

EXPLORING PRIMARY CARE RESPONSES TO ADULT LITERACY ISSUES

REPORT PREPARED BY



**FOR
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1: INTRODUCTION

NHS Greater Glasgow and Clyde (NHSGGC) commissioned Baccus Consulting to undertake a piece of qualitative research in the South West Community Health and Care Partnership (SWCHCP) area to explore primary care responses to adult literacy issues.

It became particularly important to explore responses to adults with literacy issues given the introduction of the first mainstream NHSGGC project to include literacy screening and referrals, namely Keep well. Health services in the CHCP area have not previously been involved in a major project involving literacy screening or referrals.

AIMS AND OBJECTIVES

The specific objectives of the research were to answer the following questions:

1. What is the level of awareness of adult literacy and numeracy issues within the primary care team?
2. What role does the primary care team have in supporting, signposting and referring adults with literacy issues?
3. What reasonable adjustments do the primary care team have to make to accommodate the needs of adults with literacy or numeracy issues?
4. What barriers and drivers do primary care teams experience in supporting adults with literacy and numeracy issues?

This information will give NHS GG&C staff baseline information for the development of literacy awareness, screening and referrals within the area.

METHODS

Baccus Consulting undertook a series of focus groups and one to one interviews with primary care staff in three areas of South West Glasgow, as well as with a number of public health and health improvement staff from NHSGGC and the SWCHCP.

Focus groups/interviews with primary care teams

A total of three primary care teams based in the South West Glasgow Community and Health Care Partnership agreed to participate in this research. Two of the primary care teams are participating in the Keep well programme. A total of 14 staff participated in a focus group or a one to one interview:

Practice 1: 8 members of staff, including GPs, Practice Manager, Keep Well Nurse and Administration staff

Practice 2: 4 members of staff, including Keep Well Nurse and Administration staff

Practice 3: 2 members of staff (Practice Nurse and Practice Manager)

In addition, 4 members of staff with an area wide remit were interviewed: a Dietician, Dietetic Manager from the primary care team and a Community Nurse in Oral Health and a Smoking Cessation service manager from the SWCHCP team.

A semi-structured agenda was used in focus groups and/or interviews, based on the following topics. (See Appendix 1)

- Perception of prevalence of literacy issues amongst adults
- Characteristics of adults with literacy issues (e.g. age, gender)
- Identifying when literacy issues are at play
- Lay strategies for coping with literacy issues
- Implications of poor levels of literacy for patient care and patient journey through the healthcare system
- Estimating literacy needs
- Dealing with patients who are experiencing literacy issues – practical examples of overcoming barriers
- Levels of awareness of existing literacy services
- Referrals (if any) to literacy services
- Barriers to providing support for adults with literacy issues
- Examples of good/innovative practice
- Recommendations for future service development.

Focus groups/interviews with key public health and health improvement staff at NHSGGC and the SWCHCP

A series of 4 face to face interviews and 2 focus groups were undertaken with key stakeholders, representing the following:

- NHSGGC Public Health Resource Unit, including the Programme Manager, Learning and Workforce Development Co-Ordinator, Senior Development Officer for Literacies and Health and the Learning on Prescription Development Officer.
- NHSGGC Acute Services Health Improvement team, including staff involved in the Keep well programme.
- SWCHCP staff, including staff from Health Improvement, Pharmacy and Practice Development Nurses.

A semi structured interview was developed to cover the following issues:

- Challenges faced by health care providers
- Provision of literacy services in Glasgow
- Potential ways of supporting primary care staff to meet the needs of adults with literacy and numeracy issues

A copy of the interview agenda can be found in Appendix 2.

Analysis and report writing

On completion of the fieldwork we undertook a systematic analysis of all the data collected, the principle stages of which consist of:

- *Familiarisation*: reading and re-reading of the data;
- *Coding*: using NVIVO 7 to identify specific pieces of data;
- *Clustering*: grouping together similar concepts or issues into common themes or clusters that represent the key issues to emerge from the qualitative data and;
- *Triangulation*: assessing the findings derived from each method used and from each participant group to see if there is a consensus and if therefore, the conclusions are valid.

2 BACKGROUND AND CONTEXT

This chapter explores the background and context of this study and more generally the relationship between literacy and health.

UNDERSTANDING LITERACY

For the purpose of this report, literacy is defined in line with the 2001 *Adult Literacy and Numeracy in Scotland* report, as

The ability to read and write and use numbers, to handle information, to express ideas and opinions, to make decisions and solve problems, as family members, workers, citizens and lifelong learners.

This report recognises there are different levels of literacy as set out in *The Health Literacy Framework*¹:

- **Functional literacy:** referring to the basic skills of reading and writing
- **Interactive health literacy:** referring to advanced cognitive, literacy and social skills that are used to take part in health activities
- **Critical health literacy:** refers to advanced cognitive and literacy skills which can be used to critically assess health information to improve individuals and social capacity, influence economic and social determinants of health and understand the economic and political context of health

An estimated 800,000 adults in Scotland are thought to have difficulties with reading, writing and numeracy². A more recent estimate (*Labour Force Survey, 2008*), suggests that 13.3% of the adult working population have educational qualifications at SCQF Level 4³ or below, (educational qualifications are being used as a proxy measure of literacy and numeracy problems until a new measure is developed).⁴

¹ Don Nutbeam 'Health literacy as public health goal: a challenge for contemporary health education and communication strategies into the 21st century, *Health Promotion International*, 2000

² *Adult Literacy and Numeracy in Scotland*, Scottish Executive, 2001

³ Intermediate Level 1, Standard Grade General level, SVQ 1

⁴ *Labour Market Survey*, Scottish Government, 2008

THE RELATIONSHIP BETWEEN HEALTH AND LITERACY

The relationship between literacy and health is acknowledged as influencing health outcomes and patient adherence.

There is a body of evidence to demonstrate a correlation between low levels of literacy and poor health⁵. Research data from *New Light on Adult Literacy and Numeracy in Scotland: Evidence from the 2004 survey of the 1970 British Cohort Study* indicates that women with SCQF Access Level literacy or numeracy were twice as likely to smoke everyday compared to women with SCQF Level 5 skills. The report also suggested that men and women with literacy and numeracy issues were more likely to consume greater quantities of alcohol when they drank compared with men and women without these issues.

There is also research to suggest that levels of literacy have an impact on the patient's ability to manage their condition. For example, it has been suggested that poorly literate HIV patients have higher viral loads than those without literacy issues and that asthmatic patients with poor literacy issues have poorer inhaler technique than patients without literacy issues.⁶

Recent research also suggests that the health care system places significant literacy and oral demands on people with literacy and numeracy needs.⁷ Specific examples include the need to have appropriate vocabulary to describe symptoms and the ability to understand specialist medical language. The same report suggests that the requirement to read and understand written information is considerable and significant because people are often asked to take action, or make decisions on the basis of the information provided to them.

