Proposal to develop Support & Information Services in Clyde Sector

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This paper sets out the case for development of Support and Information Services in Clyde. Focusing on phase 1, to establish a service in the Royal Alexandra Hospital, the paper outlines:

- The policy context
- The need for the service
- The current inequity in service provision
- Added value of a SIS model
- Proposal for consideration
- Benefits for all people using the hospital, whether patients, visitors or staff members.

1. Background and policy context

The ambitions of Realistic Medicine[1], as outlined in the Chief Medical Officer's first annual report align with public health aims including using evidence to guide decision-making, health and health care equity, and measuring outcomes.

Within NHSGGC, the health improvement team have been developing the following work streams aligned to improving decision-making and personalised care:

- Holistic/tailored needs assessment and care planning in clinical settings
- A local Health Literacy Action Plan to support patients self care
- Direct connection to support services 'beyond' hospital
- Provision of Support & information services in hospital environments.

Support and Information Services provide:

- Accessible Health Information and 'health literacy' support
- Brief intervention to support Health Related Behaviour Change
- Facilitated access to NHS services and support as well as Local Authority / Voluntary sector services
- Host a range of Health Improvement and local voluntary sector services on site, based on the needs presented, e.g. financial inclusion; smoking cessation; carers support; holistic needs assessment for cancer patients; self management/condition-specific support services
- Deliver awareness raising campaigns aligned with national and local priorities including promotional activity / information stands in hospital atriums
- Volunteer engagement and co-ordination and provision of a hub from which ward and way-finding volunteers can operate.

Just over 12% of enquiries are from relatives, friends and carers. In order to identify hidden carers every service user is asked is they are currently helping look after someone, and then offered support. In some of the services, carers centres offer appointments to facilitate carer needs assessment and provision of tailored support. The services therefore play a significant role in providing good experiences for both patients and carers. The SIS services play a role in supporting carers' health and

[1] Scottish Government. 'Chief Medical Officer's Annual Report 2014-15'(2016) ISBN: 9781785449475 Available online: http://www.gov.scot/Publications/2016/01/3745 last accessed 10/3/2017

wellbeing and enabling carers to continue caring in line with the forthcoming Carers (Scotland) Act 2016[2].

Self management is critical for a safe, effective and person-centred health service. This promotes a shift in the current model away from people being passive, dependent recipients of care to a model that engages, empowers and supports people in a partnership approach with their healthcare professionals, carers and community[3].

In 2005, a National Consumer Council survey[4] found that one in five people had problems with the basic skills needed to understand simple information that could lead to better health. The survey found that people living in deprived communities were less likely to seek information or help for health problems and less able to engage with health information and one's own health status. The ability to understand and make use of good quality health information both verbally and in its' published form is referred to as health literacy.

Evidence shows that providing high quality health information is beneficial. It has a positive impact on service utilisation and health costs, patients' experience of healthcare and patients' health behaviour and status.[5] It has been found that people remember and understand less than half of the information that is discussed with them. The Patient Rights (Scotland) Act 2011 states that people should be communicated with in a way that they can understand and that healthcare staff should make sure the patient has understood the information given. The Support and Information Service offers a person-centred approach in that practitioners can provide information and respond to questions, tailoring support to suit the individual.

In line with the principles of a Health Promoting Health Service to ensure that "Every health care contact is a health improvement opportunity" the S&IS provide individuals with an opportunity to discuss how their condition is impacting on their life and be supported to identify steps that they can take to address these issues. Evidence shows that supporting self-management in this way can improve people's quality of life, clinical outcomes and health service use (Health Foundation, 2011).

The SIS services not only act as points of enquiry, support and sources of health related information but actively facilitate connections to community and voluntary sector services enabling a personalised and holistic approach to care planning for patients, visitors and staff; supporting people in and beyond hospital.

