 1 enquiries, however there was a considerable difference in types of enquiries between the PICs and FSIS.   Over three quarters of the enquiries at New Stobhill were Level 1, compared to just over half of the enquiries at New Victoria and just under half at Yorkhill. Enquiries for directions to wards or departments comprised a large number of the Level 1 enquiries in New Stobhill (57%) and New Victoria (34%). None of the Level 1 enquiries from Yorkhill were for directions – these were either for emotional support and the provision of leaflets.

The next most common Level 1 enquiries were expenses in New Stobhill (22%) and leaflets and appointments in New Victoria (13% and 12%).

A quarter of the total enquiries for the four week period were Level 2 enquiries. Just over half of the enquiries from Yorkhill and New Victoria were Level 2 whilst less than 20% of the enquiries from New

Stobhill were Level 2. Almost all of the Level 2 enquiries from Yorkhill were for emotional support or money advice.

Less than a fifth of the enquiries at New Stobhill (39%) were Level 2 compared to just under a third (29%) of enquiries at New Victoria. The most common Level 2 enquiry at New Victoria and New Stobhill hospitals was information on specific health conditions (52% and 50% respectively).

Less than 10% of the enquiries were Level 3 (almost all of which were at New Victoria and none from Yorkhill). The issues relating to the enquiries varied considerably and included complaints, money and benefits, concerns about specific health conditions and other agencies.

3.1.4 Actions taken
Data on actions taken is only collected for Levels 2 and 3 (130 individuals). Almost all of these service users received more than one type of care or support, the most common being verbal information and support (77). 57 people received leaflets, 33 were referred to another agency, 24 received money advice and 8 received brief interventions.

3.2 Service impact

3.2.1 PIC/FSIS personnel

Perceptions of who the PIC/FSIS are targeted at
Personnel in the PICs and FSIS believe that they are providing a service for patients, their families and carers and visitors to the hospital. They work with a range of organisations external to the hospitals to achieve this. In the case of FSIS some of these organisations are outwith Glasgow, reflecting the national nature of the services provided by Yorkhill.

The services mentioned for hospital staff related to staff specific sessions, such as the Weigh In service to help staff lose weight.

Role of staff/volunteers
The interviewees believe that their role is to help patients, families, carers and visitors to the hospitals. Enquiries come from people dropping in to the service, by email and via phone calls.   They describe the role as very varied from providing directions to people who can't find clinics or wards, directing people to relevant services to claim expenses, helping people source information on health conditions and helping them complete applications for benefit claims.

Each enquiry is different and many can require service personnel to spend a considerable time with individuals. As two interviewees explained:

> *"Often people come in for one thing and then when you start talking to them there are other things going on in their lives. I had one lady who came in for information on transport and then, through chatting with them, I found out she was really lonely. She lived on her own since her husband died. So we talked about what things she was interested in and I gave her information on groups which are local to where she stayed".*

> *One lady came in for an information leaflet and after talking to her I referred her to Moving Forward for bereavement counselling".*

<u>Learning and development</u>
All of the interviewees felt that the training and development they received was very helpful for their role. Staff and volunteers described a range of training received including Brief Interventions, Listening Skills, Communication Skills and Bereavement. The only issue rained by staff with the training was that much of it is now E-learning which interviewees felt helped provide people with the knowledge but did not really test skills in applying learning. As one interviewee explained:

> *"Role play is key to showing you how to help people. E learning tells you what you need to know but you still don't know if you will be any good at helping people at the end of it".*

Each interviewee also received an annual appraisal as well as regular contact with service management which they found helpful in being able to talk about issues which affected them and in receiving advice and support on their performance in the role.

<u>Services</u>
The PICs and FSIS provide a range of information and emotional support to people using the hospitals. Whilst the service offers information leaflets and printed information, the provision of emotional support appears to be a key role in all three hospitals. As interviewees explained:

> *"It's more than a library. Talking to people givens us the chance to find out what is really bothering them. One lady came in for a leaflet on breast cancer. We started talking and it turned out she had to give up her job and money was a really problem. She had no idea she was entitled to any support. She wasn't sleeping because she couldn't pay her bills. We helped her apply for financial support".*

> *"We had a family here with a really sick baby. This live in the North of Scotland and the dad has had to give up his job to stay down here. They don't want to leave their child so he has no earnings. We have helped them out with accommodation, meal vouchers, etc but also we give them the chance to off load their worries. It helps them to know someone is listening and can help".*

<u>Benefits</u>
The interviewees identified a number of benefits from the service for patients, families/carers and staff. Examples are outlined below:

> *"I was visiting a ward one day and I saw a women who was sitting strangely. I went over to speak to her and she eventually told me she wasn't feeling well. Her child had been admitted to hospital and she didn't want to leave her. I asked her if she would go to a doctor if I could get her an appointment. She agreed and I arrange for her to see a GP 10 minutes from the hospital that same day. She had a chest infection and she got antibiotics for it".*

> *"A man came in the other day – he was very upset and wanted to make a complaint about his consultant. We spoke for a wee while and it turned out that his wife and died and he was grieving. Everything was getting him down. I put him in touch with social services and a bereavement group and then I asked him if he wanted to tell me about the complaint. He said – "No need… I think I was a bit tense and over-reacted".*

"One of the staff came in one day.. they were very upset. They wanted to lose weight but didn't think they could go to a class. They were too embarrassed. I suggested they came here once a week instead. They have now lost over 3 stone".

3.2.2 Hospital staff

Face to face interviews were conducted with 12 staff (4 in each hospital). The staff interviewed were a mix of those who referred/signposted people to the Centre in their hospital and those who did not. The staff (nursing and medical) represented a range of hospital wards in Yorkhill and day hospital and clinic staff in New Victoria and New Stobhill.

Awareness and understanding of the PICs/FSIS
All of the hospital staff interviewed were aware of the Centre in their hospital, although only half of them (6) had used its services. Understanding of the role of Centres varied. All of the interviewees thought that the service provided information for patients on health conditions and health improvement. Their awareness of the Centres' role in supporting people with wider issues affecting their life circumstances (such as benefits/money) and emotional support was more limited. Staff in Yorkhill were more aware that FSIS provided this type of support than some of the staff interviewed in the New Victoria and New Stobhill hospitals.

None of the interviewees specifically mentioned the health events which are organised by the PICs and FSIS on a regular basis. When prompted the interviewees were aware of the events but did not seem to be aware that they were organised by the PICs/FSIS.

Source of information on the PICs/FSIS
The most common way the staff interviewed appeared to have found out about the service was as a result of attending Weigh In clinics where the Centre staff were supporting hospital staff to lose weight. As one member of staff explained:

"I wanted to lose weight and was unable to go to a class after work so I went to the Weigh In here. I found out about the PIC through talking with the staff when I came in to get weighed. I have got information from the PIC for family and friends and have also told some of my patients about it as well" (Member of staff in ambulatory care hospital).

Another way in which hospital staff became aware of the service was visits by Centre staff to wards and clinics in the hospitals.

"Someone from FSIS visits the ward each week and they talk to the families and also to staff.   We also have a bit about the service in our ward induction information which each family gets when their child is admitted. We also have a ward noticeboard and it is on this as well" (Yorkhill ward staff)

"They came and spoke to our clinical team. All our patients have huge issues with benefits and money because they are unable to work due to chronic pain so it is great to be able to send them to someone who can help" (Clinic staff, New Victoria)

Perceived target groups for PICs/FSIS
All of the interviewees recognised that the service would be targeted at patients. Hospital staff in Yorkhill thought that the service would support children's families and carers, however hospital staff

in the New Victoria and the New Stobhill tended not to consider that the service might support patients' families or carers.

Very few of the interviewees thought that the service could support hospital staff. Only those who attended the Weigh In sessions mentioned staff as a target audience.

Very few of the interviewees were aware that the PICs and FSIS work with other organisations to provide a support service. Only interviewees who had referred patients for particular services such as help with benefits claims or help sourcing a wig (cancer patients) were aware that the PICs and FSIS often liaised with other services/agencies to support people.

Accessing the service

The hospital staff who use the PIC/FSIS services tended to access them informally either through dropping in or talking to service staff when they are attending the Weigh In sessions. Only one interviewee mentioned that they gave people attending their clinic written information on the PIC service from a tear-off pad provided by the PIC to help signpost people to the service.

The feedback from the interviewees who had used the service suggested that they encouraged their patients or their families to drop in to the service when they are in the hospital. Where the health practitioner was concerned that the patient/family member might not drop in to the service they took them there themselves and left them with the PIC/FSIS personnel.

Benefits of the PIC/FSIS service

The hospital staff who had used the service felt that it offered significant benefits to patients/families and to hospital staff.

Benefits to patients/families

The interviewees felt that the service offered people the chance to speak to someone about issues which are affecting them but which they might not want to share with ward or clinic staff. As two interviewees explained:

> *"If they are having money worries it obviously affects their health but they might not want me to know the details so being able to say to them why don't you have a confidential chat with someone in the Patient Information Centre is great".*

> *"We see people who have chronic pain. Very often they can't work so I can tell the about a service which can help them find out what support they can get financially. It's a load off their mind"*

Interviewees also highlighted that their patients can often have other health conditions in addition to the one they are attending the hospital for and they can encourage them to speak to someone in the PIC to help them get information or support with this. As one interviewee commented:

> *"We often find that our patients need help in changing their eating habits. We need them to eat more healthily and they often don't know where to start. I can tell them to talk to someone in the PIC and they will help them get meals plans etc."*

The ward staff in Yorkhill also highlighted a number of benefits for children's families from using FSIS, including access to accommodation, meal vouchers and toiletries. As one interviewee explained:

> *"We can have people coming here unexpectedly as an emergency admission. Parents are worried about their child and come here with little money and nowhere to stay. The staff in FSIS can help them get a hot meal, sort out where they can stay and give them peace of mind so they can focus on what is wrong with their child"*

<u>Benefits to staff</u>

All of the interviewees who had used the service felt that it also helped them.   Benefits included:

- Reducing the time they need to spend sourcing information
- Reducing their concern about whether the information they are giving people on non-clinical issues is up-to-date and accurate
- Allows health professionals more time to spend with the patient
- Reducing the time they need to spend contacting other organisations to refer patients to other support services.

The interviewees provided the following examples of how support from the PICs and FSIS had benefited them:

> *"The Social Work process for applying for benefits is really complex.   It is impossible for us to keep up to date with all the paperwork and process changes. I can send someone to the PIC and know that they will help them through the process and help them get their money. It's very stressful for patients and worrying about money makes their health worse. One of my patients came back to an appointment with me recently and was really happy because their benefits had come through …. And that was someone who was really stressed before because they had to give up their job".*

> *"There is no way I could know or remember everything for a patient. I had a lady who was attending our clinic and I wanted her to keep exercising. I thought if I let her go out today I am not sure she will organise anything. So I took her along to the PIC and they helped her get exercise classes sorted for her which were near where she lived".*

> *"It's horrible to see parents and families upset when their child is really ill. We don't really have the time to help them get accommodation locally. It is great to be able to say to them to visit FSIS and know that they will sort them out".*

None of the interviewees knew where else to get help and support for their patients and families other than the PIC or FSIS.