⁵ Illuminating disadvantage: Profiling the experiences of adults with entry level literacy or numeracy issues over the life course (National Research and Development Centre for Adult Literacy and Numeracy, 2004)

⁶ Audit of Literacy in Medical Patients in North Glasgow, Scottish Medical Journal May 2007, K.A Dani et al

⁷ Literacy, Learning and Health, Uta Papen and Sue Walters (National Research and Development Centre for adult literacy and numeracy, 2008)

PRIMARY CARE RESPONSES TO ADULT LITERACY ISSUES

A considerable amount is already known about the impact of literacy in health. Less is known about how health services respond to adults experiencing literacy and numeracy issues.

The need to understand how primary care staff respond to patients with literacy and numeracy issues has become increasingly pertinent given recent developments in health policy.

Successive Scottish administrations have encouraged the development of a 'health promoting', primary care focused NHS. *Better Health, Better Care: Action Plan (2008)* outlines the current administration's commitment to encouraging health promotion in health service settings and encouraging anticipatory care. *Better Together (2008)* is indicative of the move toward 'supported self management' for long term conditions, with individuals taking increasing responsibility for managing their own health. The Scottish Government is currently undertaking a scoping study in relation to developing the policy position of the government in relation to health literacy.

These policy changes place an increased emphasis on the NHS providing information about illness prevention/health improvement and as a consequence, an increased emphasis on lay people understanding and utilising that information. Individuals experiencing literacy issues may, therefore, become further marginalised in terms of the provision of health care.

The Keep well programme of anticipatory care brings together the key elements of the social model of health. Patients aged 45-64 and living in some of the most deprived areas of Scotland are offered a comprehensive health check, which also includes questions about life circumstances.

As part of the check, practitioners in South West Glasgow CHCP (usually practice nurses) ask two screening questions on literacy⁸. On the basis of people's responses to these questions, they can refer onto The NHS Learning on Prescription referral service or signpost patients to this, or to a range of other local services.

⁸ Patients are asked two specific questions:

1. How do you manage when you have to read letters of fill in forms?
2. Are there things you would like to be able to read or write that you find difficult just now?

There are valuable lessons to be learnt from the Keep well programme and how it raises social issues including literacy. It may be, for example, that similar questions are asked of other patient groups, such as those with long term conditions, to see if literacy has an impact on health and on patient compliance.

The experience of Keep well also offers an opportunity to explore how questions about literacy are dealt with by staff and in particular, whether staff feel comfortable in asking these questions. Finally, it would be useful to explore if patients from Keep well have been referred on to literacy support services.

At a Glasgow level, the Glasgow Community Learning Strategic Partnership (GCLSP) leads on adult literacy and numeracy strategic planning. Other local authorities within the NHSGG&C area also have strategic plans for adult literacy and numeracy. NHS Greater Glasgow and Clyde is represented on the GCLSP by Public Health Resource Unit staff. The unit also has two posts currently funded through the partnership's Adult Literacy and Numeracy Sub group:

- A Senior Development Office for Literacy and Health with responsibility for developing strategic approaches to literacy and numeracy work within the health sector. This post is part of the city's adult literacy infrastructure staffing and links to other sectoral staff.
- A Learning on Prescription Development Officer to provide direct support for health sector staff who wish to make referrals for patients, particularly those who are hard to engage through other learning entry points.

The Keep well programme is active in a number of CH(C)Ps though, for the purposes of this research, we are looking at the South West CHCP in particular. This is delivered through GP practices but co-ordinated locally by the South West Health Improvement team.

The Acute Service Health Improvement team are also involved in Keep well management across NHS Greater Glasgow and Clyde. This links to the Acute Services Plan 2007–10. Under 2.1.6 Acute Service Health Improvement, the following action is included: "Establish clear patient pathways for primary and secondary care patients in relation to Income Maximisation, Health Related Behaviour Change services, Literacy and Learning and Employability.

According to one respondent poor literacy skills

“...compounds the difficult of taking responsibility...”

Without adequate skills it was argued, comprehending and acting upon health information is very difficult.

The delivery of healthcare is increasingly premised on a ‘social model’ of health which recognises the social determinants of health as well as the link between education and health. In practical terms, the social model of health means that policy makers and practitioners need to look at people in a holistic way, seeing the relationship between physical health and life chances.

In this context, ‘health improvement’ is not just seen as ‘disease management’ or ‘disease prevention’ but, as meeting people’s needs in terms of education, employability and housing. Key stakeholders recognised that without access to adequate education, employment and housing, the general health of the population will not improve.

Literacy is, therefore, a key part of the broader health improvement agenda. In the words of one respondent:

“...literacy is an absolutely vital part of this (health improvement) as it’s related to people’s ability to get the best out of their environment and the society in which they find themselves...”

The question of literacy also raises broader issues around the concepts of equality, access and participation. In the words of one respondent

“...everyone should have the opportunity to use preventative services and this should be a key part of the health inequalities agenda...”

SUMMARY AND CONCLUSION

This section has provided background to help understand the importance of literacy in the context of health improvement.

The following section explores the level of awareness of adult literacy and numeracy issues within primary care teams.

3 RESULTS AND DISCUSSION

This section presents the results of the research.

3.1 AWARENESS OF LITERACY AND NUMERACY ISSUES

This section looks at levels of awareness of adult literacy and numeracy issues within the primary care team.

Evidence from this research indicates that levels of awareness amongst primary care staff vary and that the key factors influencing awareness are firstly, personal definitions of 'literacy' and secondly, the amount and quality of the time practitioners spend with patients.

The following discussion is divided into three sub-sections:

- Defining literacy and numeracy issues
- Identifying literacy and numeracy issues
- Estimating the number of patients with literacy and numeracy issues.

Defining literacy and numeracy issues

Respondents were asked a series of questions about how they identify someone with literacy and numeracy issues and, from their responses, we identified three ways of defining the issue.

The majority of primary care staff defined literacy and numeracy issues, at least initially, in functional terms as the inability to read and write. Examples were given of where patients had failed to complete forms or asked for assistance to do so. One Practice Nurse recalled that during the recent flu vaccinations one patient

"...when he was asked to sign the consent form...he kept saying, 'I've never been asked to do this before'...it took ages to calm him down..."