2. The need for the service

People living in Renfrewshire, Inverclyde and West Dunbartonshire areas make up the majority of hospital service users in the Clyde Sector hospitals. Residents from

[2] Carers (Scotland) Act 2016. asp 9
[3] Scottish Government. 'The Healthcare Quality Strategy for Scotland' (2010) ISBN: 9780755993239, Available online: http://www.gov.scot/Publications/2010/05/10102307/0 last accessed 10/3/2017
[4] National Consumer Council (2004). Health Literacy: being able to make the most of health. Written by Saranjit Sihota and Linda Lennard. London: 2004. Available on www.ncc.org.uk.
[5] Patient Information Forum (2013) 'Making the Case for Information' Available online: https://www.pifonline.org.uk/wp-content/uploads/2014/11/PiF-Case-for-Information-Report-Final-Full-Report.pdf last accessed 9/3/2017

these areas experience some of the poorest health outcomes in Scotland, and there is a stark difference between life expectancies in the more affluent areas in comparison to areas of high deprivation. These differences were reported extensively in the DPH Report 2015-17[6]:

In Renfrewshire men in the most deprived areas live on average 12 yrs less than men in the most affluent, whilst for women the difference is 8 yrs. For men and women aged 15-44 yrs living in the most deprived areas in Renfrewshire, the all cause mortality rate is just over twice that of the Scottish average. For people over 65 yrs the rate of multiple emergency admissions is twice as high in the most deprived areas than the most affluent areas of Renfrewshire[7].

In 2015/16 there were 275503 patient visits (attendances and admissions) to the Royal Alexandra Hospital. Most but not all people attending hospital will receive visit(s) from friends or relatives, increasing the potential reach to the population of a service operating with the hospital site.

Approximately 10% of Greater Glasgow & Clyde residents are unpaid carers (Census 2011)[8], and this proportion is likely to be concentrated within the hospital environments. Three in every 10 patients admitted report having a health condition that significantly limits daily living and as such are likely to require additional caring support. Hospital sites are therefore a crucial touch point to identify and support carers.

2015/16	RAH	IRH	VoL	Clyde Hospitals Total	GGC total	% Clyde Hospital Use as proportion of overall GGC total
IP (Elective + Non-elective)	56567	21018	4786	82371	353497	23.3%
DC	14606	10966	7521	33093	166373	19.9%
New OP (excl DNA)	47138	27888	18261	93287	387470	24.1%
Return OP (excl DNA)	83251	58142	26013	167406	777013	21.5%
A&E (include MIU/MAU)	73941	31816	15546	121303	471479	25.7%
Total Patient Hospital Visits	**275503**	**149830**	**72127**	**497460**	**2155832**	**23.1%**

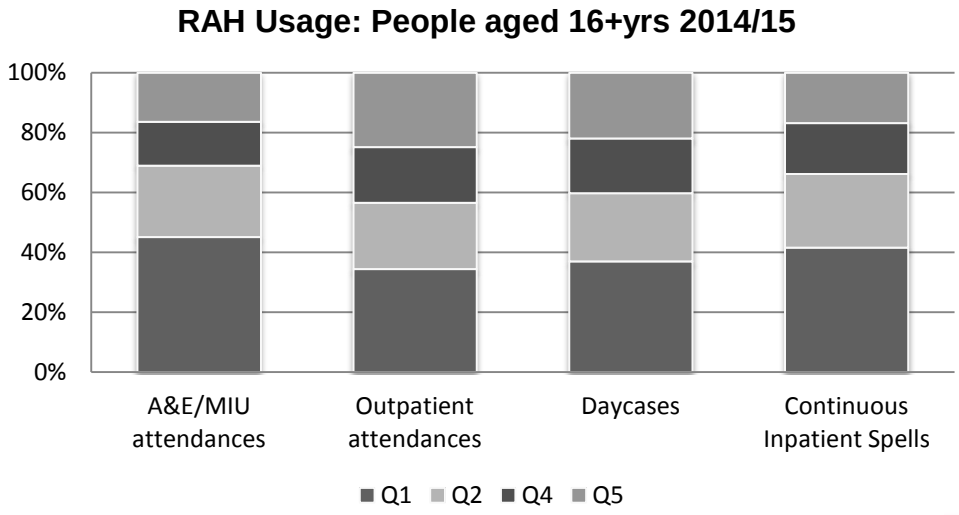
Hospital usage at Royal Alexandra Hospital is consistently higher for people living in SIMD 1 and 2 areas combined with the highest levels being seen in A&E use. This is unsurprising given evidence has shown than people with limited health literacy are more likely to use emergency services, less likely to use preventative services and