<u>Location of the service</u>

All of the interviewees who had used the service felt that it was essential it was on-site. A key advantage is that they can get people to go to the service at the time rather than sending them away to come back at a later date. The interviewees felt that this was a key advantage of the service, particularly for those people who may not be returning to the hospital for follow up appointments. It was also seen as being essential for the parents/families of the children in Yorkhill as staff felt that they would not use a service if it meant leaving the hospital to access the information or support.

Gaps in service provision
None of the interviewees who had used the service could think of any gaps in its current service portfolio.

Reasons for not using the PICs or FSIS
There were four key reasons given by hospital staff for their lack of use of the PIC/FSIS services. These were:

- Lack of understanding of what the service offered. This was a particular issue amongst staff interviewed in both ambulatory care hospitals. Interviewees did not appear to know what the service did – many thought it provided information leaflets only
- Lack of understanding of the benefits the service can bring. Interviewees were not clear on how they or their patients and their families could benefit from referring people to the service. This was also a particular issue amongst staff interviewed in both ambulatory care hospitals.
- Staff access to social work services in their ward (Yorkhill) which meant that they did not feel they needed to use the FSIS service
- Lack of awareness of patients needing this type of support. A few staff in the ambulatory care hospitals were not aware of their patients needing to use the PIC services. However further discussions with these staff suggests that this may be as a result of staff not talking to their patients about their life circumstances and issues which are affecting them. As one interviewee commented:

> *"I find it difficult to talk to someone about things like their money or benefits or mental health. I don't think they would talk to me about these things anyway".*

Encouragement to use services in the future
With the exception of ward staff in Yorkhill who have access to social work support, the main two reasons why hospital staff did not use the PIC/FSIS service were lack of awareness of the range of services offered and lack of understanding how they and their patients could benefit from using the services.

Interviewees felt that if they knew more about the service and what it offered they would be more likely to signpost people to it. The interviewees found it difficult to suggest what might encourage them to use the service as they did not really understand how the PIC/FSIS service could benefit them.

Awareness of FSIS and what it offers was good amongst all interviewees. However interviewees for the ambulatory care hospitals felt that it would be beneficial if the profile of the service was higher in the hospitals. They felt that there were many staff who were unaware of the service or did not consider it when thinking about what support patients might need. As one interviewee commented:

> *"They (the PIC) need to get something out to staff so that it becomes part of their process for deciding what support a patient needs. I don't remember to offer the PIC as an option and I don't think I am alone in that. People do what they have always done"*

3.3.3 Survey of service users and non users
Face to face interviews were conducted with 60 people (20 in each hospital) who were attending/visiting the hospital on the immersion day. The visits were conducted on a Tuesday (New Victoria), a Wednesday (Yorkhill) and a Thursday (New Stobhill).

Individuals waiting in the main atriums in each of the hospitals were approached and invited to participate in the research. Individuals who used the PIC or FSIS service on the day were also invited to participate. However there were few users of the service on the days of the visits.

Profile of respondents
Two thirds (67%) of the interviewees were female and one third (33%) male. As can be seen in Figure 1 below, nearly two thirds (62%) were aged 45 and above whilst a fifth (20%) were younger, aged between 26 and 34. These younger adults were generally from Yorkhill.

Fig 1: Age of respondents

Age	26-34	35-44	45-54	55-64	65+
%	20%	18%	13%	22%	27%
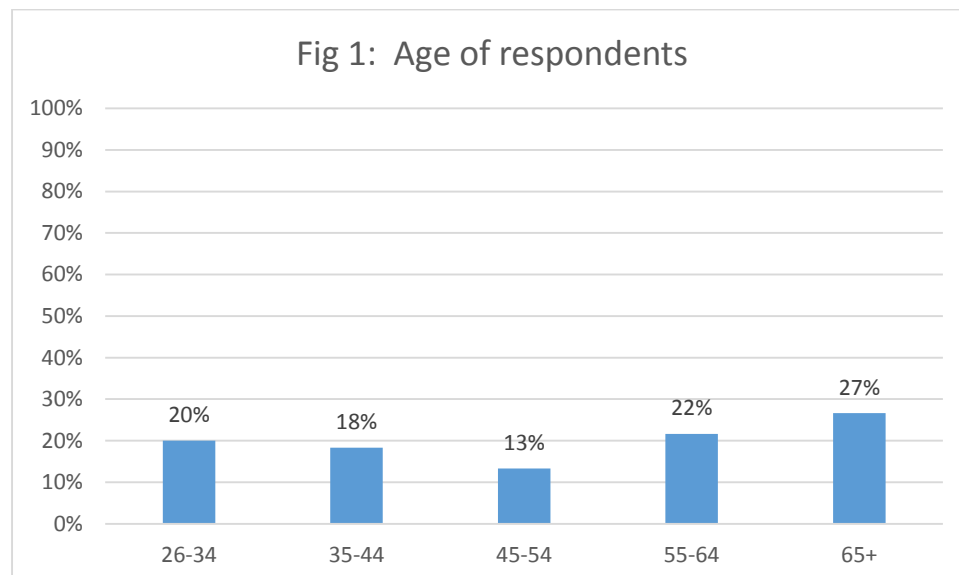
Whilst the majority of respondents were resident in less deprived areas (see Figure 2 below), almost one fifth (17%) indicated that they lived in a highly deprived area as defined by the Scottish Index of Multiple Deprivation (SIMD 1 & 2). This does suggest that the service is reaching some people at risk of health inequalities.

Figure 2: Area of residence

- SIMD 1 & 2: 17%
- SIMD 3 - 5: 67%
- Not known: 16%
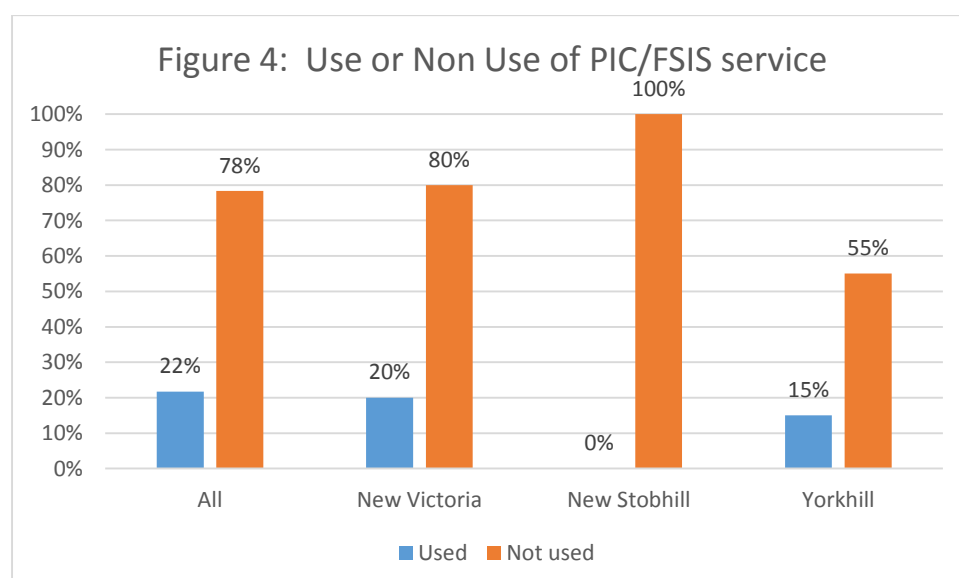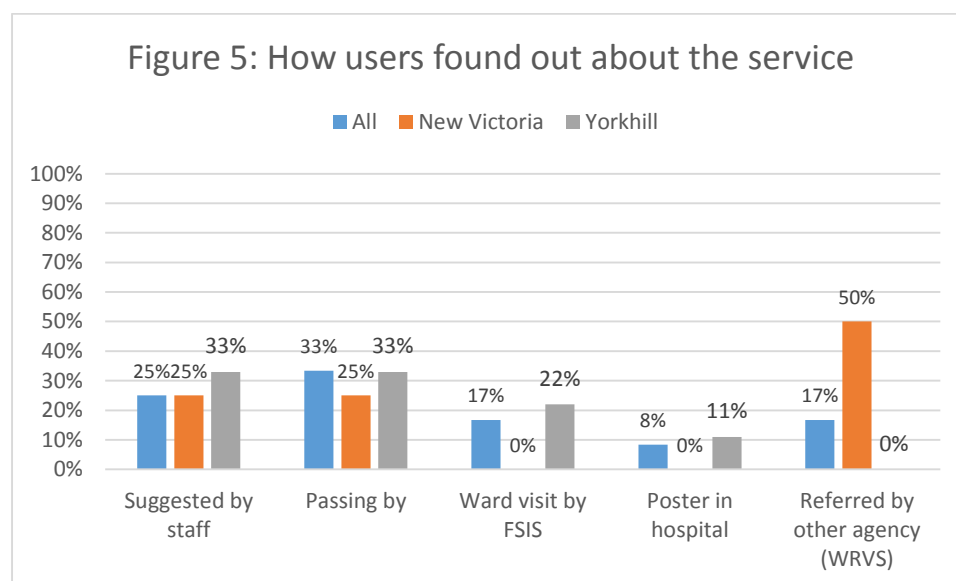
Figure 3: Type of respondent
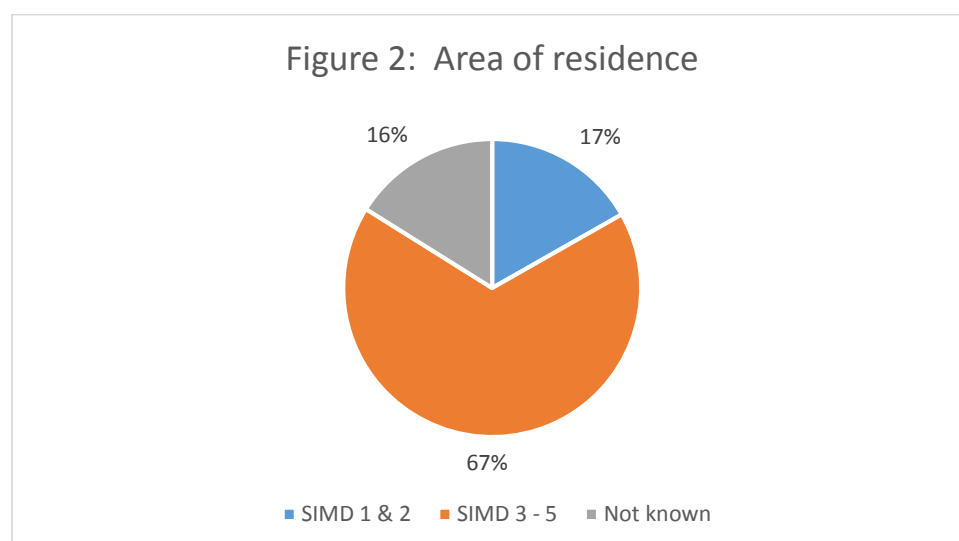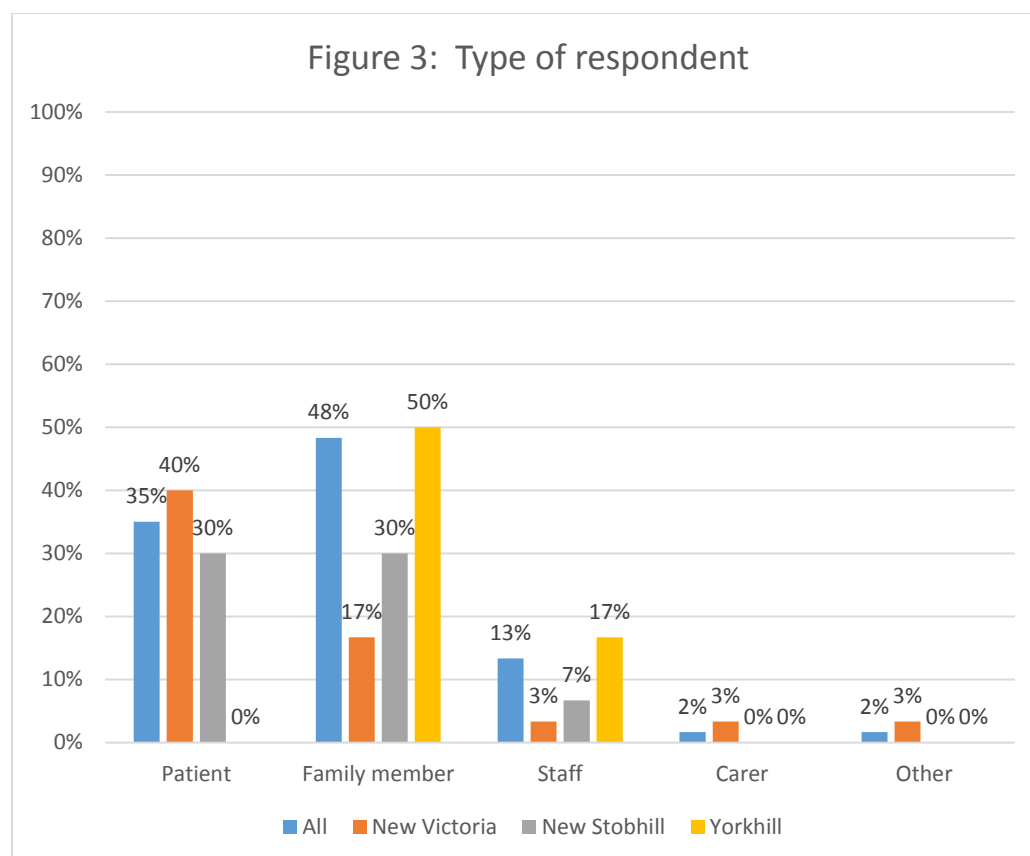
As illustrated in Figure 3 above, just under half (48%) of respondents were a family member and just over a third (35%) were a patient in the hospital. Just over 1 in 10 (13%) of respondents were staff (slightly higher in Yorkhill at 17%). Whilst a large proportion of the respondents described themselves as a family member, very few described themselves as carers (2% overall). Indeed, none of the respondents in Yorkhill or in New Stobhill felt they were a carer.