Staff at another practice stated that patients are not asked to sign or write at reception

"...so it is difficult to tell if they have a literacy problem...unless you specifically ask someone, the issue does not show up or stand out..."

Understanding literacy and numeracy issues as the ability or inability to read and write may be helpful in identifying the needs of some patients. This definition has the potential of reducing the number of people with literacy and numeracy issues to a very small group and effectively ignoring the needs of people who can read and write but whose skills are limited.

In one practice staff suggested that

"...most people can at least sign their name, so they can get by..."

When staff reflected on their experiences it became clear that very few people could be described as non-readers. Groups most likely to be identified as non-readers were people with learning disabilities and older people from Black and minority communities who could neither read nor write in their original language or in English.

The second definition of literacy offered by primary care staff linked literacy to the capacity to make sense of written and oral information.

In one practice, staff recognised that a significant proportion of patients were probably

"...borderline...they say things like 'I'm not too clever with words'...or they admit to having problems with big words..."

Staff stated that even when reading and writing was not an issue, there were issues about patients absorbing and understanding the written and verbal information provided to them. This definition is similar to that contained in the 2001 *Adult Literacy and Numeracy in Scotland* report.

A member of the dietetics staff said:

"...very few people have said they can't read or write, but it's clear when they don't understand the information you give them, verbally or in written form..."

The final definition of literacy and numeracy issues offered by the respondents, principally Health Improvement and Public Health staff, was the broadest and was linked to people's ability to manage their lives. One service manager commented:

"...the role of the team as a whole is around supporting health improvement within the community. Literacy is an absolutely vital part of this, as it related to people's ability to get the best out of their environment and the society in which they find themselves..."

In contrast, the first definition takes a narrow perspective, identifying literacy and numeracy issues as the inability to read and write. Whilst the second definition is broader, linked to a person's capacity to understand and act on information, it does not put the patient in a social context; literacy and numeracy is still seen primarily in the healthcare setting. The final definition sees literacy and numeracy skills as a 'resource' for living which will, therefore, impact on all aspects of a person's life.

Identifying literacy and numeracy issues

The majority of primary care staff were able to identify some of the signals which might indicate literacy and numeracy issues. The most frequent response to 'how do you recognise if someone has a literacy problem?' was to describe how patients avoided reading and writing. For example, the most common reason for patients not to read information provided to them during a consultation was to argue poor eye sight or to say they have forgotten their glasses. One practice nurse noted that some patients always take information away with them

"..saying' I'll read that at home, later..."

Patients were likely to come to staff with copies of letters they have received from the practice asking for an explanation of the contents. Staff also stated that patients sometimes failed to complete paperwork unless staff helped them do so.

Administration staff, for example, dealt with patients registering with the practice, making appointments and completing repeat prescriptions, all of which required some reading or writing activity. The nature of the interaction between administration staff and patients may have influenced how they defined and identified literacy and numeracy issues, focused as it was on performing basic reading and writing tasks

Medical and professional staff were also aware that patients with literacy issues were likely to avoid tasks requiring reading and writing. GPs and practice nurses, for example, were able to identify signs indicative of a lack of understanding rather than just the inability to read and write. A key part of the work of GPs and practice nurses is to provide information, advice and instruction. It is not surprising; therefore, that medical and professional staff were most likely to identify a patient's potential lack of understanding.

The opportunity to spend greater amounts of time with patients appears to make identifying literacy needs more likely. One Keep well nurse commented that she had become aware of more patients with literacy issues since the pilot started. The same nurse also felt that other health care professionals, like health visitors, would probably have a better appreciation of the extent of literacy issues as they visit patients in their own homes.

It took staff some time to identify if a patient had issues with understanding verbal and written information. The words of one practice nurse in a non Keep well practice were typical of most medical staff when she said.

"...you don't really become aware until after the first consultation..."

Another practice nurse noted that a patient's literacy issues only came to light when she was going through her care regime.

Although staff had recognised an issue about understanding, many questioned whether this was a literacy issue or an issue about a patient's level of comprehension or social circumstances.

Staff in one practice said that they found it difficult to distinguish between patients with learning disabilities and patients with literacy issues.

"...there could well be a number of practice patients who do not have a learning disability but who have a literacy issue...but not a very high percentage..."

Comments such as this may indicate that staff think about literacy issues as a form of learning disability and, therefore, associate a lack of literacy skills with some sort of general lack of ability. The linking of learning disability and literacy issues also suggests that staff are thinking in terms of a person *either* having a learning disability or literacy issues, when in fact patients may have both.

Staff from the same practice questioned whether there is a literacy issue or whether the issue was about the local culture and levels of ability. One member of staff stated:

"I tend to modify the way I speak and speak in the same way that they do..."

The same member of staff noted that there are high levels of deprivation in some parts of the practice

"...and patients here are more accepting of what happens and don't tend to question things...patients from other parts of the practice ask for more information...this is an issue of social circumstances and wording – not literacy or lack of comprehension..."

Staff from another of the three practices echoed the belief that a reluctance to ask questions or take on board information was not a literacy issue but a social issue; in the words of one member of staff *"...that's just them..."*.

Participation in the Keep well programme does not seem to have had a notable impact on levels of awareness of literacy and numeracy issues in the two practices participating in the pilot, despite the requirement to ask specific literacy questions. Keep well is still relatively new and this research suggests that there potentially needs to be some work done around translating/mainstreaming this knowledge into broader practice.

"...unless someone just says they have a problem, I have to be honest and say it's not something that I would necessarily follow through..."

Estimating the number of people with literacy issues

Practice staff were asked to estimate the number of patients most likely to have literacy and numeracy issues. Estimates varied according to how staff interpreted the concept of literacy issues.

When, for example, staff defined literacy in terms of not being able to read or write, the estimates of the numbers affected tended to be small. Comments made by staff also suggest that they may rely on a patient's self assessment rather than their interpretation of need. For example, one member of staff commented that

"...no patient has ever said they had a literacy issue..."

Patients with literacy needs appear to be less likely to express their need in a direct way. Instead, the identification of need may well depend on the ability of primary care staff to uncover latent need.

Patients identified as more likely to be non readers were older people, people with a learning disability and older patients from Black and minority ethnic groups.

If primary care staff had a broader definition of literacy, for example, linked to a person's capacity to understand information, then perceptions of the numbers affected increased. In one practice, staff suggested that most of their patients needed some kind of support and help to understand the verbal and written information provided.

Summary and conclusion

This section has explored levels of awareness of literacy and numeracy issues among primary care staff.

The evidence considered here indicates that there is no single definition of literacy and numeracy issues in use amongst primary care staff and no common definition shared between primary care staff and Health Improvement and Public Health staff.