[6] NHS Greater Glasgow & Clyde.(2015) DPH Report 2015-17 'Back to Basics'. Available online: http://www.nhsggc.org.uk/your-health/public-health/the-director-of-public-health-report/dph-report-2015-2017/ last accessed 10/3/2017

[7] ScotPHO Deprivation Profile: Renfrewshire (2015) Available online: https://scotpho.nhsnss.scot.nhs.uk/scotpho/rankChartAction.do last accessed 10/3/2017

[8] 2011 Census: Key Results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland - Release 2A Available online: http://www.scotlandscensus.gov.uk/census-results last accessed 10/3/2017

less likely to successfully manage long term conditions.[9] Higher levels of deprivation are associated with more unhealthy behaviours such as smoking prevalence, and with higher incidence of long term conditions and co-morbidities, these groups are expected to have higher levels of need. This is further supported by evidence showing the links between deprivation and poorer health literacy and as such the SIS can play a crucial role in mitigating the impact of poverty related issues and supporting improved self management.[10]



3. Current service provision

NHSGGC has established Support & Information Services at four acute hospital sites, (Stobhill, Victoria, Queen Elizabeth University and Royal Children's Hospitals).

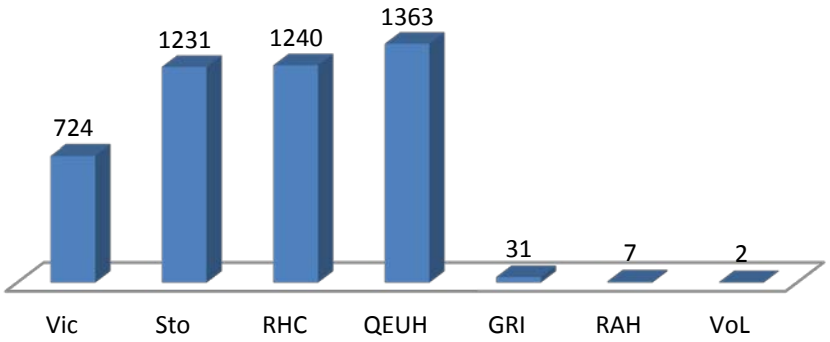
There is at present an inequity in service provision, with no centre at Glasgow Royal Infirmary, Royal Alexandra Hospital, Inverclyde Royal Hospital, Vale of Leven Hospital or West Glasgow ACH. To date in 2016/17 there have been 9 enquiries from the Clyde area, 8 relating to promotion of the service through the children's ward and one enquiry from a staff member to SIS for personal support. The current SIS services on other sites support telephone and email enquiries from across the board area however in sites with no physical presence of the service, the uptake of the service is unsurprisingly limited. Even across our existing SIS offices there is variation in service throughput which shows that our services with excellent visibility in high footfall locations have better use. A location such as within the main atrium, will good visibility from entrance points seems to work better.

[9] Public Health England, UCL Institute of Health Equity: Practice Resource (September 2015) 'Local action on health inequalities: Improving Health Literacy to Reduce Health Inequality' PHE publications gateway number: 2015329. Available online: http://www.instituteofhealthequity.org/Content/FileManager/Publications/PHE/4a-health-literacy-full.pdf last accessed 10/3/2017

[10] NHS Education for Scotland. (March 2014) 'Health literacy and health inequalities: Summary Overview' SMCI Associates, Edinburgh Available online: http://www.widgetlibrary.knowledge.scot.nhs.uk/media/WidgetFiles/1008228/Health%20literacy%20and%20health%20inequalities%20evidence%20overview%20March%202014%20FINAL.pdf last accessed 10/3/2017

From the service activity data on existing sites it is clear that larger acute sites have an increased level of service use.