Use of the service

Respondents in each of the hospitals were asked if they had used the PIC/FSIS service. As can be seen in Figure 4 below, the majority of respondents (78%) had not used the service at all. In the case of New Stobhill, none of the respondents had used the service.
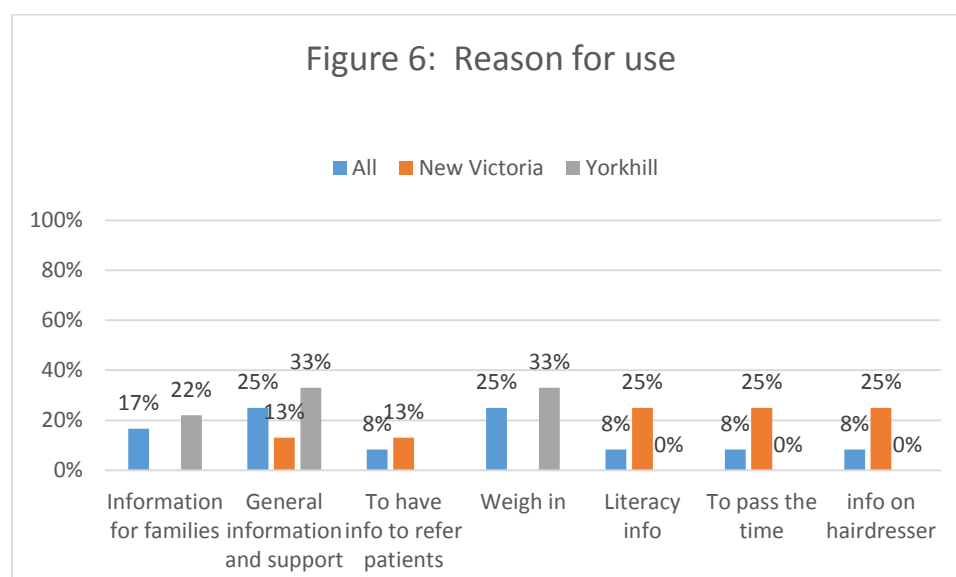

Figure 4: Use or Non Use of PIC/FSIS service
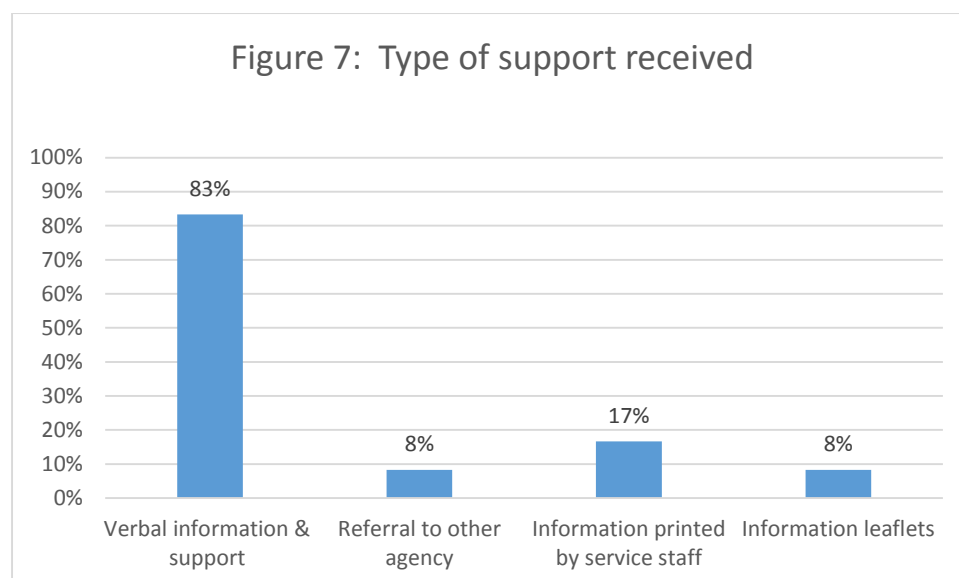
<u>Service users (New Victoria and Yorkhill only)</u>

Figure 5: How users found out about the service

Legend: ■ All ■ New Victoria ■ Yorkhill

Category	All	New Victoria	Yorkhill
Suggested by staff	25%	25%	33%
Passing by	33%	25%	33%
Ward visit by FSIS	17%	0%	22%
Poster in hospital	8%	0%	11%
Referred by other agency (WRVS)	17%	50%	0%

As can be seen from Figure 5 above, those respondents who had used the service found out about it from passing by (33%) or by suggestion from hospital staff (25%). Passing by was less prevalent amongst New Victoria users than Yorkhill. This may be as a result of the PICs location in a side corridor in New Victoria where fewer people are likely to be walking past.

Referral by other agencies was more common in the New Victoria than Yorkhill with half of users (50%) finding out about the service from referrals. Ward visits by FSIS were also mentioned by almost a fifth (17%) of Yorkhill users.

Accessing general information (25%), attending the staff weigh in (25%) and accessing information for families (17%) were the main reasons given by respondents for using the service (see Figure 6 below).

Figure 6: Reason for use

Legend: ■ All ■ New Victoria ■ Yorkhill

| Category	All	New Victoria	Yorkhill
Information for families	17%		22%
General information and support	25%	13%	33%
To have info to refer patients	8%	13%	
Weigh in	25%		33%
Literacy info	8%	25%	0%
To pass the time	8%	25%	0%
info on hairdresser	8%	25%	0%

Accessing information and support was more of an issue amongst users in Yorkhill (33%) than the New Victoria (13%). Users in New Victoria tended to be sourcing specific information i.e. on literacy (25%) and the hairdresser (25%).

Figure 7: Type of support received

The chart shows the following values:
- Verbal information & support: 83%
- Referral to other agency: 8%
- Information printed by service staff: 17%
- Information leaflets: 8%

For both the New Victoria and Yorkhill verbal information and support was by far the most comment type of support received from PIC/FSIS staff (83% of all users). Printed information and information leaflets amounted to only 25% of support provided.

The feedback from the users suggested that there was overwhelming satisfaction with the information/support provided by service staff in both hospitals. 92% of users felt that the service had met their needs (see Figure 8 below).

The only area of dissatisfaction related to one user who had literacy issues and who was given printed information on literacy support which he could not read and had to come back to the service for more help.

Figure 8: Did support/advice received meet your needs?

