

Patient Information Centres Evaluation 2011

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Abbreviations

ALISS	Alcohol Information and Support
DIGG	Disability Information for Greater Glasgow
GAP	Glasgow Access Panel
IASS	Independent Advice Support Services
PHRU	Public Health Resource Unit
PiC	Patient Information Centre
PIED	Patient Information Enquiry Database

NHS Health Scotland's' Health Promoting Health Service (HPS) concept states that in order to improve the health of Scotland:

“every healthcare contact is a health improvement opportunity.”

This is of particular importance in the acute setting, where health improvement interventions can have a significant impact on the management of existing conditions. Clinical priorities often focus practitioners onto a medical model and HPS attempts to move health care staff to consider a social model of health along side the clinical priorities. This was initially supported by the HPS Chief Executive Letter (CEL) 14 in 2008 and is now followed by the more recent CEL (1) published in January 2012.

NHS Greater Glasgow & Clyde have developed Patient Information Centres (PiC's) to help facilitate this process. In line with HPS, the PiC's 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)

Current Patient Information Centre Service:

Currently there are two Patient Information Centres, one in the New Victoria Ambulatory Care Hospital (ACH) and the other at Stobhill ACH. Both provide on-site, hospital based Health Improvement interventions which seek to empower users to make informed decisions about their health. The overall aim of this project is to integrate the usage of the Patient Information Centres to provide health improvement and health information services to users at the earliest opportunity and provide support for social aspects of health to enable issues to be dealt with in a timely and efficient manner.

Access to the service for patients, carers, families and staff is: by walk in to the drop-in service at the Centres, telephone, email or staff referral. There are 5 key dimensions to the PiC service:

1. **Brief intervention** to identify, assess and raise issues associated with health needs e.g. health behaviour change, health literacy.
2. **Health information** a range of flexible approaches to address different information needs is identified and the appropriate format and discussion is provided e.g. travel arrangements and internet searches.
3. **Facilitating access to services** via an electronic PiC Directory of resources, services, and websites with national and local health information allowing quick access to required information for the user.
4. **Direct service delivery** on-site health improvement services are provided throughout the week. These include financial inclusion, carers support, wig services, breastfeeding support and smoking cessation.
5. **Awareness raising** and health education campaigns are provided each day in the atrium. For example screening awareness, lifestyle issues or national health campaigns.

A core element of the service is to support marginalised groups and a particular emphasis has been given to literacy needs, communication aides, and English as a second language. This can be of particular importance for these individuals who may not otherwise easily access information or services.

All of the above elements influence a person's experience of health services but fall out with current clinical care models. The PiC's have significant knowledge and information available that could be used to contribute additionality, in conjunction to clinical staff time as well as support NHS staff to assist their patients, family members and or carers.

All uses of the PiC are documented; they are classified into three levels of enquiry:

- **Level 1**- asking for information or picking up a leaflet – PiC staff complete a brief monitoring form,
- **Level 2**-requires a brief intervention or referral to a HI service and PiC staff will complete an enquiry form,
- **Level 3** -requires a search of multiple sources, again an enquiry form is completed.

The information gathered in this way is entered onto the PIED database, and can be used for statistical analysis of PiC

Aim of Evaluation

This evaluation considers the impact on the experience of patients, carers and others who use the PiC core services in 2011.

The logic model (Appendix 1) was drawn up and used as template to direct the evaluation. A number of research methods were used to measure the outputs and indicators to see how the PiCs were progressing towards achieving their objectives.

Methods

This evaluation adopted a mixed methods approach using a combination of routine data collection, semi structured interviews and a focus group to gather information. The period under study for this evaluation was the whole year of 2011.