Brief interventions by site at end of Q3 2016/17



Based on the level of service use at the QEUH, which has over 320,000 attendances and episodes of care each year, the Royal Alexandra Hospital with a similar range of services would be expected to reach a minimum of 1500 brief interventions in year 1, although as awareness of the service grows, demand would be expected to grow significantly.

Current Support & Information Services (SIS) operate on a 5 day basis and can be accessed as 'drop-in' or by telephone or email. Staff can request support for inpatients at ward level. Within the ACHs the service is principally used by outpatients. The demand within RHC is more focused on supporting families using inpatient services, whilst the QEUH covers outpatients, A&E/GP OOH, inpatients and the longer stay units on campus.

The QEUH SIS compared to the ACH sites experiences:

- More frequent enquiries about mental health and emotional concerns
- Higher numbers of enquiries involving complaints de-escalation and advocacy support.
- More frequent enquiries for housing, fuel poverty and money advice
- Increases in requirements for meal and food bank vouchers.

Increasingly the services act as the 'frontline' in basic patient advocacy or complex support issues, having both the time and connectivity to navigate NHS and wider arrangements to help often distressed or anxious patients, facilitating connections to community support services and third sector. Indeed, the services have become the first port of call for patients, visitors and staff to voice concerns and explore solutions to almost any kind of problem or concern. There has been a steady increase in staff presentations to the service for personal concerns, particularly from people in lower paid roles.

Based on the learning to date since the launch of the services on the Queen Elizabeth University campus and the levels of need identified, the services are required to comprise:

- Customer relations/ compassionate care model
- NHS/Social care and wider service navigation skills

- Health improvement interventions
- Complaints de-escalation/ basic advocacy support
- Access to immediate 'crisis' support interventions such as meal vouchers; accommodation etc
- Access to advice on welfare rights and debt money advice
- Receive support and assistance in applying for any available benefits and grants
- Receive support and advice for any other concerns raised.

4. Added Value of SIS

The Support & Information Services provide brief intervention and referral to health improvement and inequalities programmes, establishment within the RAH would allow for increased focus and engagement with clinical colleagues for this agenda.

In the North sector during 16/17, a focused programme of clinical engagement and in-reach to wards and services by the health improvement team has resulted in a four-fold increase in financial inclusion referrals and an increase in smoking referrals. Frontline staff at these sites have used the SIS as a port of call and a place to direct patients that have a range of additional needs such as smoking cessation support, carers support, money advice and emergency food provision.

At end Q3 2016/17 the health improvement and inequalities scorecard shows a number of work streams could benefit:

Measure	Target 2016/17	Quarter Target	Q3 Actual Achieved	RAG	Q3 Variance (%)	Q3 Actual Cumulative	Dir of Travel (Q3 15/16)
Successful 1 Month Smoking Cessation Quit Attempts							
Number of referrals to smoking cessation (Internal) *Inpt, OPD & Pre-op*	494	124	120	**A**	-3%	323	↑
Number of referrals to smoking cessation (OPR) *Inpatient*	272	68	80	**G**	18%	239	↑
Number of referrals to smoking cessation *Outpatient, pre-op*	222	56	40	**R**	-28%	96	↑
Percentage of referrals to smoking that set quit date	80%	80%	90%	**G**		78%	↓
Quit rate @ 4 weeks post quit	34%	34%	35%	**G**		43%	↑
Alcohol Brief Interventions							
Number of alcohol brief interventions delivered	1503	375	141	**R**	-62%	637	↑
Physical Activity							
Physical activity	226	57	87	**G**	+52%	87	--

referrals to Live Active and Vitality							
Core Actions							
Health Improvement Training (exc ABI) /Professional Development	58	15	8	**R**	-47%	20	↓
Inequalities Sensitive Practice							
Number of financial inclusion referrals from *LTC & wider acute settings*	859	215	188	**R**	-12%	489	↓
Number of Support & Information Service brief interventions	BASELINE MEASURE	-		**BASELINE MEASURE**		9	

Frontline staff can be reluctant to raise the issue because of a fear of raising expectations or not having the answers to resolve someone's concerns. Evaluation identified that having the S&IS on site reassures clinical colleagues that there is help at hand, patient's complex or tricky questions can be handed over to the service to find the answers and support the patient with time for sourcing solutions and making contact with a range of supports. S&IS workers report that people may present with one or two identified needs or concerns however after a discussion involving sensitive enquiry, there are often a range of other things that would be of benefit and can then help develop and action a person-led support plan.

