EFFECTIVE VISITING

An overview of the practicalities of lay visiting in the NHS, and an exploration of new challenges facing lay visitors, such as the monitoring of race equality issues and the development of a patient-centred checklist.

Re-formatted and simplified from a document written by the Association of Community Health Councils for England and Wales

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  o WRITE THANK YOU LETTER
  o CHECK FOR ACCURACY
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EFFECTIVE VISITING

This document is a revised version of a briefing produced in 1998 for the London CHCs.

The statutory rights to enter and inspect NHS services have now passed from the CHCs to the new PPI Forums. These Forums will have the power to inspect services commissioned by the NHS Trusts.

The purpose of this briefing is not only to look at the practicalities of visiting, but also to help explore the new visiting challenges – eg: GP premises, monitoring race equality issues and developing a patient-centred checklist.

WHY VISIT?

The purpose of visiting is to observe, listen, ask questions, give praise where praise is due, and offer suggestions for change. First impressions can be important, and the guiding question is:

"Would I want to be looked after here, or would I be happy for someone I care about to be here?"

THE OVERVIEW

The amount of time and resources that can be spent on visiting varies depending upon the range of locally defined factors, including:

- Work programmes and priorities - there could be a preference to carry out surveys, hold public meetings, or to gain views and monitor services in other ways

- The number of provider units within the area covered

- The availability of Forum members to get a team together to carry out a visit
MONITORING LOCAL SERVICE PROVISION

Visiting is a useful way to gather information to monitor performance standards, as published by the NHS Trusts as part of their own performance monitoring.

NEEDS ASSESSMENT

A visit could reveal gaps in service provision or shortfalls in the service that are not covered by the contract. Issues of access to a service for particular groups of people, or its appropriateness to them, might also arise. These can be fed back to the main commissioner – the Primary Care Trust.

PROMOTING THE PPI FORUMS

Visits are a useful way of publicising the PPI Forums. They can raise awareness amongst patients, carers and staff of the complaints procedures. It is useful to distribute leaflets and posters about the work of the Forums, and where it can be contacted either before or after the visit.

INVOLVING MEMBERS

Visiting is a good way of involving all members of the Forum.

It is an area of work where one of the most important roles and attributes of a Forum member – that of lay observer – can be well used. Members can learn a great deal about services from visits, and can be seen as part of a strategy for understanding the shape of overall service provision.

Visits do not necessarily have to take place during the day, although this will depend upon the type of service being visited, and the reason for the visit.

No Forum member should be excluded from visiting because of working hours.
# SOME REASONS TO VISIT

<table>
<thead>
<tr>
<th>INSPECTION</th>
<th>There could be a regular visiting programme to ensure all premises are seen within a year, and that the quality of service is maintained and improvements made.</th>
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</table>
| MONITORING | To monitor services whose users are less able to speak for themselves – eg: elderly patients with dementia.  
As part of a strategy to monitor a service that is closing, merging, reconfiguring or being consulted on ... or under threat of closure.  
Access issues – eg: whether the service is culturally sensitive, physically accessible, with access to information and languages, or whether the staff are trained to care for people with learning difficulties when admitted to hospital.  
To monitor the care being received by people who have been discharged into the community. |
| IDENTIFICATION | To identify gaps in services. |
| FAMILIARISATION | To familiarise the Forum with a newly established service or unit – eg: a Walk In Centre, a new Rapid Diagnostic Clinic. |
| INFORMATION | To collect background information and learn about a service. |
| FOLLOW UP | To follow up complaints received, highlighted in the media about a particular service.  
To follow up a previous visit where conditions and circumstances led the Forum to express concern. |
<table>
<thead>
<tr>
<th>SURVEY</th>
<th>As part of a survey or project being carried out by the Forum – eg: a 24-hour study.</th>
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<tbody>
<tr>
<td>JOINT VISITS</td>
<td>Joint visits with other Forums to regional ‘speciality’ services.</td>
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</table>
| PROMOTION  | To promote public relations, to meet patients, visitors, carers and staff to find out their experience of the service and their views.  
This helps to demonstrate the interest, concern and commitment of the Forum to the NHS and its users. |
| INTRODUCTION | As a way of introducing the Forum to a service – eg: forming links and building relationships with GPs. |
| A PICTURE  | To build up a picture of local services in order to inform potential users.       |
PLANNING A VISIT

If a visit is to be useful, it requires careful planning, well in advance of the actual date of the visit. The following questions should be considered:

WHAT KIND OF VISIT SHOULD BE PLANNED?

There are many different kinds of visits, and different kinds are appropriate for different circumstances.

24 HOUR EXTENDED VISIT

These visits could use a rota system of members to appropriately cover the services that have peaks and troughs of demands – eg: Accident & Emergency departments.