1. Routine data was explored to identify the projects outputs, as described in the logic model.
2. Service users were interviewed to look at the short term outcomes from the logic model i.e. "PiC service users report satisfaction with their whole hospital experience." Initially it had been hoped to carry out face to face interviews with PiC users, however recruitment proved difficult because of time and travel difficulties and in the end telephone interviews were carried out with 9 PiC users. The interviewer completed a semi structured interview with all the participants asking them the same set of questions (Appendix 2). All interviews were recorded and then transcribed for analysis.
3. PiC staff were invited to participate in a focus group initially to explore their use of the PiC directory one of the indicators from the logic model, however this conversation developed into an more thorough examination of their view

on the role of the PiC and its contribution to the achievement of the projects objectives. The focus group with PiC staff was facilitated by a senior researcher from PHRU. This group was recorded and transcribed.

Results

Data analysis

The information collected by the PiC staff on the users and type of use made, on the PIED database provides a detailed record of the work of the PiC and also provides a benchmark for future developments of the PiC.

Patient Information Centre Users 2011

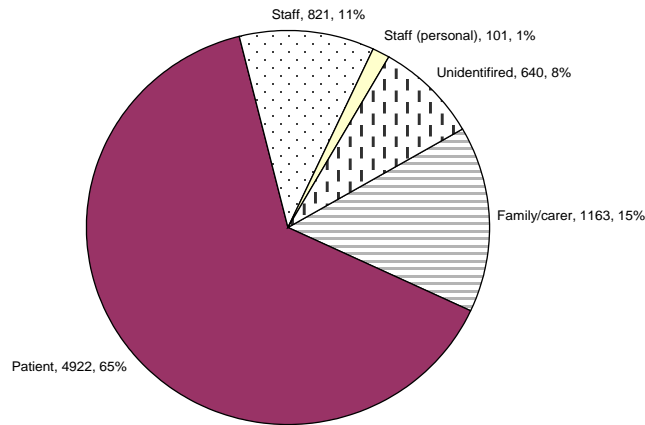
PiC users	Jan - Dec 2011
Level 1	6297
Level 2	1223
Level 3	127
Total	7647

Over the whole year 7647 people used the centres. 6297 of these users were classified as Level 1; they came to the PiC with a low level enquiry such as asking directions or picking up a leaflet. 1350 PiC users were classified as level 2 or 3, these were enquiries that undertook a brief intervention or a referral to a HI service or another external service, if they required a more complex investigation by the PiC advisor and the advisor has to make further contact with the enquirer they would be classified as a Level 3.

Who uses the PiC

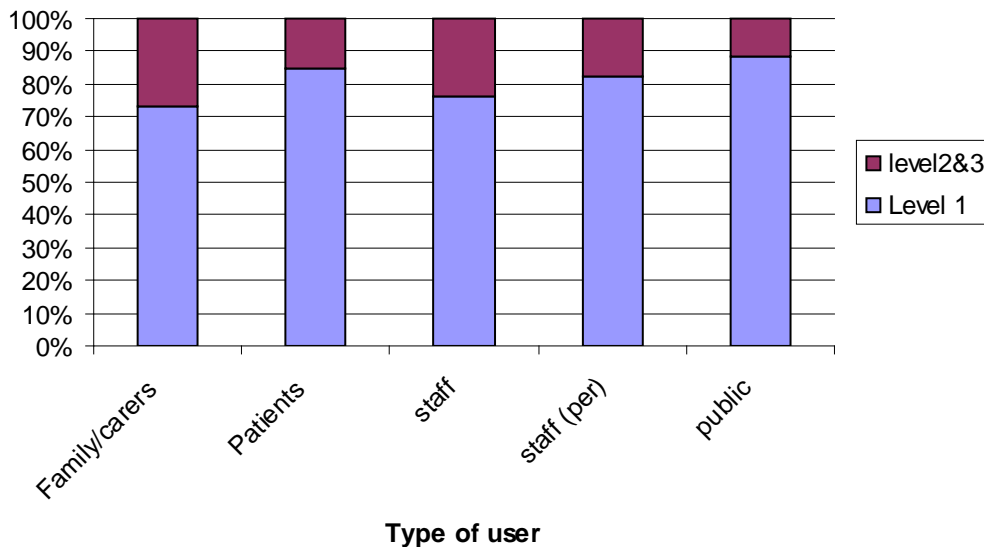
The largest proportion of users were patients - over 65% of the total, family and carers were 15% of the total and staff 10%, the remainder were staff personal enquiries and general public enquiries. (NB Staff enquiries were grouped together for the first half of the year, and the category "staff personal" was introduced in the second half of the year, so the staff personal data was only collected for this period)