There have been discussions ongoing with Macmillan Cancer Support, Regional Services and Clyde Sector to discuss development of the Improving the Cancer Journey (ICJ) programme into Clyde as per priorities outlined in the National Cancer Plan, which committed £9m to roll-out of that model.[11] In Glasgow hospitals the SIS teams work closely with the Improving the Cancer Journey teams to identify and refer people and provide a hospital location for assessment and care planning appointments. The SIS are in the process of testing the holistic needs assessment and care planning approach based on ICJ with other long term conditions e.g. with people admitted to vascular, renal and at PDRU. One of the main enablers for this approach is in identifying pathways of support to meet needs. One of the main enablers for this approach is in identifying pathways of support to meet needs. The health improvement team will therefore get a head start on developing relationships with Clyde based community and voluntary sector support which can be built upon across Clyde by the SIS.

There is scope to develop close working relationships with community connectors and link workers in order to provide seamless transfer of care plan from the hospital based SIS to the community, in keeping with a more integrated approach to health and social care.

5. Proposal for consideration

[11] Scottish Government 'Beating Cancer: Ambition and Action' (2016) ISBN: 9781786521255 Available online: http://www.gov.scot/Publications/2016/03/9784 last accessed 10/3/2017

It is proposed to develop a Clyde SIS, located within the RAH.

Operating hours of the service would be influenced by throughput at the front door of the RAH. It is expected that this is higher during peak outpatient clinic times and ward visiting times. Opening hours would accommodate drop-in times, co-hosting community services with service level agreement arrangements in place, as well as time to undertake direct in-reach to clinic and ward areas.

A potential location has been identified within RAH site within the concourse, and this would require further exploration with local senior management and facilities colleagues.

Staff presence out with drop-in times can be used for service in-reach to ward areas, appointments with patients/carers in the ward and maintaining stock, managing hosted services and providing set-up support to atrium or other promotional information stands aligned to events calendar.

Services are currently delivered by Band 5 Health Improvement Practitioners with the knowledge and skills to undertake the requirements of the role.

Experience elsewhere on high footfall sites with mixture of inpatient and outpatient services where there has been sufficient demand, that a minimum of two band 5 staff are required to provide core cover. Given that some complex enquiries can take up to an hour to complete, having an additional presence to support others dropping into the service is beneficial. The services currently operate a sessional bank of staff to allow for easy management of rotas including emergency cover and service pressures and the acute health improvement team would widen this bank to include Clyde SIS.

The health improvement team can extend current management arrangements to include Clyde SIS allowing:

- Continuity of brand, marketing and communications
- Consistent operational management of staff and benefit of being part of a wider team, with cover for leave, access to training etc.
- Stock and information provision through health improvement budget
- Development and management of service level agreements with appropriate support services, based on level of need
- Consistent and high quality operational standards, e.g. tried and tested approach to organising health events calendar/atrium booking in collaboration with facilities; health & safety arrangements, incident reporting etc.

All services currently host service volunteers to support service promotion and there is an opportunity to develop these roles further to increase reach, particularly for services out with the main hospital building.

The acute health improvement team would coordinate involvement from key partners to reflect national and local health priorities and campaigns. Hosted services would be matched to suit the level of need. Relationships with existing long-standing

support services within the RAH and through the HSCPs would be strengthened to ensure a coordinated approach e.g. ACCORD hospital and Glenifer Centre.