Three concepts of literacy were identified; the first linked literacy to the ability to read and write, whilst the second understood literacy in terms of a capacity to understand information and to act on this. The broadest definition of literacy skills offered by respondents identified these as 'skills for living'. These definitions mirror those offered by Nutbeam in terms of functional health literacy, interactive health literacy and critical health literacy.⁹

⁹ Improving Health Literacy – A key priority for enabling good health in Europe, 2004. P3

The varying definitions offered say something important about how the respondents understand literacy issues. For some, literacy is about a specific problem to do with reading and writing; literacy can be clearly defined and diagnosed and people can be supported by staff without ever addressing underlying needs.

For others, literacy issues are an indicator of a wider range of health and social needs and the development of literacy skills is seen as an important element of effective participation and decision making in the community.

Evidence from this research confirms what we already know about the strategies used by patients to avoid reading and writing tasks. Interviews with primary care staff indicate these strategies are well known and do flag up to staff that patients may need some form of assistance.

This research also suggests that the greater the amount of time spent with a patient, the more likely it is for staff to, firstly, be aware of the issues and secondly, feel more confident about raising the matter. Medical and professional staff were more likely than administration staff to identify instances where patients have problems with understanding information. Arguably, medical and professional staff are better placed to do this, because they spend more time with patients during a single interaction and are more likely to have repeat interactions with patients.

The following section examines the role of primary care staff in supporting, signposting and referring adults with literacy and numeracy issues.

3.2 RESPONDING TO ADULTS WITH LITERACY AND NUMERACY ISSUES

This section of the report examines how primary care staff respond to adults with literacy and numeracy needs.

Interviews with primary care staff indicate that the majority are uncomfortable raising literacy and numeracy issues with patients, but do make a range of adjustments to their practice to accommodate the additional needs of this group of patients.

Interviews with primary care staff suggest a generally low level of awareness of support services and consequently, a tendency not to signpost or refer. Those referrals that are being made are through the Keep well programme.

The main issues for discussion are:

- Raising literacy and numeracy issues with patients
- Adapting practice to accommodate patients with literacy and numeracy issues

- Signposting and referral practices.

Raising literacy and numeracy issues with patients

Analysis of the interview data indicates that the majority of primary care staff feel uncomfortable raising the subject of literacy issues with patients. Many of the people interviewed found the idea of questioning a patient's literacy skills to be a highly sensitive and emotive one. Overall, there was a considerable fear of offending. One respondent said if challenged patients

"..they might say 'do you think I can't read and write...'"?

When asked if they would ever probe to see if a patient had literacy and numeracy needs, staff in one practice said 'definitely not',

"...people would be up in arms..."

Other primary care staff said that it would be potentially embarrassing to raise the subject and that

"...you need to show respect..."

Talking to staff, it would appear that very few patients spontaneously say they have literacy and numeracy issues. Anecdotal evidence from Keep well suggests that patients are reluctant to disclose other potentially sensitive issues such as alcohol and money.

It would also seem that staff are unwilling and/or feel uncomfortable asking specific questions that might help identify literacy issues. Given what appears to be reluctance on both sides to raise the subject, staff find themselves in the position of assessing if patients have literacy and numeracy issues.

One health care professional, a dietician, noted that only one or two people had ever said to her that they needed some help; with others it had been a case of trying to assess the level of their literacy skills by a variety of methods.

"...with everyone else it has been a case of suspecting and saying 'would you like this...can you manage'...but not naming of the issue...you never ask directly but say 'are you all right with that?'..."

In another practice staff argued that they could only act on what people told them rather than picking up on conversational signals.

"...if patients are saying they are fine, we have to hope that they are...there is no way of identifying problems...people can't be interrogated..."

The most common initial response to patients with literacy and numeracy issues was for primary care staff to step in and carry out tasks for patients. For example, a practice nurse said that when patients are finding it difficult to fill out a form, she will read the questions aloud and get the patient to tick the appropriate box.

Administration staff at one practice recalled that when patients were required to complete a survey at the surgery, the reception staff had offered to complete the form if the patient appeared to be having problems.

The practice manager reported that

"...patients had often asked for help...it might have been because they were unable to read and write...it was probably just easier for the staff to complete the questions..."

This response offered a practical solution to an immediate problem (i.e. filling in the forms), but it could, arguably, have been an opportunity to discuss a referral with the patient.

Other members of the primary care teams reported similar ways of dealing with the issue. In the words of one administration worker, helping patients to complete forms because it gives patients 'dignity'.

Broaching the subject of literacy appears to be a difficult task for primary care staff. This is true even in the context of Keep well, where staff are provided with a form of words to shape the question.

One practice nurse reported that as a consequence of asking questions during the Keep well assessment, a number of patients had told her that they could not read or write, suggesting that the screening process is yielding results.

"...they have said 'sorry, I can't write'...makes me think they are embarrassed..."

In this context the practice nurse asks the patient if they need help, but leaves it up to them to decide as

"...it's not fair to embarrass them..."

In another practice the nurse had also identified two older people with literacy issues, but was reluctant to refer them on as she felt that they had both got used to their situation and developed strategies for coping. In this instance, the patients were not asked whether they would be interested in learning opportunities. Instead, the member of staff made a decision based on her own assessment of who would be appropriate to refer

"...at their age they could have found it stressful and embarrassing to learn to read and write...they might have been outside their comfort zone..."

Health Improvement and Public Health staff suggested that there is a tendency for practitioners to provide practical interventions to overcome the literacy issues as and when they occur, (for example, completing a form on behalf of a patient), rather than try to address the underlying problem. One respondent commented:

"...staff are often tempted to compensate, whereas they should say 'let me help you this time but let me also refer you...'"

Another respondent suggested that staff might collude with patients to save themselves and the patient any embarrassment.

"..perhaps some staff feel they don't have the skills to deal with the problem..."

These statements suggest that primary care staff work hard to meet the needs of patients with literacy issues by helping them complete difficult tasks. Fewer staff seemed confident enough to refer patients on to a support programme. It appears that staff may feel that there are only two options open to them, 'help out' and/or 'refer' when in fact it may be possible to do both by asking patients if they would be interested in going to a class for adults and providing practical help at the time it is needed.

Adapting practice to accommodate patients with literacy and numeracy issues

Despite reluctance to name or deal directly with literacy issues, it appears that primary care teams do adapt their practice to support patients with literacy and numeracy issues.

It is also clear that staff *do not* recognise what they are doing as a specific strategy to assist patients with literacy issues. Evidence from the interviews with staff suggest that practice is altered to meet the needs of the general public, many of whom find the verbal and written information provided to them by the NHS to be complicated and confusing.