Long visits may also be necessary where the Forum wishes to observe the daily routine of a ward. It may be useful to visit a care-of-the-elderly ward:

• Early in the morning
• At meal times
• At times when therapies are taking place
• At bedtime and during the night

It may be useful to visit a children’s ward when play facilities, as well as medical and nursing facilities, can be seen.

VISITS AT PARTICULAR TIMES

Visits of this nature will be appropriate at visiting times, or a particular consultant’s clinic.

FOLLOWING A PATIENT THROUGH A SYSTEM

A typical patient’s path through various aspects of a clinic – eg: to observe waiting times for x-rays and pathology services, blood testing, etc.
SURVEYS OF PATIENTS' OPINIONS
Surveys can be taken in Outpatients, Accident & Emergency, etc.

UNANNOUNCED VISITS
These visits may suit circumstances in which there is reason to believe that the ‘real’ situation would be concealed or altered in some way if the visit were known in advance.

However, an unannounced visit may be quite costly in terms of goodwill, and it may not be possible to speak to certain people if a visit is not pre-arranged. It is preferable to come to an agreement in principle with the NHS Trust concerned.

Forum members are also part of the local community and use NHS services, as do their relatives, friends and neighbours. The importance of this ‘intelligence’ network should not be underestimated.

PURPOSE OF THE VISIT

It is important to be clear about the purpose of the visit, which may include talking to patients, to visitors and carers, to staff or to simply observe.

Often a fresh view from someone who is not part of the service can pick up on things that become invisible to those who are there every day. For example, a Forum member may see that the notices on the notice board are out-of-date, or unavailable in community languages, whereas a member of staff, or even a frequent visitor, may have ceased to notice that there was even a notice board.

Unpleasant smells may be more evident to an infrequent visitor and a Forum member may notice that meals or drinks have gone untouched on a care-of-the-elderly ward.
WHO SHOULD GO ON THE VISITS?

Where possible, the selection of appropriate members of the Forum should be a matter for decision, rather than chance. Some Forums may find it best to have particular visits as part of the responsibility of a Work Plan, whereas others may find it best to convene a group of members for a visit as and when necessary.

It may be important to consider having a mix of members with first hand knowledge of the service, whenever possible, or members with a more general interest. It is also advisable not to have too many people on a visit – no more than 3 or 4 members. Four members can be split into 2 groups of 2, for instance.

USERS AS VISITORS

It is obviously very important to involve Forum members who are service users on specific visits, as their contribution is extremely useful.

As services need to be accessible to people with disabilities, it is clearly important that Forum members with disabilities should be fully included in the visits. However, the responsibility for considering disability issues does not lie with disabled members, but with all the members.

EQUALITY ISSUES

The gender mix of the visiting group should be considered. Mixed groups may often be advantageous, although there may be circumstances where women may be the most appropriate visitors – eg: on a Gynaecology Ward.

Race and ethnicity should also be taken into account. It is generally useful to have a group with as wide an ethnic mix as possible. Even though the members of a Forum may fully reflect the ethnic diversity of the community, it is necessary to ensure that the needs of black and minority ethnic people are considered.

It will be useful to consult, in advance of the visit, with the relevant organisations in order to be aware of the issues that are of greatest concern to the group.
If the aim of the visit includes talking to patients and relatives, it may be necessary to consider the availability of interpreting, so that members can communicate with a wide range of people.

It is important to consider whether some groups are less likely to avail themselves of services because of inappropriate, or insensitive services. Therefore, to visit with a view to the needs of existing service users only, would be inadequate. The visit will need to look beyond the needs of the people who are currently accessing the service.
PRE-VISIT PREPARATIONS

GATHERING INFORMATION TO INFORM THE VISIT

Forum members must be well briefed about any issues or concerns affecting the service to be visited — eg: has the service been inspected as part of the CHAI monitoring? If so, how did the service get mentioned within their report?

The quality and usefulness of information gained on a visit depends upon how well the visit was planned. Before the visit, it is useful for those members going to visit to agree what they hope to get out of the visit. It may be possible to allocate particular tasks to individual members.

It will certainly be helpful to have access to any reports or summaries of reports of any previous visits. All too often, visits lack continuity, and this can result in wasted effort on the part of the Forum. It will also be helpful to have a profile of the service, information on complaints made about the service, and information about media concerns.
It is also generally helpful to be clear, well in advance of the visit, what the expectations of the Forum are. This is particularly important if the visit is to include an opportunity to meet with key staff.

It is also appropriate to clarify, at an early stage, whether facilities can be made available to talk to patients and carers in private. In such cases, the Forum can ask that posters be displayed announcing the forthcoming visit.

PRACTICALITIES

Forum members must clear and visible identification at all times.