PiC User Type 2011



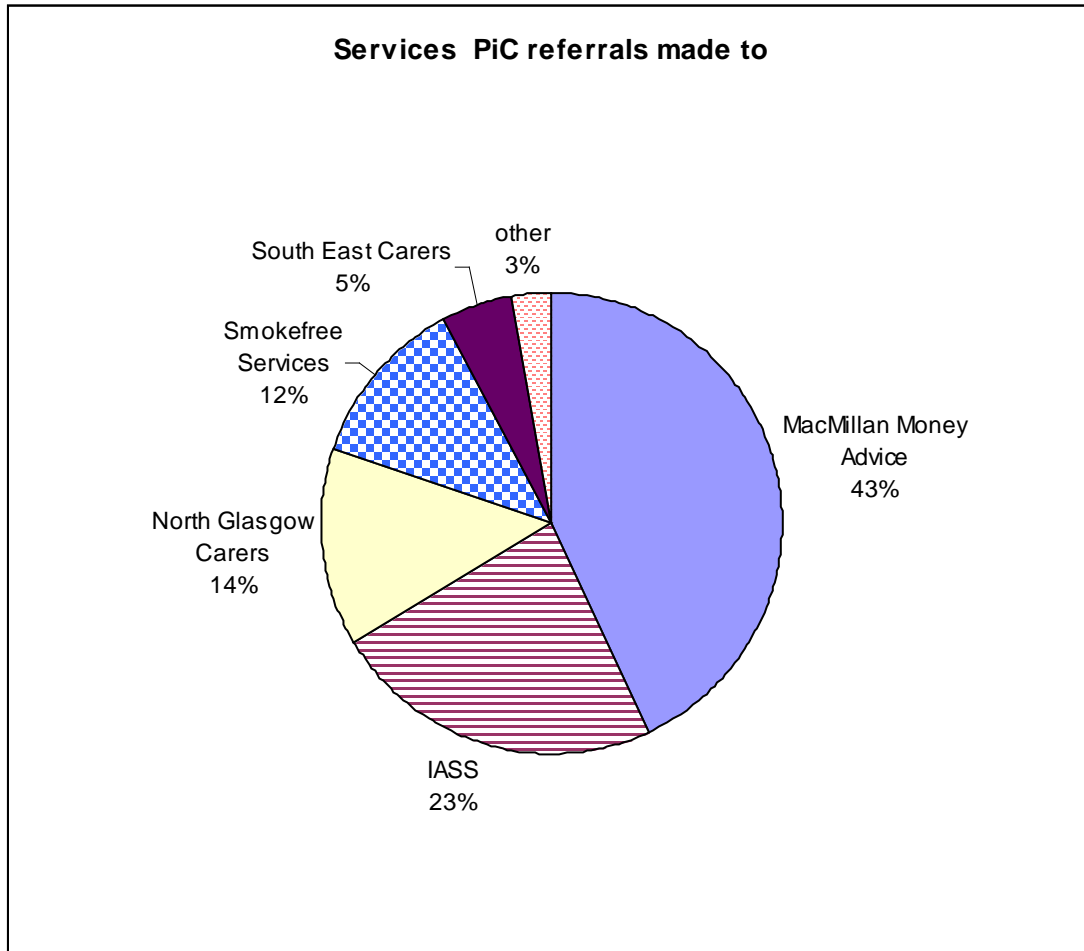
The vast majority of users were either walk in (61%) or had been directed from stalls or WRVS in atrium (22%).13% of the enquiries were made by telephone, 1% by e-mail , and 3% of the enquirers had been directed by clinic staff.

Use of PIC



Different groups appear to have used the PiC in different ways. 26% of family and carers were likely to have a brief intervention or be referred on to another service as a result of their visit to the PiC whereas only 15% of patient users had a brief intervention; analysis showed this difference to be statistically significant. Staff who made enquiries on behalf of their patients were also more likely to have a level 2 or 3

intervention than when making enquiries on their own behalf (staff (per)), however because of the change in categorising staff users it is difficult to interpret this finding.