Staff from one practice said

"...it's just what we do...the instinct to help is automatic..."

Evidence from this research suggests a variety of methods for communicating with patients, including patients with literacy and numeracy issues, including:

- Reinforcing written information with verbal explanations

- Using diagrams to illustrate concepts (for example, the sun and the moon to indicate day and night)
- Using simple everyday language
- Using plain English for written materials
- Removing the need to write (for example by using 'tick boxes' or by not requiring participants to read and write in front of staff)
- Using family members and friends to act as 'interpreters'

Examples from existing research suggest that these strategies are widely used by health care providers. Cortes, for example, urges practitioners to rely on oral communication, using the written word only to back up what has been said and to use visual images where ever possible.¹⁰ Evidence from England indicates that family members and friends are frequently called on to 'mediate' the information provided by healthcare professionals.¹¹

Some staff were very clear that these methods were an integral part of how they worked with all patients, not just those with literacy and numeracy needs. One practice, for example, has a dedicated phone line for renewing prescriptions, thus removing the need for patients to complete a request form.

The majority of staff said they get to know most patients quite well and that they tailor their approach to the individual.

"...it depends on the person...you become aware that you speak differently to some patients...you learn to know them and respect them...sometimes this means spending extra time with people but we'd do that regardless..."

Staff in all three practice areas reported using simpler language and providing lengthy verbal explanations if they suspected a patient was finding it hard to follow information.

There was a general perception amongst staff that problems in understanding were more likely to be linked to the volume of the information given to patients, rather than the format or the complexity of the language used.

"...problems tend to arise through the volume of information rather than the subject...we break the information down into sections and build it up over a period of time..."

¹⁰ Dr. D Cortes *Health Literacy: A Prescription to End Confusion*, Project Ideas, 2008

¹¹ Papen,U and Walters, S, *Literacy, Learning and Health*, (NRDC, 2008)

Staff in one practice said that they would avoid giving out too much written information to someone identified as having a literacy issues and would spend more time explaining things in person. Whilst this is a useful way of addressing the immediate needs of the patient, such a strategy does suggest that some staff see 'literacy' in terms of reading and writing 'tasks' rather than having a broader view of how literacy impacts on the patient's life.

Signposting and referral practices

A potential response to patients with literacy and numeracy needs would be to provide additional information (signposting) or refer people on to support services.

This research indicates that in general, primary care staff are unlikely to signpost or refer patients on to support services; they are more likely to 'help out' patients with literacy issues by carrying out tasks for them.

Overall, respondents knew very little about available support services outside the national Big Plus campaign. A number of respondents, those in the Keep well programme and those not, said that they assumed local colleges ran courses, but beyond this they could not be more specific. Levels of knowledge about service availability varied amongst primary care staff, with practice nurses and GPs being slightly more aware of services than administration staff.

None of the staff outside the Keep Well programme had signposted or referred on a patient to a support service. One member of staff asked

"..where would you refer them to...?"

As the Learning on Prescription project is relatively new to the SWCHCP area, it is not surprising that the level of awareness is not greater.

A number of staff argued that best practice would be to signpost people and let them make their own decision about whether they wanted to contact the service or not.

"....you don't want to put them on the spot...you want to give them the opportunity to open that door themselves..."

Another member of staff indicated that she felt it was enough to provide patients with information about the Big Plus campaign or local services and let them make contact with the service themselves.

Staff were likely to signpost and refer if they were part of the Keep well programme. In one practice the nurse had identified 5 Keep Well patients as having literacy and numeracy issues and had provided each person

with a leaflet and passed on their details. Two out of the five patients have subsequently been referred to the NHS Learning on Prescription service.

It would appear that the Keep well programme has encouraged staff to signpost and refer on programme participants. In this sense, the programme is achieving its aims, but it has not encouraged them to refer on patients outside the programme. One member of staff commented:

"...the problem is identifying where to go and what to do once the problem has been identified...I can make a referral for patients who are part of the Keep Well programme, but I'm not sure where to send other patients..."

Another five patients in the practice have been identified by the same practice nurse as having literacy and numeracy issues. However, they have not been referred on as the practice nurse is unaware of any other facilities, other than those linked to Keep well. This reluctance to refer non Keep well patients suggests some confusion about whether or not Learning on Prescription is open to all.

Summary and conclusion

This section of the report has examined how primary care staff respond to patients experiencing issues with literacy and numeracy. A key point to emerge from this discussion is that staff are reluctant to associate difficulties in completing written tasks in particular with not being able to read and write, a key element in their definition of literacy. This impasse may well mean that staff remain unaware of the specific support needs of patients and that patients are not being signposted or referred on to services which could properly support them.

All of the staff who took part in this research described making reasonable adjustments to their practice to accommodate the needs of patients with literacy and numeracy issues. However, the majority of staff did not see themselves as responding specifically to the needs of this group of patients. Instead, staff argued that translating information into an easy format was a basic element of their practice. One member of staff remarked

"...our job is to put medical information into lay person's terms...I'm more concerned about whether they can understand something than if they can they read something..."

Staff tended to respond to patients by compensating for their perceived lack of reading and writing skills rather than signposting or referring patients on.

The following section examines the barriers and drivers primary care teams experience in supporting patients with numeracy and literacy issues.

3. 3 BARRIERS AND DRIVERS TO SUPPORTING PATIENTS WITH LITERACY AND NUMERACY ISSUES

This section of the report examines the barriers and drivers experienced by primary care staff in supporting adults with literacy and numeracy issues.

The main barriers identified by this research appear to be internal, related to staff perceptions of literacy and the relative importance of literacy in terms of health. Staff also identified practical barriers to supporting patients with literacy and numeracy issues, principally in terms of time and resources.

The main drivers for primary care staff to support patients with literacy and numeracy issues appear to be external policy drivers and in particular the move to anticipatory care as illustrated by the Keep well programme.

Barriers to supporting patients with literacy and numeracy issues

There are a number of practical and conceptual barriers to primary care staff supporting patients with literacy and numeracy needs, including:

- Time and workload
- Perceived role of primary care staff
- Gaps in skills and knowledge

Time and the workload demands were seen by staff as practical barriers to offering support to patients. It was widely acknowledged by all types of staff that supporting patients with additional needs requires additional time. This additional time is difficult to find.

One practice nurse explained that when a patient has problems understanding information, a ten minute appointment can be extended to twenty minutes.

Administration staff also felt that they had very little time to identify, respond to or support patients with literacy and numeracy issues.

"..when you are already drowning under administration, the last thing you think of is literacy..."