The pie chart shows:
- Yes: 92%
- No: 8%
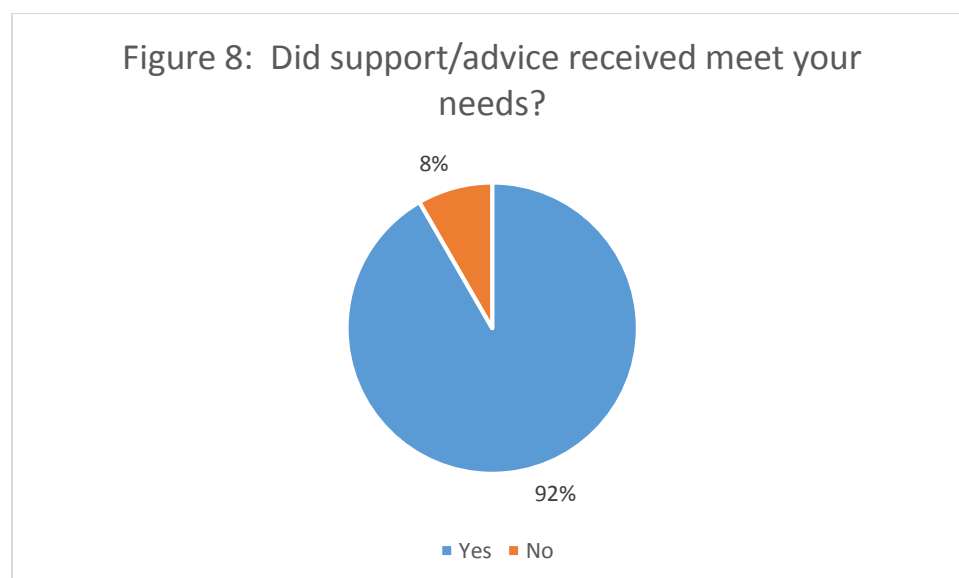
The overwhelming majority of users (75%) did not know where else they could source the information or support they had received from the service (see Figure 9 below). A very small number of users suggested social work (8%), their GP (8%) or Weightwatchers (8%).

Figure 9: Other potential sources of information
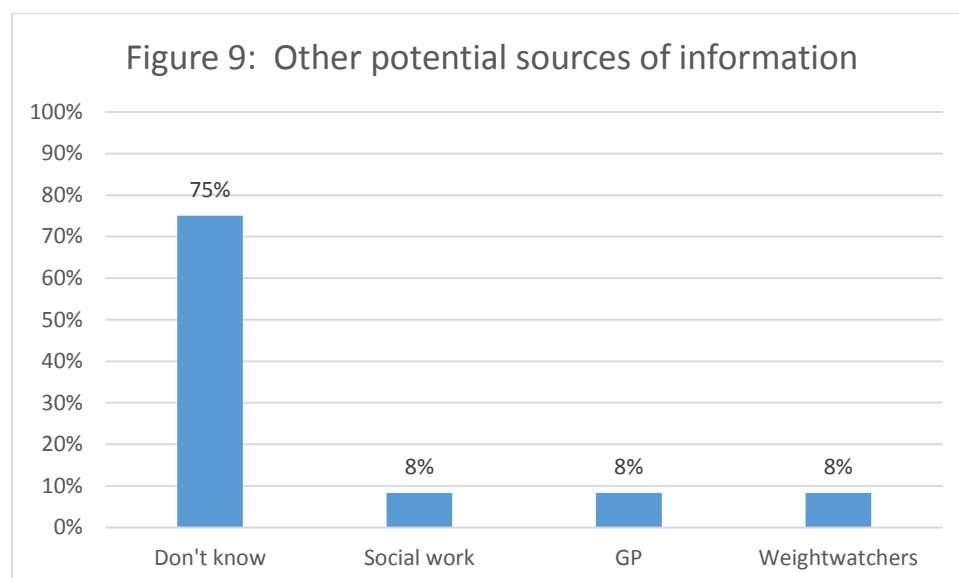
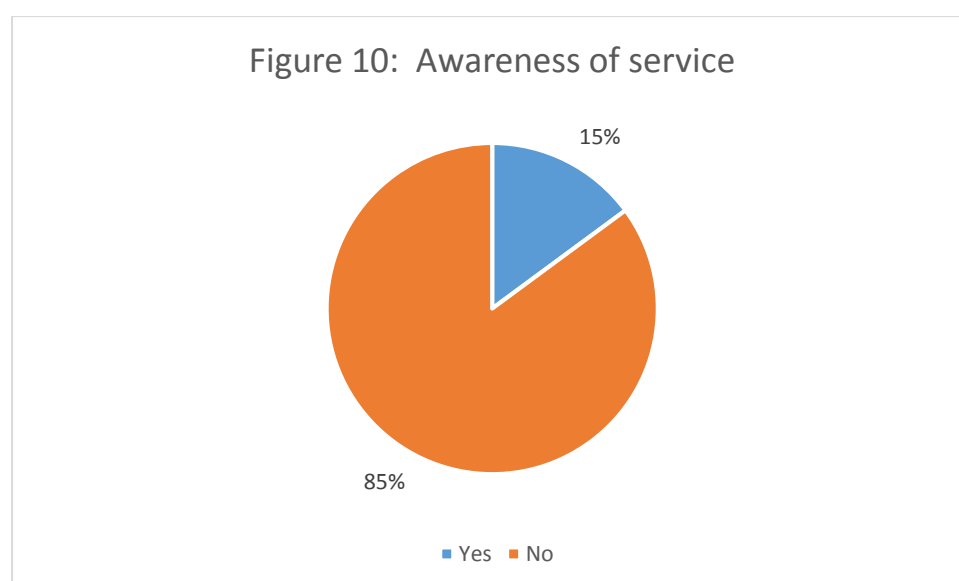*Service non users*

Figure 10: Awareness of service

Figure 10 (above) indicates that the majority of people who did not use the service were unaware of it (85%).   None of the New Stobhill respondents were aware of the service.

All but one of those respondents who were aware of the service but had not used it were in Yorkhill. The other respondent was in the New Victoria.

All of the respondents who had not used the service thought that it provided patient information. One of them (based in Yorkhill) thought that it was information leaflets only.

Almost half of those who were aware of the service (43%) had found the service by walking past it and the remainder (57%) had been referred by a member of staff.   They suggested that they had not used the service because they did not feel they needed to at the time.

Figure 11: How to encourage non users to use the service
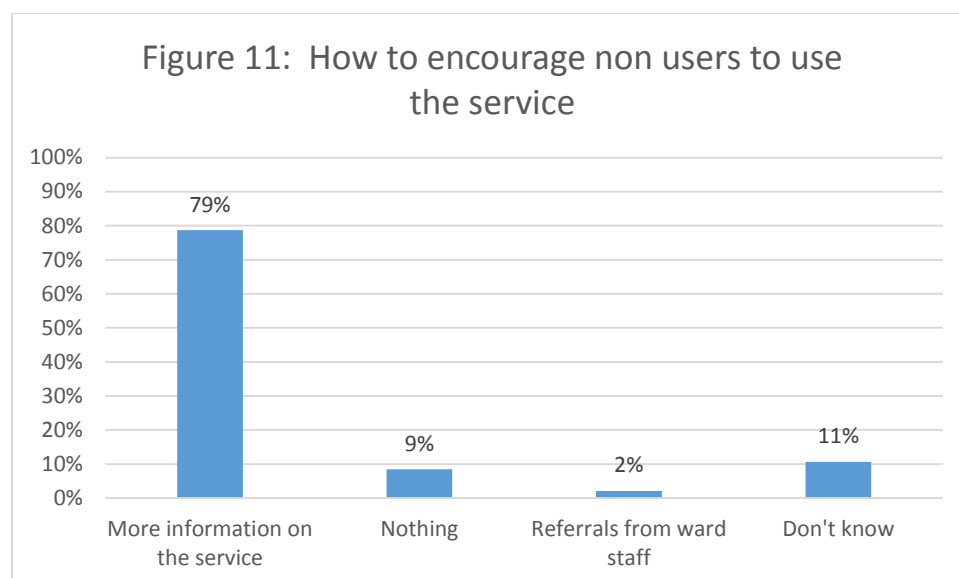

Figure 10 (above) suggests that lack of information about the service is a key reason why people had not used it. Over three quarters (79%) of those who had not used the service thought that providing more information on it would encourage more people to use it. Almost 1 in 10 (9%) of respondents suggested that there was nothing that would encourage them to use the service – they did not think they would ever need to use it. These respondents tended to be older people (over 65) from the New Victoria and New Stobhill hospitals.

Figure 11: Interest in services provided
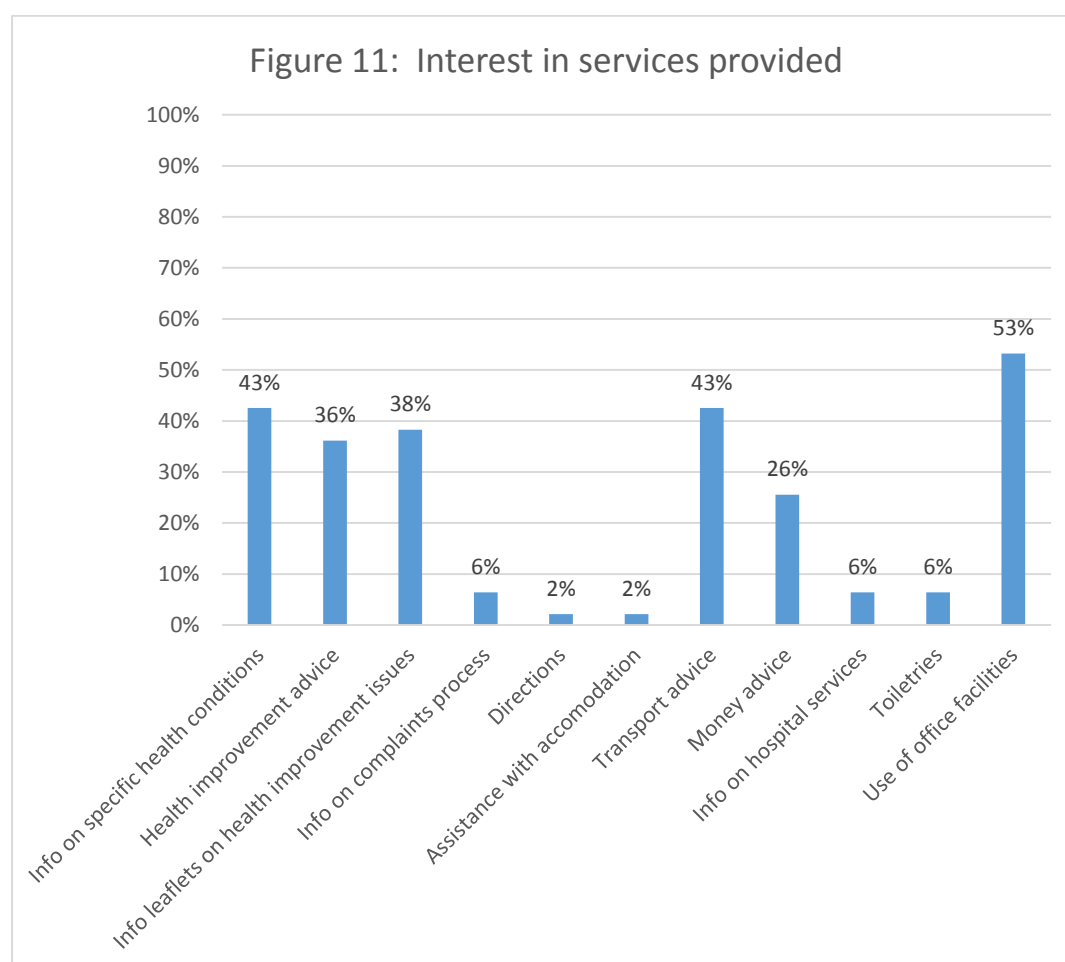
For those respondents who thought they might use the service in the future, having the use of PIC/FSIS office facilities was of particular interest (53%), with information on transport and health conditions of interest to just under half of the respondents (43% each). Transport advice and the use of office facilities was of particular interest to respondents in the New Victoria and New Stobhill. The use of office facilities was also of interest to respondents from Yorkhill.