The services that most direct referrals from the PiC are made to are those relating to money and benefit advice. The chart above shows a breakdown of the destinations of the direct referrals.

HI Services In PiC

HI Service	LEVEL 1
ALISS	222
DIGG	158
Hairmony	201
IASS	137
Infant Feeding	230
Macmillan Money	312
North Glasgow Carers	101
Smoke Free Services	165
South East Carers	105
GAP	55

As well as referring clients to services the PiC acts as a venue for direct access to a number of health improvement services and this chart shows the numbers of uses of these services at the PiC. Again they indicate the volume of the usage of money advice and benefit information services.

In 2011 there were almost 1500 information leaflets or resources taken from the PiC, the most popular items were as follows

Resources taken from PiC 2011

Number	Top 10 Leaflets by type	No
1	Mental Health	362
2	Carers	182
3	Cancer	173
4	Diabetes	83
5	PiC	67
6	Heart Health	34
7	Smoking	33
8	Nutrition	27
9	Transport	22
10	Alcohol	20

The PiC was the focal point for over 40 health events matching the calendar of health events produced by Health Scotland, promoting local, national and international health campaigns.

PiC User Experience

The PiC clients who agreed to participate in the semi structured interviews were all recent users of the PiC and all were Level 2 clients. Seven of the interviewees were patients, 1 identified herself as a friend of a patient and 1 was a carer. This sample is by no means representative of the whole population but it provides a useful insight in to the impact the presence of the PiC had on these users.

Finding the PiC

When asked about how they came to be at the PiC most of the people had been directed into the PiC from the stall in the atrium or WRVS volunteers so had not necessarily been looking for the PiC. One participant said

"I was passing a lady at the stall and started talking and she showed me the lady inside"

another

"Well it was a chap at the desk, you know outside em... see as you just come in the new Victoria and there is an Information Desk there"

Two of the users had been directed specifically to the PiC for information by staff. For most there appeared to be an element of chance, one client said

"Well I was in at the Cardiac Rehab and when I came out I noticed a notice and I also saw a man sitting there. And I thought "oh I wonder if I could get some information here"

Another client described contacting the PiC as

"...it is probably desperation and a combination of luck that led me to phone the number."

What they got from the PiC

As all of the participants that were interviewed had been Level 2 they would have been expected to have received a brief intervention or a referral to another service. All of those interviewed had had some kind of resolution from the PiC either an appointment

"It was to contact Macmillan Benefit Agency"

or information that allowed them to progress their situation

"...she gave me leaflets and she gave me numbers to phone". Some of those interviewed had used the PiC to resolve immediate problems such as mix ups with appointments,

"I had been to the physiotherapist place and they had no record of me",
and another

"I had a referral from my doctor and the Victoria Infirmary lost the referral"

Of the participants

- 2 were referred to Macmillan,
- 1 was helped complete a benefits form,
- 3 were able to resolve appointment errors,
- 1 was able to find information about local social clubs for the elderly,
- 1 got an appointment with IASS to deal with a long standing NHS complaint,
- 1 arranged an appointment with a rehabilitation organisation.

Impact of PIC

To explore the impact of their use of the PiC the interviewees were asked what difference the information or advice they had received from the PiC had made to their hospital experience. For one client who had been referred to one of the money advice agencies

"...it has certainly changed my life round"

she had been working at

"a wee cleaning job and it was hard work and when I got this benefit I didn't need to do the job any longer and it was great". For another user, the advice and information she got from the PiC empowered her to deal with a long standing problem

"..also it gave me hope because I was quite honestly just terribly down about the whole thing. When I phoned I then felt I had a plan of action. That I had something to do because I felt at time I was just floating about and that I was totally powerless".

All of those interviewed found the information they received from the PiC helpful and useful. One nurse, who did refer patients, saw the PiC as a means to

"ease the patient's journey" most of her referrals were around family finance, she felt that for her patients

"PiC took the pressure off".