It appears that even when administration staff have identified that a patient has literacy and numeracy issues, there is no private space to raise the subject with patients. Administration staff, therefore, felt that their role in responding to literacy issues was limited.

A number of staff questioned whether it was their role to identify and respond to literacy issues. The discussion in section 3 indicated that for some, the problem was not about literacy, but about culture and levels of understanding. For these reasons, staff argued that there was very little they could do to change the way patients behave as

“...it’s about social circumstances and wording – not literacy or lack of understanding.”

These respondents were unquestioning about levels of understanding amongst the patient group and therefore, less likely to see the need for referral to a support service.

Our discussions with staff raised fundamental points about their role in the practice and in the delivery of healthcare. Administration staff for example, did not see supporting patients with literacy and numeracy skills as an essential part of their work.

“...it’s not the first thing staff think of when the patient comes to the desk...they just want to resolve the patients query and move on the next patient as quickly as possible...”

In one practice the practice manager indicated that her staff would be unlikely to pass on their suspicions about a patient to the GPs, as they did not feel confident enough to make a judgment about someone else’s literacy and numeracy skills.

A number of staff questioned whether literacy was an issue for frontline staff. One person commented:

“...I don’t think we’re failing patients in not being able to pick up on it...being unable to read and write may impact on health but is it a first line health issue?...”

Another member of staff asked

“...is it a medical issue?...I’m not sure it actually impacts...there is always a way around it...the girls will help them fill in a form or there is someone at home to help....”

The NHS in Scotland has traditionally been seen as an illness service and it is only recently that successive governments have placed an emphasis on a health promoting and wellbeing service. This move to anticipatory care means that primary care can no longer be based on a medical model, but must embrace a social model of health. This means accepting that social factors not only influence health outcomes, but also influence a person’s capacity to manage their health.

Health Improvement and Public Health staff who took part in this research suggested that the rate of change in primary care has been significant in recent years and that

"..new areas of work seem to be coming on line at an amazing rate...there is a move towards getting staff to deal with new issue'...staff might think 'Is this another thing getting dumped on my lap?'..."

Evidence gathered during this research suggests that primary care staff find it difficult to cope with the volume of work and that some question the additional roles and functions they are asked to take on. In this instance, responding to patients with literacy and numeracy issues was not seen by some members of staff as their responsibility, or as a priority.

A lack of skills and low levels of confidence around literacy issues are a major barrier to patients receiving the support they need. As earlier discussions have suggested, primary care staff are not confident in identifying and responding to patients with literacy issues.

This lack of confidence is typical of both senior and less experienced members of staff, of administration workers and of health care professionals.

One practice manager commented

"...I would never consider saying 'are you having problems with that'..."

Whilst an experienced health care professional asked

"..how do you handle this hot potato?...how far do you go in your questioning...the main barrier is dealing with an unknown issue..."

Drivers to supporting patients with literacy and numeracy issues

The drive towards reducing health inequalities makes it important for the NHS to address the literacy and numeracy needs of the most disadvantaged service users.

A health promoting NHS depends on individuals having adequate literacy skills to make use of the information provided and practitioners depend on patients to be able to understand and comply with their treatment. At a more basic level, the Government is committed to reducing health inequalities. Any attempt to reduce health inequalities will, however, be compromised if the target groups themselves have literacy issues preventing them from making the best use of the services available.

In this context, tackling literacy and numeracy issues can be seen as part of the wider equalities agenda.

One stakeholder commented

"...there should be a greater emphasis on the moral and ethical implications of literacy issues...everyone should have the opportunity to use preventative services and this should be a key part of the health inequalities agenda..."

The anticipatory care agenda has the potential to be a significant driver to encourage primary care staff to support patients with literacy needs. Analysis of the findings from this research suggests that stakeholders are more likely to see the wider importance of tackling literacy and numeracy issues than primary care staff. One stakeholder said

"...we rely heavily on written information...that's the easy way out, but it won't work for this group.....most of it is directed at people who are more likely to have literacy problems ..."

Stakeholders also made the link between the wider equalities agenda and the day to day practice of primary care staff.

"...what staff are responsible for is to make sure the practice takes the person's needs into account..."

Evidence from this report suggests that primary care staff do strive to take a patient's needs into account and adapt their practice accordingly. However, it appears that primary care staff do not necessarily see the link between their practice and the equalities agenda.

Primary care staff make great efforts to meet individual needs by, firstly, recognising the problem and secondly, by changing their practice to accommodate patient's needs. Very few staff, however, appeared to go beyond these two stages to the third stage of referring the person on to support services which could address literacy and numeracy issues in the long term.

Summary and conclusion

This section of the report has examined some of the barriers and drivers to supporting patients with literacy and numeracy issues.

The main barriers were described as lack of time and lack of confidence in identifying and responding to patient's literacy and numeracy needs. Staff also questioned whether responding to patients with literacy needs was a central part of their role.

If primary care staff are to respond adequately to literacy issues, these barriers will have to be overcome. The next section looks, therefore, at ways of supporting primary care staff in the future.

3.4 SUPPORTING PRIMARY CARE STAFF TO SUPPORT PATIENTS WITH LITERACY AND NUMERACY ISSUES

The following section is based on responses to questions about the types of support primary care staff need to help and support patients with literacy and numeracy issues.

Interviews with Public Health and Health Improvement staff indicated that there is no universal strategy to help staff deal with adult literacy issues. Although Keep well does address literacy issues, the target group for Keep well is people over 45 in areas of high deprivation. One respondent commented

"...when staff are trained, they are told to be aware that there could be people who do not understand, but they are not told how to deal with it, 'just be aware';..."

Whilst this statement may apply to non Keep well staff, those participating in the programme are given awareness raising training which does cover how to respond to patients, the types of questions to ask as well as referral information.

The key findings of this research were that staff asked for support and training in relation to the following:

- Raising awareness
- Assessing a patient's literacy needs
- Signposting and referral
- Examples of good practice

Raising awareness

The need to raise awareness of literacy and numeracy issues was acknowledged by front line staff and key stakeholders. According to one stakeholder,

"...staff need to be aware of the warning signs; they need to be confident about making that judgement and knowing who is best to deal with the issue..."

Evidence reviewed earlier in this report suggests that literacy issues are not uppermost in the minds of primary care staff and are secondary to their main concern of treating the patient.

One practice manager at a non Keep well programme said that awareness raising

"...would be helpful...you treat the patient for who they are...this does not come to mind..."

This report also suggests that primary care staff do recognise when patients might be experiencing problems with reading and writing, but do not always associate this with literacy and numeracy issues. For example, staff may see a patient sign their name and therefore, assume they can get by. However, staff are less likely to think beyond the immediate need and ask, 'is getting by enough'?