All respondents

One issue which was common across all three hospitals and all respondents was the need to have the services based at the hospital. Three quarters of respondents (75%) stated that they would not use the service if it was based elsewhere (see Figure 12 below).

Figure 12: Likelihood to use the service if not on site
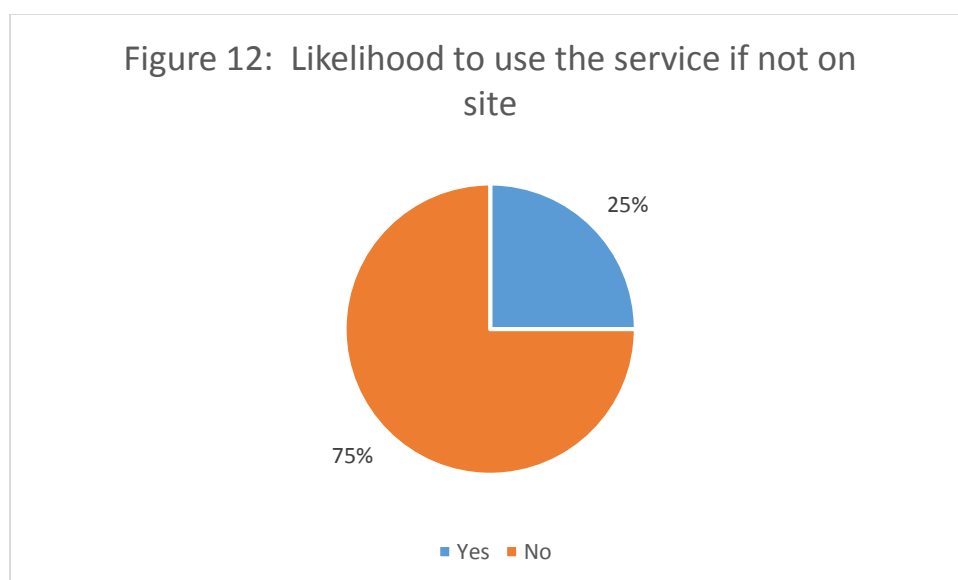
Those willing to access a service which was not on their hospital site tended to be from the New Victoria or the New Stobhill and would use the internet to get information. Only two respondents from Yorkhill would use a service which was not on-site.

The two main reasons given for not using an off-site service was lack of convenience (35%) and a lack of awareness of where else to get the advice or support needed (57%).

3.2.4 Environment (Observation)

As part of the evaluation, NHSGGC wanted to determine to what extent the environment was appropriate and the service visible. These issues were explored during the research team's visits to each of the three hospital locations. The issues noted during these visits are outlined below.

Visibility of the service
The FSIS Centre is located next to the main reception in Yorkhill which makes it easy for reception staff to signpost people to the service. The Centres in the New Victoria and the New Stobhill Hospitals are less visible and therefore potentially less likely to attract passing trade. The PIC in the New Victoria is in a corridor off of the main entrance, behind double doors.

The Centre in the New Stobhill is located to the left of the main escalator. However its location is hidden by the escalator and there is no obvious signage directing people to the Centre.

Location of the service
The FSIS Centre benefits from a location which is close to the main reception for the hospital. It is also next to the office where families can make expenses claims. As a result of this the Centre is in a location where patients' families tend to congregate.

The PIC in the New Victoria is not in the main atrium in the Hospital. It is in a corridor which leads to the Physiotherapy Department. This is not a main thoroughfare in the hospital and therefore not somewhere many patients would be passing through.

The PIC in the New Stobill Hospital is in the main atrium of the Hospital. However, the hallway is divided by the escalator and is narrower on the side in which the PIC is located. This tends to steer people away from the PIC towards the Coffee Shop which is located on the wider side of the escalator.

Signage
Signage is available for all three Centres. However this tends to be at the main entrances and is included amongst the large range of services available in the hospital. The signage listing all the wards/departments/services contained in the hospitals tend to be grey and there is little to distinguish the PICs or FSIS in this signage.

The FSIS Centre has a colourful sign above its entrance, however the entrance contains leaflet stands and a waiting area. There is nothing to indicate that there is another room where the staff are based and this is not visible from the main reception area.

In the New Victoria, there is an additional sign above the double doors leading to the Physiotherapy corridor however it is also grey and not particularly visible unless someone was already aware of its location.

The only additional sign for the PIC in the New Stobhill Hospital is above the PIC office which is not visible from the main atrium (being hidden by the escalator).

There are floor standing banners in the atrium in the New Victoria which advertise the PIC however, whilst colourful, they are amongst a number of other banners advertising other health messages and therefore can be easily overlooked. None of the members of the public interviewed as part of the immersion day were aware of the banners.

Room environment
The PICs and FSIS all have access to two rooms. In the New Victoria and New Stobhill Hospitals the room where the staff /volunteers are based also contains leaflet stands plus computing and printing equipment. The multi-purpose nature of the rooms makes them appear quite cluttered, particularly in the New Victoria. The additional rooms are situated next to the PIC offices and can be used for meetings or 1:1 discussions. However the additional room in the New Victoria is often used by other agencies such as Hairmony and, as a result, many of the discussions with service users take place in a seating area in the main office. This makes it difficult to have a private meeting and maintain confidentiality.

In FSIS, whilst the additional room in FSIS is accessed via the main office, it can be closed off for private conversations.

Staffing
The PICs and FSIS are manned with a combination of NHSGGC staff and volunteers, however the staffing levels vary between the PICs and FSIS. FSIS has at least two individuals on at any one time.

This allows the Centre to be manned and enables FSIS personnel to visit the wards in the hospital and speak to family members who are unable or unwilling to leave their child's bedside.

The PICs, on the other hand, very often have only one person available (either NHSGGC staff or a volunteer). This can create difficulties with cover at busy times in the day. During the visit to the PIC in New Victoria there was an occasion when three individuals arrived at the same time – one with a complaint about their care in the hospital, another with a level 3 enquiry and another looking for directions to a clinic. The member staff had to ask one person to wait in the hospital atrium and another in the PIC office whilst they took the third patient to the clinic area. The individual who had to wait in the atrium was there for over 20 minutes whilst the PIC member of staff helped the other patient with their complaint.

3.2.5 In-depth interviews with service users

Ten in-depth telephone interviews were conducted with people who had used the service in ether the New Stobhill (5) or the New Victoria hospitals 5). The individuals were selected from people who had used the service some months previously and who had agreed to be re-contacted. It was not possible to interview individuals from Yorkhill as they were unwilling to participate at the time of the telephone interviews due to family circumstances.

 Profile of interviewees
Seven of the interviewees were patients and three were family members. Seven were female and three were male. One was from an ethnic minority.

The interviewees had been attending a range of services including:

- Neurology
- Chemotherapy
- HTU
- Orthopaedic
- Cardiac.

How they found out about the service
Two out of the 10 individuals were referred by staff in the clinic they were attending, one saw it on a poster and the remaining 7 happened upon the clinic whilst in the hospital. Only one of these individuals was from New Stobhill.

Nature of enquiry
There were a range of enquiries as follows:

- Condition specific information (2)
- Support to apply for benefits (2)
- Help for caring with elderly patient (2)
- Patient transport (2)
- Meal vouchers (1)
- Wig service (1).

The support provided by the PIC service included:

- Referral on to another health professional (for neurology)

- Referral on to another agency (MacMillan Cancer Support, Moving Forward and Maggie's Centre)
- Completion of application form (2)
- Provision of contact details for social work and appointment with Citizen's Advice
- Investigation of reason for cancellation of patient transport
- Provision of information on more local transport services
- Provision of advice on basic first aid
- Provision of meal vouchers.

All of the interviewees felt that the support provided by the PIC had met their needs fully.

How the PIC support was used
Eight of the 10 interviewees followed up on the advice and support provided by PIC personnel. This included:

- Attending an appointment with a consultant in Gartnavel Hospital
- Successfully applying for benefits and financial support, including Disability Living Allowance
- Contacting the Care and Repair Team who fitted a wet room in the individual's parents' house
- Regular meetings with a representative from Macmillan Trust
- Regular appointments with social work staff to review mother's care.

Benefits from support received
A key benefit from using the PIC service highlighted by many of the interviewees was a reduction in anxiety/stress. Interviewees spoke of PIC staff making the process easier (particularly for applying for benefits and making appointments with other services). They also suggested that it saved them time by putting them in contact with relevant people in other services rather than the individual having to contact several people before reaching the appropriate one.

Interviewees also felt that resolutions to their issues were found quicker as a result of the involvement of PIC personnel – also reducing their stress and anxiety. Some interviewees also suggested that they found it easier to speak to PIC staff than to speak some of the health professionals about their issues.

How the service could be improved
The only improvements suggested by interviewees related to staff in the hospital departments. Interviewees felt that the clinic staff could have made them aware of the PIC service earlier which would have enabled them to get help sooner. One interviewee also felt that the clinic staff were more likely to refer a patient to a website than to the PIC and that this might result in people not receiving the support they need.

4 Conclusions and recommendations

4.1.1 Service reach and user profile

The data gathered suggested that the profile of service users and the types of enquiries varies between the PICs and FSIS. FSIS appeared to have younger people using the service and to have a higher proportion of Level 2 enquiries than either PIC. The activity data suggested that none of the services appeared to be attracting users from minority ethnic communities. This is somewhat surprising given the large BME community in the South of Glasgow in particular.

There were also differences in enquiry types between the PICs with New Stobhill having proportionately more Level 1 enquiries than New Victoria or Yorkhill. It was also noted that, whilst both PICs had several enquiries about directions and deliveries, Yorkhill did not appear to have any of these types of enquiries. It may be that its location next to the hospital reception negates the need for people to approach the service for these enquiries. The lack of a reception desk in either PIC may mean that hospital users are more reliant on the PICs for these types of enquiries.