LEAFLETS

Leaflets explaining the work of the Forum should be available on, and preferably before, the visit. Such leaflets should include information on how to contact the Forum after the visit, as some patients will find it easier to talk when they are no longer in hospital. It is also important to remember that staff may have little idea of what a PPI Forum is, and they should also have the benefit of an explanatory leaflet.
**PRO FORMA CHECKLIST**

It is extremely useful to prepare a pro forma visit checklist, setting out points to look for and questions to be asked ... and exactly who is going to ask which question. If CHAI has undertaken a visit, it would be helpful to consider its recommendations and observations.

**RECORDS and NOTES**

It should be decided before the visit how the Forum’s impressions are to be recorded and written up. Members who take notes should be clear when their notes are required, and it should be agreed who should be responsible for collating the notes and producing the draft report. If the notes are clearly written, they may be passed on to the Forum Support Organisation for typing up and distribution.

**TIME**

The exact meeting time and meeting point of the visit should be clear to all members, and adhered to.

**TRANSPORT**

Decisions should also be made as to what form of transport members will take to the visit. It might be important to use public transport to see how accessible a service is.

Concerns arising from a visit may form the basis of a campaign, work programme, or may serve as a focus for joint work with a relevant voluntary organisation / or community group.

**LIAISON WITH OTHER AGENCIES**

It is important that the intelligence and information gathered by visits is shared with other organisations.

PPI Forums will be able to send their reports to the Overview and Scrutiny Committees (OSCs), the Strategic Health Authorities, CHAI and the National Patient Safety Agency (NPSA), as well as any other person or body the Forum deems appropriate, including the media.
THE VISIT

FORUM MEMBERS SHOULD READ THE COMMISSION'S CODE OF CONDUCT

There should be clear agreement of:

1. Who is leading the visit
2. Who is taking notes
3. Who is speaking to the patients

Members should always wear their identity

Members should introduce themselves to the staff, patients and visitors, and hand out appropriate leaflets about the PPI Forums.

Members must be sensitive to the area / place being visited and the patients in it – eg: a closed psychiatric ward, children’s wards, etc. Advice should be obtained from staff whether any patients should not be approached in such areas.

Members should not talk loudly amongst themselves during the visit, or even hold private discussions unrelated to the visit!

Members should visit in a spirit of openness and willingness to report good practice, as well as reporting on problem areas.

Members should not be afraid to ask questions, or seek information from staff.

At the end of the visit, members should let senior staff know that they are leaving.

Urgent concerns should be reported to the Overview and Scrutiny Committee.
THE FOLLOW UP

Immediately after a visit, a letter of thanks is both courteous and important.

All the good work of a visit will be wasted unless the follow-up is carefully planned and executed.

Check factual accuracy with the unit visited.

A comprehensive Visit Report is essential to successful follow-up, although it may be helpful to distil the contents of the report into a brief list of concerns that require comment, and a list of issues to raise where appropriate.

The Forum will also want to make recommendations for action, or improvement, which includes a suggested timescale on which a response should be obtained.

It is also important and encouraging to comment on good practice.

It is often helpful to have a full report for the Primary Care Trust, and a summary report for interested organisations.

To assist in the monitoring process, create a timetable for expected follow-up arrangements and post-visit meetings with staff.

The Forum should also be clear about its procedures for dealing with the draft visit report.
USING THE MEDIA

ALL THE REPORTS ARE PUBLIC DOCUMENTS

It is important to consider how the press may be involved in the follow-up, as they may have concerns of their own about a particular service.

The Chair of the Forum will have to consider most carefully how and whether or not to provide information to the press.
Are religious and cultural needs of the service users being met – and how?

How many of the user representatives are of black and minority ethnic communities?

Are these groups being involved in the decision-making process?

What percentages of black and minority ethnic people use the service?

Do the staff and managers know about the minority ethnic communities in the locality?

Have the staff and managers had race equality training?

What changes have been made as a result?

Is there a real choice regarding single-sex accommodation?

Do users know and understand what their rights are – eg: having treatment explained to them so that they can make informed choices?

Is there suitable signposting?

Are there information leaflets in minority ethnic languages?

Hold a meeting after each visit, to evaluate the achievements and / or obstacles and lessons learned.

Establish a review system to ensure that the strategy is working.

Ethnically monitoring complaints so that specific race and ethnicity issues can be identified and addressed.
PATIENT and PUBLIC INVOLVEMENT

* Does the practice have a Patient Participation Group?
  o Who runs it?
  o Is the staff involved?

* Is there a 'comments/suggestion' box for patients to post positive comments or complaints about the practice?

* Has the practice produced its own comments form?

* Is there a well-positioned patient notice board?

* What is on the notice board?

* Is there a newsletter? If so, ask for a copy.

* Is there a practice leaflet? If so, ask for a copy.

* Does the practice produce any other leaflets? If so, ask for a copy.

* Is there a wide range of information leaflets available?
  o Are the leaflets in languages other than English?

* Does the practice use interpreters?
  o Where do the interpreters come from?
  o Staff
  o Local interpretation agency