One key stakeholder commented:

"...staff are likely to say that the person has an issue but they are doing quite well, so never refer them..."

It would appear, therefore, that an important part of awareness raising could usefully focus on defining the literacy issues so that staff are clear about what it is.

One respondent said

"...how do you deliver?...you need a clearer sense of what you are looking for..."

Assessing a patient's literacy needs

A significant barrier to primary care staff supporting patients with literacy and numeracy needs is the reluctance to ask questions.

The problem of how to ask about literacy and numeracy issues without causing offence troubles the majority of primary care staff.

One pharmacist said:

"...I tend to say hopeless things such as 'how's your reading?' 'How's your eyesight?' or 'Can you read that?'"

The respondent thought that it was unlikely that they could persuade someone to open up to them using these questions during a brief consultation.

Primary care staff said that they would like to have ideas about how to broach the subject; to have

"...ice breakers, some triggers to get the conversation going..."

Even Keep well staff found it difficult to raise the subject of literacy, despite having a specific set of questions to hand. For example, Keep well nurses spoke of the embarrassment associated with raising the subject. Key stakeholders referred to anecdotal evidence that some Keep well nurses were brushing over the literacy questions in attempt not to offend.

"...people may be making assumptions...'I know you don't have literacy issues but I need to ask'..."

Signposting and referrals

As indicated in an earlier section of the report, staff were not aware of specific services to which patients could be referred. Primary care staff felt that it was important for them to be able to refer patients on to a support service, rather than attempting to deal with the issue themselves.

Staff asked for a regularly updated list of services as

"...projects tend to come and go..."

Staff also wanted to be able to pass on information to patients about how to approach services. In one practice, staff talked about the possibility of having an information stand and an awareness raising session for patients.

Examples of good practice

Primary care staff indicated that it would be helpful to have examples or templates of 'good practice', for providing written information to people with literacy and numeracy needs.

One practice manager commented

"...it would be useful to have samples of standard letters and how to use images to communicate..."

In another practice, a GP asked for

"...practical examples of how to communicate effectively in plain English..."

It would appear that there is a strong association in the minds of staff between literacy and literature. The three practices who participated in this study had developed what they referred to as plain English approach to information sent out by the practice.

Key stakeholders were also concerned about how best to communicate information to people with literacy and numeracy needs. Amongst the options discussed was producing pictorial leaflets, translating words into pictures.

The option of using images to communicate was also popular amongst primary care staff, some of whom use this method already. The dietician who took part in this study already uses images to convey a sense of portion sizes to patients. One practice nurse also commented that she often draws diagrams for patients to illustrate points. Existing research suggests that the use of images to convey meanings is a common strategy amongst health care professionals and other key workers. Papen indicates that when staff take time to orally explain information they can help ease the literacy demands made on patients.¹²

Summary and conclusion

This section of the report has considered how primary care staff might best be supported to respond to adults with literacy and numeracy needs. The most frequent and consistent request from staff was for awareness raising in order that they could feel confident in identifying literacy issues. The need for awareness raising is highlighted in the Glasgow ALN Strategic Plan 2008-2011, as well as in a recent study of adults with literacy and numeracy needs in Scotland.¹³ Parsons and Bynner argue that there is a great need to raise awareness of the impact of low literacy and numeracy.

Staff also requested practical assistance in the form of questions that they could ask to get meaningful information from patients about their literacy and numeracy skills. Very few members of staff, principally those involved in the Keep well programme, were aware of where or how to refer patients on to support services and wanted up to date information they could pass on to patients.

This research suggests that primary care staff also wanted examples of good practice in relation to the written word to help them communicate more effectively with patients.

¹² Papen,U and Walters, S, *Literacy, Learning and Health*, (NRDC, 2008)

¹³ New Light on Adult Literacy and Numeracy in Scotland, Parsons,S. and Bynner,J. (NRDC, 2004)

4 CONCLUSION AND RECOMMENDATIONS

This report has examined how primary care staff respond to patients with literacy and numeracy needs.

In completing this task we have identified a number of key findings, many of which resonate with existing research around literacy and health. In particular, this report suggests that there are a number of ways in which staff defined literacy, ranging from non reading and writing to the ability to critically assess verbal and written information.¹⁴

This report also confirms the types of strategies used by patients to disguise their literacy needs and that staff are aware of these. In turn the strategies used by staff in the SWCHCP area (for example, providing verbal information and using family members as mediators), are similar those used by medical staff in general.¹⁵

The purpose of this research was to examine staff responses to patients with literacy needs and in terms of this, the key findings were:

- **There is no single definition of literacy and numeracy issues** amongst primary care staff. Definitions of literacy issues vary from non reading and writing to seeing literacy as a resource for living.
- Evidence from this report suggests that primary care staff are reluctant to acknowledge that the problems faced by their patients are due to literacy issues. Instead respondents argued that **this is a social and cultural issue which means that some people are naturally less inclined to ask questions or challenge information provided to them.**
- Interviews with primary care staff indicate that **some staff did not see literacy as a front line or medical issue.** Consequently, staff questioned whether they should be addressing literacy issues.
- Literacy appears to be **an issue that staff are reluctant to name and even more reluctant to raise with patients.**

¹⁴ Don Nutbeam 'Health literacy as public health goal: a challenge for contemporary health education and communication strategies into the 21st century, *Health Promotion International*, 2000

¹⁵ New Light on Adult Literacy and Numeracy in Scotland, Parsons,S. and Bynner,J. (NRDC, 2004)

- The majority of primary care staff who took part in this research **responded to literacy issues by compensating for patients perceived lack of skills.**
- A reluctance to raise literacy issues, combined with a tendency to compensate for patients with literacy needs, may well mean that **patients' needs are not being addressed and patients are not being referred on to appropriate support services.**
- Keep well has provided a great opportunity to raise literacy issues with patients. However, even **staff involved in delivering Keep well find literacy a difficult subject to raise with patients.** It should also be noted that the Keep well health check covers a wide range of issues, such as alcohol use and financial inclusion. Therefore, identifying literacy issues is just one of a range of tasks staff are asked to carry out.
- The experience of **delivering the literacy element of Keep well has not impacted on practice in general.** None of the respondents who took part in this research had referred non Keep Well patients on to a literacy service, although they had identified patients with literacy issues.

In light of these findings, this report contains the following recommendations.

Recommendation 1: There is a need to challenge some of the attitudes towards adult literacy raised in this report

Primary care staff wanted to be more aware of the signs and indicators of literacy issues. The potential value of awareness raising might be compromised if these attitudinal barriers are not challenged in the first instance.