The activity data also highlighted differences between the PICs and FSIS on how people found out about the service. The PICs appeared to rely more on people dropping into the service, whereas FSIS sees more people as a result of hospital staff referrals and ward visits by FSIS personnel.

4.1.2 Service impact
The feedback from the patients, families/carers and staff who participated in this evaluation and who have used the services from the PICs or FSIS suggests that the information and support provided have made, and are continuing to make, a difference to people's lives. The interventions provided ranged from the provision of information on health conditions, social activities and transport options to emotional support for people experiencing bereavement, loneliness and anxiety.

Very often individuals approached the service with what appeared to be a small enquiry and, through conversation with PIC/FSIS staff, other underlying issues often related to life circumstances were discovered which led on to more complex support. There were examples in both PIC and FSIS services where individuals were experiencing issues with depression, financial hardship, stress and social isolation which only came to light as a result of the individual dropping into the PIC or FSIS service. In telling their stories to PIC/FSIS staff other factors which were or could have a significant impact on their health and which could have resulted in these individuals requiring future healthcare interventions.

Feedback from the staff interviewed as part of this evaluation who had used the PIC/FSIS service highlighted three potential benefits from their use of the PIC/FSIS service:

1. Personal benefits - through encouraging them to adopt more healthy behaviours such as healthy eating and weight loss/management
2. Service benefits – with more time spent on patient care and less on sourcing health/social care
3. Patient benefits – through providing patients with access to accurate and up-to-date information on a range of issues without them having to go elsewhere for the information/support or take time out to return to the hospital to obtain the information.

4.1.3 Critical success factors
The feedback from the research participants (service users and non-users) suggests that there are a number of factors which appear important to providing an effective service, namely:

- Provision of an on-site service. Many of the research participants suggested that they would be unlikely to follow up on their information or support needs if they had to go elsewhere for the interventions. The ability to engage with the individual at the time when their need is identified appeared to be a key benefit of the PIC/FSIS service in encouraging people to take action
- Provision of a personal service.   There were several examples where individuals had approached PIC or FSIS staff with what appeared to be a minor enquiry and which, on probing by the service staff, other issues where uncovered which were impacting on their health (often their mental health). It was also apparent that potential service users were not always clear on their information or support needs and benefited from a discussion with PIC/FSIS staff to enable them to access relevant information/support.
- Links with other organisations. A number of the enquiries require information or support from other organisations and service users have benefited from PIC and FSIS staff being able to contact these organisations directly. Examples of benefits claims, transport enquiries and GP appointments were provided where links with the PIC/FSIS had enable people to get a quicker or more effective access to services for support
- Level of staffing. A key difference between the FSIS service and the PIC service appears to be FSIS' ability to go out into the hospital and engage with staff and patients/families/carers in situ in the hospital wards. The ward visits enable FSIS staff to talk to families and staff and also see for themselves potential issues which families may need support with. FSIS are able to achieve this because they have at least two people in the service at any one time, enabling one to man the office and another to visit the wards. The PIC service appears to rely on one person thereby limiting their opportunity to go out an engage with potential users
- Confidence of hospital staff. The hospital staff are key in uncovering issues which could potentially be impacting on a patient's health (particularly issues relating to life circumstances). The feedback from the hospital staff who participated in this evaluation suggests that some are more comfortable than others in having these discussions. Where staff are not comfortable there is a potential for need to be unidentified and, if PIC/FSIS staff are unable to visit the ward/clinic to talk to patients themselves, this need is likely to remain unaddressed.
- Referral by hospital staff. The activity data gathered during this evaluation highlights the important role hospital staff have in encouraging people to use the FSIS service. Currently this is not replicated in either PIC. Feedback from the interviews with staff in both hospitals indicated either a lack of awareness of the PIC service or a lack of understanding of what it offers. The extent of referrals by hospital staff to FSIS suggests that this is a missed opportunity in encouraging people who may benefit from the service to use it.
- The interpersonal and communications skills of the PIC and FSIS staff in supporting service users. There were many examples in this evaluation where people had approached the PIC or FSIS with a small enquiry and where other wider issues had been uncovered by service staff which were affecting their health (including mental health). The skills of the PIC and FSIS personnel were key in encouraging people to open up about issues of concern and had resulted in them receiving much needed care and support.

4.1.4 Barriers to service use

The research highlighted a number of benefits from use of the services in the PICs and FSIS there were a large number of the people who had not used the service. Whilst some suggested that this was due to lack of needing to use it, the main three reasons for not using the service were:

- Lack of awareness of its existence (general public)
- Lack of understanding of the service it provided (general public and hospital staff)
- Lack of understanding of the benefits of using the service (hospital staff).

The feedback from the service non-users and from observation during the visits to each of the hospitals as part of the evaluation suggests that these issues arise from:

- The location of the service in the ambulatory care hospitals – both PIC offices are not particularly visible in either hospital
- The visibility of service signage in the ambulatory care hospitals – the signage is hidden amongst the considerable amount of other signs and posters in the New Victoria and is limited to signage at the front door only in the New Stobhill
- The room layout in both PICs appears cluttered with information leaflets, computers, printers, meeting tables and reception desks. The rooms appear to be trying to be too many things and result in their being little opportunity for confidential discussions. The cluttered rooms do not present a welcoming environment for users and do not encourage people to enter the service space.

4.2   Recommendations

After consideration of the feedback from all participants in this evaluation, the following recommendations are suggested.

4.2.1 Contact and engagement (members of the public)

The feedback from the service users and non-users in this research suggests that there is a need for the service but that lack of awareness of it and lack understanding of what support it can provide is limiting its use. It would be beneficial for service management to consider increasing awareness of the service amongst potential user groups. This could include:

- Providing information on the service to patients (for PICs) and families (for FSIS) as part of the information which is sent out advising people of hospital appointments and admission dates
- Staff from the PIC and FSIS visiting outpatient clinics to raise awareness of the service amongst patient, families and carers attending the hospital. This would also ensure that patients and families/carers have access to the PIC/FSIS services in wards and departments which do not currently refer/signpost people to the PIC/FSIS service
- Staff from the PIC and FSIS approaching people in the hospital atriums to make them aware of the service.

The feedback from the non-users suggested a lack of understanding of what the service offers. Some potential users thought it was information leaflets only. It would be beneficial therefore if service management were to consider including examples of how people could benefit from the service in the information on the service.

The activity data suggests the service needs to specifically target people from minority ethnic communities to encourage them to make greater use of the service.

4.2.2 Contact and engagement (hospital staff)

Many of the staff in the hospitals do not signpost people to the service. The feedback from staff who do suggested that many of them became aware of the service through their own use of it (i.e. through the Weigh In sessions). It would be beneficial therefore if the service could offer more support opportunities to staff which would encourage them to come into the PIC/FSIS offices and see for themselves what the service offers.

4.2.3 Location

Location of the service would appear to be important in raising people's awareness of it. Many of the people interviewed in the ambulatory care hospitals were unaware the service existed. The PIC offices in the ambulatory care hospitals are not in high traffic areas and therefore are not attracting customers through passing trade. The FSIS service, however, is located next to the main reception and therefore is easier for potential users to see it. Awareness of FSIS was higher amongst the people interviewed in Yorkhill than either PIC was amongst those interviewed in New Victoria or New Stobhill.

4.2.4 Signage

The signage for the PIC offices in both ambulatory care hospitals is very limited and not particularly visible. It would be beneficial to consider making the signage more colourful and prominent in order to stand out in hospitals where there are a considerable number of signs directing people to various parts of the hospitals. It may also be of benefit to consult with an interior designer to obtain guidance on how best to use colour in directing people to particular services. It may be possible to learn from the use of colour, art etc in the New South Glasgow Hospital.

4.2.5 Staffing

The staffing levels in the PICs appeared lower than FSIS. More personnel available in the FSIS service enabled them to be visit wards and make people aware of the service and even, in some cases, to identify issues which people needed support with and to offer immediate assistance. Staff in the PICs were unable to do this as there is often only one person available and visiting the clinics means leaving the office unattended.

Many of the examples provided by participants in this evaluation suggest the importance of the PIC/FSIS staff in delivering an effective service. Their ability to encourage people to talk about issued has proved vital in identifying issues which have been affecting people's health or could have resulted in health issues (particularly mental health issues) in the future. This would suggest that providing a staffed PIC/FSIS service is essential to its achieving its objectives of supporting people's health improvement and reducing the risk of health inequalities among target groups.

4.2.6 Service offering

The feedback from the evaluation participants suggests that the services offered currently by the PICs and FSIS are those which are considered useful to the public. One key service which was of interest, particularly to current non-users, was access to office facilities. It may be that offering a business support-style service for access to IT, scanning, printing and the internet may encourage people to enter the PIC/FSIS offices and may offer staff a greater opportunity to engage with them and identify their information and support needs.

4.2.7 Learning and development

The feedback from the staff and volunteers from the PICs and FSIS suggests that the training provided is very comprehensive and useful to support the personnel deliver an effective service. There was one situation where a service user had walked into a PIC office and had been provided with written information on an issue. The service user had severe literacy issues which meant that they could not use the information provided. The service user, interviewed as part of the immersion day, was well dressed and well-spoken and perhaps did not appear to have any issues. It would be beneficial perhaps to re-iterate with service staff the importance of probing issues further and not perhaps assuming service need based on observation of the individual's appearance.

4.2.8 Data recording

It is recognised that the patient information and enquiry database is being redeveloped to improve the access to service activity data. It may also be of benefit to consider increasing the amount of data recorded on Level 1 enquiries to improve understanding of these service users since this is the largest enquiry group for both PICs.

Appendices

NHS
Greater Glasgow and Clyde

Patient Information Centre
Enquiry Form: Brief Intervention/Referral

Classification of enquiry:

Site: Date: Staff Initials:

Enquiry details

Level 2 ☐   **Level 3** ☐

User Type: ☐ Patient ☐ Carer ☐ Family/friend ☐ Visitor/public
☐ Staff ☐ Staff (carer) ☐ Staff (personal) ☐ Wayfinding service (RVS etc) ☐ Unidentified

Service User Details

Ward/Department attending: **How did enquirer find out about the service:**

Name:

Address: **Postcode (in full):**

DOB: **Age:**

Contact Number: Home: **Mobile:**   **Email:**

Preferred reply by: ☐ Phone ☐ Email ☐ Postal ☐ Verbal (Appt made? Y / N (circle)

Disability: ☐ Yes ☐ No

Any support required around accessible information? E.g. interpreters, hearing impairment, speech impairment?
Yes ☐   No ☐   If yes, please give details: ....