Access to support?

The interviewees were also asked whether they would have been able to get the information that they received from the PiC elsewhere. Whilst some felt that they might have done, but not as easily,

“We have got a Welfare Rights Officer in my work as well so he probably would have given me it. I just didn’t want to go to him. You know” for others finding the PiC had meant that they were able to resolve long standing issues

“I will tell you honestly in the past few years this has been an ongoing thing for me” Other users did not think they would have found the information had they not used the PiC

“...but I would never have found out about either of them if initially I hadn’t spoken to that man in Stobhill”

- 7 of the respondents could not imagine how they would have got the information they did without using the PiC,
- 1 who had a problem with an appointment felt she could have done it herself but it was simpler getting it sorted at the PiC,
- 1 respondent could have got help at her work but she preferred the privacy of the PiC

PiC Staff

The staff at the PiC who are dealing with the clients who are often angry, vulnerable , despairing all come in for a great deal of praise from the clients. One client remarked *“I think I am just very, very fortunate that I did speak to her and that things got underway because I was very upset when I did speak to her. I think I can’t really praise enough how much help she gave me.”* Another PiC user stated

“I just think they were really helpful” Another user acknowledged the skills of the PiC advisor:

“they put you at ease with empathy and their skills are good. Their listening skills and everything “

PiC Environment

The PiC users were also fulsome in their praise for the actual PiC describing it as *“A comfortable environment”* and *“...it is a great idea and I hope more people make use of it because if it benefited me”* Two of the users also expressed their sense of relief and resolution after being seen in the PiC one felt

“Well she gave me peace of mind” and another *“I still really feel good after speaking to that lady”*

Other thoughts

All of the users were very positive in their views of the PiC and the services it offered, however two respondents felt that there should be more publicity or promotion of the PiC. One suggested that

“rather than sitting in an office em... maybe it would be better to be outside and make yourself more accessible to people” and another felt that there should be notices describing all the services available from the PiC as they had not known and having found out

“it just made such a difference”

Staff Focus Group

Five staff from the PiC participated in a focus group conducted by a senior researcher from PHRU to explore how they felt the PiCs contributed to the objectives described in the logic model.

The focus group participants first described their role

PiC Staff Role

- Providing support – patients, families, carers, staff – to access information
- Deal with any enquiries regarding health conditions
- Facilitate access to services – money advice, benefits info, drop in services
- Problem solving
- Liaison with other staff
- Brief interventions

Staff saw their role as one of facilitating the movement of their clients from one stage to another, not simply giving information

The focus group participants discussed their approach to clients and how it differed from many other hospital services

- interventions based on social model of health rather than prevalent medical model
- separate from rest of hospital
- holistic viewpoint
- open and approachable
- non judgemental
- acted as link or liaison between hosp staff and patient

They then described the positive impact they had on their clients

- patient satisfied –problem sorted
- quickly deal with matters – even trivial, patients happier when they leave
- face to face- clients welcomed the opportunity to discuss matters
- one stop shop – clients benefited from the range of materials resources and expertise available from the PiCs

The focus group participants all expressed high levels of job satisfaction, particularly around working with clients; equally they all described the frustration when they were unable to offer a client any assistance.

There was considerable discussion around how the PiC staff were viewed by and how they worked with other staff groups in the hospitals. The general feeling was that initially they had been regarded with suspicion but better working relationships were being developed.

- more positive feedback
- developing links with other hosp teams – medical records, haematology, breast cancer, ante natal, facilities
- providing support for staff
- help and advice for staff
- complement their role with their patients

Summary of findings

- The largest group of users of the PiC were patients and they were most frequently used for low level enquiries and directions.
- The next largest tranche of users were family and carers with a larger proportion of this group having more complex enquiries which involved a brief intervention and/or referral to another service.
- The leaflets and information taken from the PiC were mostly related to health conditions.
- The referrals made and services most used in the PiC were those related to benefits or money advice, which is perhaps indicative of the complexity of navigating the benefits system and the need for direction and assistance in these areas.
- The PiC users who were interviewed were all satisfied with the service from the PiC
- There was a low level of awareness of the PiC, and many of the users had found it by chance
- All users felt that they had achieved resolution of their problem or situation or progressed towards it through the input from the PiC.
- PiC staff took a holistic view of their clients and saw their contribution to the social and psychological aspects of their clients well-being as an important contribution to good health.
- PiC staff felt they worked alongside clients giving them as much or as little direction as the client required to allow them to have more control over their situation.
- PiC staff were aware that clinical staff were beginning to see them as a resource that they could use for themselves or direct their patients to.