To assist the group in weighing up different service models and opening hours, the table below details some options with associated staff costs for consideration:

Match current provision in other established sites	**Extend opening hours into two evening / and either Sat or Sun**	**Extend to full 6 day service**	**Extend to 6 day two evenings and weekend service**
5 day staff presence 9-5; drop-in opens 10am-4pm	*Mon-Wed 9-5; Thu, Fri 9-7; Sat 10-4*	Mon-Sat 9-5	Mon-Wed 9-5; *Thu, Fri 9-7; Sat, Sun 10-4*
1.12 WTE Band 5 accounts for cover for leave	1.5 WTE Band 5	1.5 WTE Band 5	2.0 WTE Band 5
Annual staff cost: £40,190	Annual staff cost: £53,826	Annual staff cost: £53,826	Annual staff cost: £71,768

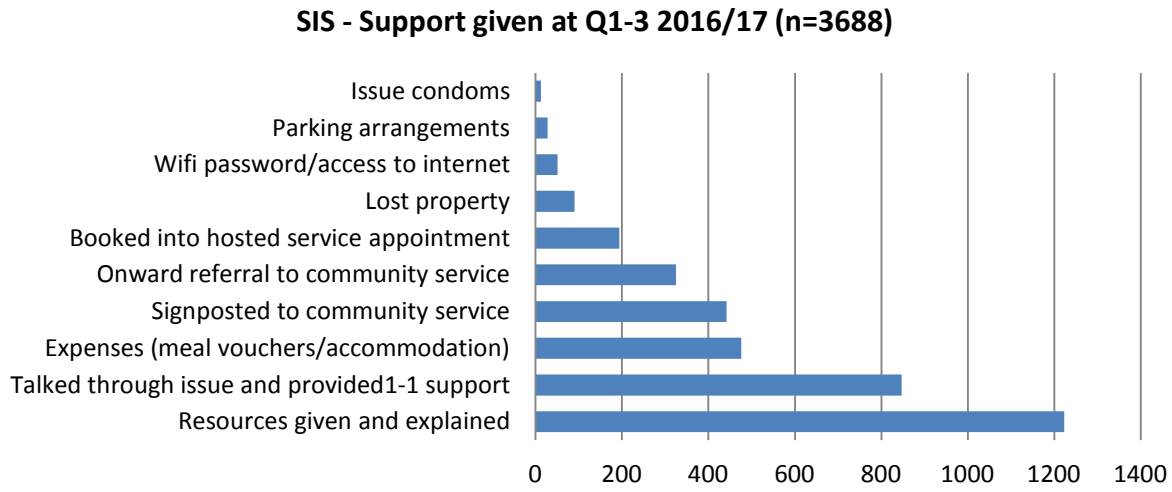
**Band 5 costed at top of scale plus on-costs: £35,884 (1 WTE)*

Set up costs – IT, information resources & supplies, signage and service and staff management supplied by Health Improvement Team.

An application to endowment committee could be made to cover capital costs associated with adapting the preferred location.

6. Benefits for people using SIS

The SIS undertake a variety of actions in response to enquiries and brief interventions for people accessing the service. Over 3500 actions were taken up to the end of quarter 3 in 2016/17 in addition to providing 1700 people with directions to clinics, wards and public transport assistance.



The actions reveal the many ways in which the service assists people with day to day practical queries in addition to getting people more in depth support through referral and signposting to community services ranging from physical activity

programmes, money advice services, carers centres and addiction services to name just a few.

It is difficult to quantify the impact the service has on people with just facts and figures. The case studies below and in appendix 1 offer some insight into the added value experienced by people using the services.

Case Study 2 – Inpatient and Carer presentation at SIS@QEUH

Young man found wandering in hospital atrium wearing slippers. He was disinclined to provide reception with his name and date of birth. He did not know where he was or which ward he was in.

Reception staff escorted patient to Support and Information Service to see if we could help. Patient gave Support and Information Service staff his name and date of birth. This allowed reception staff to find him on TrakCare. His ward was contacted and a member of staff from the ward came down to the Support and Information Service and escorted patient back to ward.

A few days later a member of staff from the Support and Information Service met the patient with his mother walking around the hospital atrium. On further discussion the staff member identified additional support was needed for both patient and his mother.