Enquirer details

Gender:	☐ Female	☐ Male	☐ Prefer not to say		

Enquirer is:	☐ Patient	☐ Carer	☐ Staff	☐ Staff personal	☐ Public
	☐ Initial	☐ Repeat	**Enquirer's full postcode**		

Age	☐ Under 16	☐ 16-19	☐ 20-25	☐ 26-34	☐ 35-44
	☐ 45-54	☐ 55-64	☐ 65 plus	☐ Prefer not to say	

Ethnic group:

White:	☐ Scottish	☐ Irish	☐ Other British	☐ Traveller	☐ Other White
Asian; Asian Scottish; Asian British:	☐ Pakistani	☐ Indian	☐ Bangladeshi	☐ Chinese	☐ Other Asian
Black; Black Scottish; Black British:	☐ Caribbean	☐ African	☐ Black	☐ Any other Black background	
Other ethnic background:	☐ Mixed	☐ Any other	☐ Prefer not to say		

We have some reading you can take away but would you prefer to discuss?	☐ Yes	☐ No	☐ N/A

If verbal preference: Need help with understanding medicine labels, forms or letters?	☐ Occasionally
	☐ Sometimes, check understanding
	☐ Usually, check understanding

Information supplied/ Outcome	Verbal support and information ☐	Pre-printed resource ☐
	Information printed from PC ☐	Lifestyle(s) discussed ☐ Other ☐

Referral /Signpost to PiC hosted service (specify):	Referral ☐	Signpost ☐
Referral /Signpost to other service (specify):	Referral ☐	Signpost ☐

Request origin	Walk in	☐	Atrium	☐	Telephone	☐	Emails	☐
	HI Service	☐	Clinic	☐	Info Prescription/Trakcar	☐	Ward	☐

Carer Status	Unidentified carer	☐	Identified carer	☐	New carer	☐
	Young carer	☐	Cared for			
Carers Outcome	Booklet given	☐	Carers Information Line	☐	Local service	☐
	Condition Specific (e,g,MH)	☐	No action / not appropriate at this time			☐

Classification of enquiry

Enquiry Regarding	**AGE RELATED:** ☐ Older people issues ☐ Children / Young people's issues **GENDER:** ☐ Women's Issues ☐ Men's issues ☐ Transgender issues **LIFESTYLE ISSUES:** ☐ Addictions ☐ Healthy eating ☐ Physical activity ☐ Sexual health ☐ Smoking ☐ Weight management **HEALTH SERVICES / HEALTH RIGHTS:** ☐ Appointments ☐ Expenses ☐ Complaints ☐ Directions ☐ Forms (e.g. blue badge) ☐ Health rights ☐ Immunisation ☐ Legal issues ☐ Local H/services (e.g. GP, dentist) ☐ New SGH ☐ Organ/body donation ☐ Parking ☐ Screening ☐ Social Work ☐ Info on PiC ☐ hosted services (specify) .... **LIFE CIRCUMSTANCES:** ☐ Adult learning ☐ Advocacy ☐ Benefits / Money ☐ Employment ☐ Food poverty ☐ Housing ☐ Literacy ☐ Transport ☐ Voc rehab **CANCER:** ☐ General ☐ Bowel ☐ Breast ☐ Cervical ☐ Lung ☐ Prostate ☐ Skin ☐ Testicular ☐ Other cancer ☐ MacMillan LTC ☐ Maggie's Centre ☐ Cancer Care Scotland ☐ Hairmony **MENTAL/EMOTIONALHEALTH:** ☐ Befriending ☐ Bereavement ☐ Depression ☐ Emotional support ☐ Stress ☐ Support groups **OTHER:** ☐ Advice on health condition(s) **(PLEASE SPECIFY)** .... ☐ Health Events **(PLEASE SPECIFY)** ....
Action taken:	☐ Information leaflet provided ☐ Directions provided ☐ Brief Interventions ☐ Transport Advice ☐ Money Advice ☐ Assistance organising accommodation ☐ Signposting to other ward/dept in hospital ☐ Access to office facilities ☐ Signposting to other agency ☐ Other – Please state:
Narrative	
Case study	Yes ☐ No ☐

Level 3 - Enquirer consent

Data protection Q1: Does the user agree to having their details stored for the purpose of answering the enquiry?
☐ Yes   ☐ No

Data protection Q2: Does the user agree to having their personal details stored for the purpose of future audit of the service?**.** ☐ Yes   ☐ No

Preferred reply	Email ☐	Telephone ☐	Postal ☐	Verbal ☐
Future Contact?	Yes ☐	No ☐		
Verbal reply	Appointment arranged? ☐ Yes ☐ No		Date of Appointment:	

Date received:		Date completed	
Worker initials:		Worker initials:	

Discussion Guide for Interviews with Hospital Staff

1. Introduction (5 minutes)

- Interviewer Introduction
- Purpose of discussion
- Explain background to research and Axiom's role and outline research programme
- All comments made are strictly confidential and will not be attributed to participating individuals

2. Discussion topics

Job role

- Clarify role and responsibilities

Background

Explore:
- Awareness and understanding of the PICs or FSIS
    - What services/support are they aware of
    - What information do they get about the PICs/FSIS and where from
- Perceptions of who they are targeted at
    - Who they believe the PIC/FSIS model is supporting
    - Probe to see to what extent this includes hospital staff/management
    - Probe for how they believe the PICs/FSIS should work with other organisations to achieve their goals
- What they believe the PIC/FSIS model needs to achieve
    - What do they think success looks like
- How do hospital staff access the PIC/FSIS service (either for patients or for themselves)?
- How important is the service to hospital staff
    - What would happen if the PICs/FSIS were not around
- What they believe the PIC/FSIS role is in supporting hospital staff:
    - in achieving their objectives
    - In supporting them as users
- What is the benefit of having the service available to people
    - What would happen if it wasn't available
- Probe for how much they would expect the PICs/FSIS to contribute to reducing Did Not Attends (DNA's) and complaints and health inequalities and to what extent they think the PIC/FSIS achieve this
- Probe how important they feel it is for the PICs/FSIS to be located on-site and site specific
- Probe for how important they feel the health specific events are and how they fit into what their ward/clinic is trying to achieve

- Do they send people to the service
    - If yes, Why
    - If not, why not?

For those staff who have experience of the service

- Probe for how effective they feel the PICs/FSIS have been in
  a. Supporting patients/families/carers
  b. Supporting hospital staff
  c. Probe for any examples where they have used the service and what benefit has resulted
- What aspects of the PICs/FSIS service delivery do they feel is most/least effective and why
  a. Probe for what they consider is the PIC/FSIS unique selling point
- What gaps, if any are there in the current service portfolio
- What, if anything, should the PICs/FSIS do differently in the future

For those staff who have not experienced the service
- Do they know anyone who has used the service
  a. If so, what support did they receive and what benefits resulted (if any)
- What services/support from the PICS/FSIS might they be interested in and why?
- What would encourage them to
  a. Signpost their patients to the service
  b. Use the service themselves
- What gaps, if any are there in the current service portfolio
- What, if anything, should the PICs/FSIS do differently in the future
- What information would they like about the service
- What, if anything, would make the service easier to access

Discussion Guide for Interviews with PIC/FSIS staff

1. Introduction (5 minutes)

- Interviewer Introduction
- Purpose of discussion
- Explain background to research and Axiom's role and outline research programme
- All comments made are strictly confidential and will not be attributed to participating individuals

2. Discussion topics

Job role

- Clarify role and responsibilities

Background

Explore:
- Perceptions of who the PIC/FSIS are targeted at
    - Who they believe the PIC/FSIS model is supporting
    - Probe to see to what extent this includes hospital staff/management
    - Probe for how they believe the PICs/FSIS should work with other organisations to achieve their goals
- What they believe the PIC/FSIS model needs to achieve
    - What do they think success looks like
    - Probe for how effective they feel the PICs/FSIS are in achieving this
    - What do they consider to be acceptable levels of engagement with the PICs/FSIS target audiences
- What role does the PIC/FSIS have in supporting the hospital and its staff
    - What is the benefit to the hospital
    - What is the benefit to the hospital staff
    - What is the benefit to the patients/public
    - What would happen if the PICs/FSIS were not around
    - Probe for how much they feel the PICs/FSIS contribute to reducing Did Not Attends (DNA's) and complaints and health inequalities
    - Probe how important they feel it is for the PICs/FSIS to be located on-site and site specific
- What aspects of the PICs/FSIS service delivery do they feel is most/least effective and why
    - Probe for what they consider is the PIC/FSIS unique selling point

Services

- What services and support does the PIC/FSIS provide
    - What services/support has/have the greatest demand
    - What services/support has/have the least demand
- How important are the health specific events and why

Role of staff/volunteers

- What is the role of PIC/FSIS staff and volunteers

- What support do they receive to fulfil their role
- What do they spend most/least time doing
- What would make their role more effective
- What future support do they think they need

Environment

- How easy is it to find their service
- What would they change, if anything, about the service environment and why
- How are people made aware of the service when they come to the hospital
    - As a patient
    - As a member of staff
    - As a visitor
- What information do people receive about the service

Future
- What gaps, if any are there in the current service portfolio
- What, if anything, should the PICs/FSIS do differently in the future

Discussion Guide for Interviews with Service Planners/management

1. Introduction (5 minutes)

- Interviewer Introduction
- Purpose of discussion
- Explain background to research and Axiom's role and outline research programme
- All comments made are strictly confidential and will not be attributed to participating individuals

2. Discussion topics

Job role

- Clarify role and responsibilities

Background

Explore:
- Awareness and understanding of the PICs or FSIS
- Perceptions of who they are targeted at
  - o Who they believe the PIC/FSIS model is supporting
  - o Probe to see to what extent this includes hospital staff/management
  - o Probe for how they believe the PICs/FSIS should work with other organisations to achieve their goals
- What they believe the PIC/FSIS model needs to achieve
  - o What do they think success looks like
  - o What do they consider to be acceptable levels of engagement with the PICs/FSIS target audiences
- How important is the model to achieving their service planning/management objectives
  - o What would happen if the PICs/FSIS were not around
- What service level agreements are in place
  - o Probe for how effective they are considered to be and reasons for this
  - o What do they think the role of PIC/FSIS staff and volunteers should be

Effectiveness of service model
- What they believe the PIC/FSIS role is in supporting them in achieving their strategy/objectives
  - a. Probe for what elements of health board strategy/objectives do they feel the PICs/FSIS are supporting
  - b. Probe for extent to which they feel the health specific events are important and how they fit into their strategy/objectives
  - c. Probe for how effective they feel the PICs/FSIS are in achieving this
  - d. Probe for how much they would expect the PICs/FSIS to contribute to reducing Did Not Attends (DNA's) and complaints and health inequalities and to what extent they achieve this
  - e. Probe how important they feel it is for the PICs/FSIS to be located on-site and site specific
- What aspects of the PICs/FSIS service delivery do they feel is most/least effective and why
  - a. Probe for what they consider is the PIC/FSIS unique selling point
- What gaps, if any are there in the current service portfolio
- What, if anything, should the PICs/FSIS do differently in the future

Evaluation of Health Improvement Centres

Good afternoon/evening. My name is ____. I'm from Axiom Consultancy. We are doing some research for NHS Greater Glasgow and Clyde on the Patient Information Centre/Family Support and Information Service at the New Victoria/New Stobhill/Yorkhill hospital.   I believe you may have used this service in the past and you mentioned at the time that you might be willing to give the health board feedback on the service.