It is essential that staff understand the broader importance of literacy in terms of health. Ideally there should be training that addresses broader conceptual issues, for example, the belief that some sections of the population are 'naturally' less inclined to question than others.

Given the evidence considered in this report, awareness raising also needs to make a clear distinction for staff between literacy, health and literacy and life chances. Overall, it may be helpful to illustrate the full impact of literacy on a person's life in terms of accessing services and participating fully in the community.

It is also important that awareness raising goes beyond 'spotting' patients with literacy needs.

Recommendation 2: There is a need to address some of the potential barriers to staff accessing training on literacy issues.

Awareness raising training is already available to primary care staff. Therefore, the availability of training is less of an issue than perhaps who accesses the training and when and how the training is delivered.

Staff who are developing and delivering awareness raising training need to acknowledge the potential barriers for primary care staff to taking up and applying training.

Interviews with primary care staff suggest that many feel over burdened with having to take on additional roles and responsibilities. There is a possibility that training in respect of literacy may be seen as adding to an already busy workload. It may, therefore, be helpful to deliver training around literacy as part of a package of training based around how to raise more sensitive subjects, such as income and alcohol intake, with patients.

Recommendation 3: Highlight the potential contribution of primary care staff in referring patients on to support services.

Linked to the first recommendation, it is clear that there is a need to reinforce for primary care staff the potential benefits of referral for adults with literacy needs. As highlighted in a number of places in this report, referral to appropriate services can have a substantial impact on the many aspects of a person's life.

Recommendation 4: Identify 'literacy leads' in primary care teams.

Primary care staff were, however, uncertain about who should take responsibility for referring patients on and how the referral should take place, despite the existence of referral pathways. To mitigate against uncertainty and to promote the existing referral pathways, it may be useful to consider identifying an individual in the practice to be the main contact point for literacy issues. Having established a 'literacy champion', it would then be possible to establish a referral procedure.

One of the key tasks undertaken by literacy leads could be the dissemination of up to date information about local literacy support services.

Recommendation 5: Work with primary care staff to identify 'good practice' in supporting people with literacy issues.

This research suggests that primary care staff make a range of adjustments to their practice to meet the needs of adults with literacy issues. Much of what people do is based on their own judgement and experience. It may be helpful if staff were given the opportunity to discuss varying practices and help devise some good practice guidelines on working with patients with literacy needs.

The adoption of good practice guidelines would help staff think through the effectiveness of their current practices and provide the opportunity for some level of uniformity in how primary care staff respond to adults with literacy needs.

Recommendation 6: Capture learning from the Keep well programme in terms of raising literacy issues.

The Keep well programme has provided an opportunity to explore literacy issues with patients and has provided a clear link between health provision and the Learning on Prescription programme. Learning from the Keep well surgeries could be rolled out to other surgeries and developed into 'good practice' guidelines to support staff.

APPENDIX 1: AGENDA FOR PRIMARY CARE SATFF

EXPLORING PRIMARY CARE RESPONSES TO ADULT LITERACY ISSUES

FOCUS GROUP/INTERVIEW AGENDA FOR PRIMARY CARE STAFF

1. Scoping the issue

- Reflecting on your own experience, how do you recognise when someone has literacy issues? What are the main indicators of literacy issues for you? *Prompt: try and encourage people to define what they mean by 'literacy issues' – ask for practical examples.*
- Reflecting on your experiences of working at this practice, how often do you come across adults with literacy issues? *. Prompt that this is more than just not being able to read and write – extends to issues people have handling information and expressing themselves*
- In your experience, are some groups more likely to have literacy issues than others?

2. Responding to the issue:

- Can you think of examples where the issue has come up? Did you raise the issue or did the patient? *Prompt for strategies to identify issues and key questions staff might ask to raise the issue.*
- How do people in general react to raising the issue?
- If a patient has literacy issues, what implications might this have for the care/treatment you provide?
- What reasonable adjustments can you make to the way you work to accommodate the needs of patients with literacy issues?
- What are the implications of making these adjustments for your workload?
- What are the main barriers to responding to patients with literacy issues?

3. Accessing support services:

- Have you ever referred a patient on to a support service? Can you remember which service this was?
- Have you ever provided a patient with information about services? Can you remember what kind of information it was?
- Are you aware of people taking up referrals or responding to the information you provided?

- How did you find out about the range of services and sources of information available for people with literacy issues?
4. **Supporting primary care staff to respond to people with literacy issues:**
- How would you rate your confidence in identifying patients with literacy issues? *1. Very confident, 2. Confident, 3. Fairly confident or 4. Not confident?*
 - How would you rate your confidence in supporting a patient to access literacy services? *1. Very confident, 2. Confident, 3. Fairly confident or 4. Not confident?*
 - Do you feel that you need more support or training to identify if a patient has literacy issues? What kind of support or training would be most helpful to you?
 - Do you feel that you need more support or training to respond to patients with literacy issues? What kind of support or training would be most helpful to you?
 - Is there anything else you would like to add or anything else you think would be important for us to know?

APPENDIX 2: AGENDA FOR KEY STAFF IN HEALTH IMPROVEMENT/PUBLIC HEALTH IN NHS GREATER GLASGOW AND GLASGOW SOUTH WEST CHCP

EXPLORING PRIMARY CARE RESPONSES TO ADULT LITERACY ISSUES FOCUS GROUP/INTERVIEW AGENDA FOR KEY STAFF IN NHS GREATER GLASGOW AND CLYDE AND GLASGOW SOUTH WEST CHCP

5. Background

- Can you explain a little about your role and how addressing adult literacy issues fit into that role? *Prompt for specific strategies and objectives and explore how this fits into the drive for equality in terms of access to services.*

6. Responding to the issue:

- What kind of challenges does front line staff face in dealing with patients with literacy issues?
- What reasonable adjustments can staff make to the way they work to accommodate the needs of patients with literacy issues?
- What are the main barriers for staff in responding to patients with literacy issues?

7. Support services:

- How familiar are you with the range of support services that exist in the area?
- What kind of relationships exists between health and community care providers and literacy service providers?
- What can be done to change or improve this working relationship to the benefit of potential service users?

8. Supporting primary care staff to respond to people with literacy issues:

- Do you feel that staff need more support or training to identify if a patient has literacy issues? What kind of support or training would be most helpful to staff?
- Do you feel that staff need more support or training to respond to patients with literacy issues? What kind of support or training would be most helpful to staff?

- Is there anything else you would like to add or anything else you think would be important for us to know?