Logic model

Short term outcomes	Evaluation findings
PiC service users report satisfaction with their whole hospital experience	PiC users did report satisfaction with their PiC experience though not necessarily their hospital experience.
Staff report time is released to care Staff report there is an effective mechanism for health improvement and social referral issues	Release of clinical care time was not explored in this evaluation, however there was some indication that clinical staff were beginning to use the PiC.
Patients report timely access to support services (eg money advice etc)	The PiC did provide access to support services, but often as a last resort rather than a first stop.

Considerations and Recommendations

1. The evidence and information presented here will act as a benchmark against which to measure the progress and developments of the PiC.
2. The numerical data collected indicates that the PiCs are well used and provide information and entry to a number of services that patients and carers require.
3. The fact that so many of the PiC users came upon it by chance and had not been directed there by clinical staff was disappointing as this was potentially a missed opportunity to provide timely access to support services in a hospital setting.
4. The PiC staff focus group discussion indicated that there was the beginning of some progress in raised awareness of the PiC and that staff were beginning to recognise the value of the PiC and refer their patients.
5. It was evident from some of the interviews that the assistance received from the PiC had helped to resolve long term issues which had they been resolved earlier may have produced a better patient experience.
6. This small scale evaluation should be followed by a more comprehensive evaluation, looking at the development of the PiC.
7. Investigate the impact of the PiCs to releasing clinical staff time.
8. Improved data collection and statistical analysis

Appendix 1

Draft logic model for the Patient Information Centres

Aim: To integrate the usage of the patient information centres to provide health improvement and health information services to users at the earliest opportunity and provide support for social aspects of health to enable issues to be dealt with in a timely and efficient manner.

Objectives	Inputs		Outputs (per year)	Indicators	Short term outcomes
Improve patient and carer experience	Facilitate access to services (for example help with travel planning; information about local support groups, use of PiC Directory)	Pied talks to the PiC directory (enquiries information is uploaded onto the directory)	Number of cross referrals	PiC staff stories about how and why they use the Directory	PiC service users report satisfaction with their whole hospital experience
Release clinical staff time	Offer brief interventions for example on alcohol, tobacco, etc		Number of brief interventions undertaken by type	Health information leads to a follow up enquiry	Staff report time is released to care
	Provide health information eg living with cancer etc		Number of leaflets/resources distributed by topic/health rights issue % of clients who take leaflets/resources by topic/health rights issue	Information prescriptions are being used by staff	Staff report there is an effective mechanism for health improvement and social referral issues
	Awareness raising campaigns with an inequality focus eg bowel screening, no smoking day		Number of campaigns conducted in a year by topic	Staff are making referrals to the PiC	
Improve access to services	Direct health improvement service delivery for example carers service; money advice;		Number of referrals to each health improvement service	Patients attend the health improvement service	Patients report timely access to support services (eg money advice etc)

Note: Most of the inputs link to each of the objectives

Appendix 2

PiC evaluation

Semi structured interview

Introduction,
Thanks for their offer of help,
Reasons for interview - to improve the service,
Find out how about their experience of the PiC .

1. How did they find the PiC?
 - Directed to it, by whom?
 - Walk by?
 - Other

2. What type of information did they get from the PiC?
 - Directions?
 - Leaflet?
 - Referral to other orgs

3. Did they use the information/ attend appointment organised?

4. Was it helpful/useful/appropriate? What difference did it make to their hospital experience

5. Can they imagine if they had not used the PiC how would they have obtained the above?

6. Other observations about PiC

Thank you and good bye