I wondered if I could have a chat with you about your experiences? It will only take about 10 0r 15 minutes at the most.

Would you have time to chat just now?   Go ahead with interview, if not ask when would be convenient to call back

Can I ask if you were a:

      Patient at the hospital ☐   (NEW VICTORIA AND NEW STOBHILL ONLY)
      Family Member ☐
      Carer   ☐
      Visitor   ☐
      Other   ☐   _____

Which Ward or Department were you attending?

_____

How did you become aware of the service?

      Suggested by another patient ☐   Suggested by a family member   ☐
      Suggested by a carer   ☐   Walk in   ☐

      At a health event   ☐
      Suggested by ward/dept staff ☐
      Suggested by other agency ☐ *Please specify which Agency*
_____

      Used the service before   ☐

What were you enquiring about?

_____

_____

_____

_____

How did you the Patient Information Centre/Family Support and Information Service help you with your enquiry?

_____

_____

_____

_____

Did this meet your needs?

Yes ☐
No ☐

If it didn't meet your needs, why not?

_____

_____

What could they have done differently which would have helped you more?

_____

_____

How did you use the support they gave you?

_____

_____

_____

_____

How do you think this benefited you?

_____

_____

_____

_____

What could they have done differently which would have helped you more?

_____

_____

CLOSE INTERVIEW BY READING OUT STATEMENT
Thank you very much for your help. Can I remind you that this was a bona fide market research interview conducted within the Market Research Society code of practice by Axiom Consultancy. If you would like to check that we are a bona fide market research agency then you can contact the Market Research Society on Freephone 0500 396999.

axiom

Market Research & Consultancy

Evaluation of Health Improvement Centres

Good morning/afternoon. My name is _____. I'm _____ from Axiom Consultancy. We are doing some research for NHS Greater Glasgow and Clyde on the Patient Information Centre/Family Support and Information Service at _____.   We are trying to find out what information and support people are looking for from the Service. Would you be able to answer a few questions for me?

Before I start the survey, can I ask if you are any of the following:

Q1   Type of enquirer**:**   Patient   ☐
                                  Family Member ☐
                                  Carer   ☐
                                  Visitor   ☐
                                  Staff   ☐
                                  Other   ☐   Please specify _____
                                  Prefer not to say   ☐

Q2   Which Ward or Department are you attending?

_____

Q3   Have you ever used the Patient Information Centre/Family Support and Information Service?

        Yes   ☐ *Go to Section 1*

        No   ☐ *Go to Section 2*

SECTION 1: FOR PEOPLE WHO HAVE USED THE SERVICE

Q4   How did you become aware of the service?

        Suggested by another patient ☐   Suggested by a family member   ☐
        Suggested by a carer   ☐   Walk in   ☐
        At a health event   ☐
        Suggested by ward/dept staff ☐   *Please specify which Ward/dept _____*

        Suggested by other agency   ☐ *Please specify which Agency _____*

        Used the service before   ☐ *When was this? _____*

Q5   Why did you decide to use the service?

        _____

        _____

Q6   What were you enquiring about?
        Please show respondent SHOWCARD 1 and ask them to give you the numbers of the topic
        they were enquiring about and tick respective numbers below

Age Related:
Older people issues	1
Children/Young People Issues	2
Family Issues	3
Carer Issues	4

Gender Related:
Women's Issues	5
Men's Issues	6
Transgender Issues	7

Lifestyle:
Addictions	8
Healthy Eating	9
Physical Activity	10
Sexual Health	11
Smoking	12
Weight Management	13

Health services:
Appointments	14
Expenses	15
Complaints	16
Directions	17
Forms (ie Blue Badge etc)	18
Health Rights	19
Immunisation	20
Legal Issues	21
Local Health Services (eg Dentist, GP etc)	22
New Southern General	23
Organ/body donation	24
Parking	25
Screening	26
Social Work	27
Info on PIC/FSIS	28
PIC hosted services	29

Life Circumstances:
Adult Learning	30
Advocacy	31
Benefits/Money	32
Employment	33
Food Poverty	34
Housing	35
Literacy	36
Transport	37

Vocational Rehabilitation	38

Cancer:

General	39
Bowel	40
Breast	41
Cervical	42
Lung	43
Prostrate	44
Skin	45
Testicular	46
Other Cancer	47
Macmillan	48
Maggie's Centre	49
Cancer Care Scotland	50
Hairmony	51

Mental/emotional health:

Befriending	52
Bereavement	53
Depression	54
Emotional support	55
Stress	56
Support Groups	57

Other:

Health Events	58
Other health conditions	59

Q7   What support/advice did you get from the Patient Information Centre/Family Support and Information Service?

Verbal support and information		Information leaflet provided (Pre-printed)	
Information printed by PIC/FSIS staff		Directions provided	
Brief intervention		Transport advice	
Money advice		Assistance organising accommodation	
Signposting to other ward/dept in hospital:		Access to office facilities	
Signposting to other agency		Other	

If **signposting to other agency** please state which agency: _____

If **Other support provided** please state type of support: _____

Q8a   Did the information/support/advice you received meet your needs?

                    Yes   ☐ *Go to Section 3*
                    No   ☐ *Go to Q78b*

Q8b   If not, why not?

_____

_____

Q9   If you had not approached the Patient Information Centre/Family Support and Information Service, where else could you have got this information/advise/support from?

_____

_____

Q10a   Would you access the service if it was not based in this hospital?

                    Yes   ☐ *Please go to Q11*

                    No   ☐ *Please go to Q10b*

Q10b   Why would you not want to access the service if it was not in this hospital?

_____

_____

Q11   Would you be willing to be re-contacted to discuss your experience of using the Patient Information Centre/Family Support and Information Service service?

                  Yes   ☐   *Please complete contact details below*

                  No   ☐   *Please got to Section 3 - Profiling*

Name :   _____

Telephone Number: _____

E mail address: _____

Postal Address   _____

Please go to SECTION 3 – PROFILING

SECTION 2: FOR PEOPLE WHO HAVE NOT USED THE SERVICE

Q12   Were you aware of the Patient Information Centre/Family Support and Information Service?

Yes   ☐ *Go to Q13*   No   ☐ *Go to Q15*

Q13   How did you become aware of the service?

Suggested by another patient   ☐   Suggested by a family member   ☐
Suggested by a carer   ☐   Walk in   ☐
At a health event   ☐
Suggested by ward/dept staff   ☐   *Please specify which Ward/dept* _____

Suggested by other agency   ☐ *Please specify which Agency* _____

Q14   What do you think the Patient Information Centre/Family Support and Information Service does?

_____

_____

Q15   Why did you decide not to use the service?

_____

_____

Q16   What would encourage you to use the service in the future?

_____

_____

Q17   What services/support might you be interested in accessing from the Patient Information Centre/Family Support and Information Service? *Please tick all that apply*

Health improvement advice (i.e stopping smoking, healthy eating, weight management, alcohol/substance misuse etc)		Directions to hospital services	
Information leaflets on Health improvement issues (i.e stopping smoking, healthy eating, weight management, alcohol/substance misuse etc)		Transport advice	
Money advice		Information on hospital services	
Information on specific health conditions		Request for toiletries/clothes etc	
Assistance organising accommodation		Use of office facilities	
Complaints about a hospital service		Other	

If other please specify: _____

Q18a   Would you access the service if it was not based in this hospital?

Yes   ☐ *Please go to Section 3*

No   ☐ *Please go to Q18b*

Q18b   Why would you not want to access the service if it was not in this hospital?

_____

_____

Please go to SECTION 3

3   PROFILING SECTION

Finally, I'd like to ask you some details about you and your household. The information you give us will be confidential but will allow us to see if there similarities and differences in people's views by age, gender, ethnicity etc.

QA Are you:

Male   ☐   Female   ☐   Prefer not to say   ☐

QB What age group are you:

Under 16	☐	16 -19	☐	20 – 25	☐
26 – 34	☐	35 - 44	☐	45 – 54	☐
55 – 64	☐	65 and over	☐	Prefer not to say	☐

QC   What is the postcode of your area of residence:

_____

QD   Working Status   Is the chief income earner (CIE) in your household in paid work, unemployed or retired? (please circle)

Employed - full time	1
Employed - part time	2
Contract worker with contract of less than 2 years	3
Self employed	4
Unemployed	5
Not working due to ill health/disability	6
Student	7
Retired	8
Housewife/Househusband	9

	Other	1 0
	Prefer not to say	1 1

Occupation   What is the occupation of the chief income earner?
(Record job title)

_____

Position / Rank _____

Qualifications _____

No of Staff responsible for _____

QE Marital Status   What is your current legal marital or same-sex civil partnership status, are you?:

Never married and never registered a same-sex civil partnership	1
Living with Partner	2
Married	3
In a registered same-sex civil partnership	4
Separated but still legally married	5
Separated but still legally in a same-sex civil partnership	6
Divorced	7
Formerly in a same sex civil partnership which is now legally dissolved	8
Widowed	9
Surviving partner from a same sex civil partnership	10
Prefer not to say	11

Disability: Do you consider yourself to have a disability?

No	1
Yes – Physical or motor impairment	2
Yes – Hearing Impairment	3
Yes – Visual Impairment	4
Yes – Other (specify) _____	5
Prefer not to say	6

CLOSE INTERVIEW BY READING OUT STATEMENT
Can I ask you to confirm a few details for me? These details will only be used by our office staff to quality control the survey. You may be re-contacted again in the near future to check that the interview was carried out appropriately.

Please Record the following:

Respondent's Name: _____

Respondent's Phone Number _____

Thank you very much for your help. Can I remind you that this was a bona fide market research interview conducted within the Market Research Society code of practice by Axiom Consultancy. If you would like to check that we are a bona fide market research agency then you can contact the Market Research Society on Freephone 0500 396999.

Interviewer No			
Questionnaire No			
Hospital			
Edited by			
Coded by			

Declaration: I declare that this interview was carried out according to instructions, within the Market Research Society's code of conduct with the respondent named above who was not previously known to me.

Interviewer Signature _____ Date _____

Interviewer Name (PLEASE PRINT) _____