Outcome:

- Mother was given information about managing stress, carers support and Headway (voluntary sector organisation for people that have sustained head injuries).
- The Patient identified that he was bored and would like to be able to play a computer (patient had been in hospital for 12 weeks at this point). Support and Information Service staff discussed how best to support him. Financial services and family supported services were contacted regarding how best to provide a games console. This was provided via the Family Support and Information Service as the patient was still in his teens.

Conclusion

This paper has outlined a case for development of Support and Information Services at the Royal Alexandra Hospital. The group is asked to consider the evidence and need identified within the paper and agree to:

- development of a Support & Information Service at the RAH
- identify a preferred location and opening hours

- support costs associated with staffing of the SIS.

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Appendix 1 – Case studies

CASE STUDY 3

The wife of a patient presented at the Support & Information Service highly upset and looking for information on brain tumours as her husband had just been diagnosed with a malignant inoperable tumour that day. The consultant had also mentioned something about being able to put in a disability benefit application but she wasn't sure whether to proceed or not as they were unclear if he had 5 days or a year to live. Staff from the ward had directed her to our service.

Outcome:

- Staff provided emotional support and allowed client time to start to process her feelings as she was still emotionally raw after the diagnosis.
- Signposted to chaplaincy service to give her additional support
- Printed information from NHS Inform and Macmillan websites. Also provided printed resources from Cancer Support Scotland
- Advised of situation with benefits and that this may fall under a DS1500 application due to terminal diagnosis, booked in to see Macmillan Long Term Conditions Money advice service at next scheduled appointment session and arranged for necessary paperwork. Personal Independence Payment application has been fast tracked under DS1500.

Client presented on a number of other occasions to seek advice and support on a range of other issues including housing. She also provides care to her elderly deaf mother and her husband's uncle who has dementia.

Outcome:

- Made referral to Macmillan Long Term Conditions Money advice service to discuss housing;
- Signposted to Alzheimer Scotland to provide information and support on dementia;
- Suggested that she speak to Social Work about getting support for caring with her mother and her husband's uncle. She had previously attempted to get personal care for her mother but had been told by the local authority care provider that as her mother was deaf they couldn't provide care because they didn't have a BSL signer. Advised her to contact Carer's Information Line.

CASE STUDY 4

Visitor to the hospital was brought to the service by one of the way finding volunteers as her mobile phone was out of charge. While waiting for her phone to charge the visitor disclosed to Support & Information Service staff that her mother was currently an inpatient after having a heart attack and that her father was using his savings to pay for taxis to visit the hospital. Her father has recently had his third cancer diagnosis.

The visitor wanted to know what help would be put in place to allow her mother to go home. We also discussed household income - both of her parents only receiving a State Pension and neither is claiming Attendance Allowance. We discussed income maximisation (her father had been reluctant to apply for benefits in the past and she agreed to discuss with them), a Blue Badge application to help with attending hospital appointments and a Home Energy Scotland energy tariff check and assessment of thermal efficiency of their home.

Support and Information Service staff also discussed knowledge levels of the visitor and her parents around condition specific information and support.
The visitor returned to the service later in the afternoon. Her father did not want to discuss income maximisation but her mother was willing to do so – she recognised that she would be less able to take walk back from the shops and so having extra money to pay for taxis would help.

Outcome:

- Advised of discharge procedure and that a social work assessment will be carried out to look at adaptations that might be necessary. Also that a care package will be put in place.
- Booked ward visit with Macmillan LTC Money Advice service to undertake benefit maximisation check for the visitor's mother.
- Made referral to local money advice service (Money Matters) for help with making a blue badge application for her mother.
- Signposted to Home Energy Scotland – the visitor's parents didn't feel the time was right to look at this issue but visitor was going to look into this in the future.
- Provided condition specific information for both coronary heart disease and prostate cancer.
- Signposted to British Heart Foundation, Chest Heart & Stroke Scotland, Maggie's Centre and Cancer Care Scotland for additional information.