



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

PATIENT'S FRIEND INITIATIVE

Summary

1. The Management Executive are keen that health boards develop "patient's friend" schemes to help patients deal with NHS bureaucracy and health professionals, in pursuance of the aims of the Patient's Charter and Framework for Action. Good practice guidelines are currently being developed; and additionally resources of £100,000 will be available in both 1993-94 and 1994-95 to jump prime the development of 3 or 4 pilot schemes which will test out a variety of approaches, be closely evaluated, and their lessons used to inform future development.

Action

2. General managers are invited to consider whether to bid for a share of these resources, and to discuss plans with Jacqueline Docherty or myself. Worked up bids should

2.1 conform to the core requirements and discretionary aspects set out in the Annex;

2.2 provide the information listed in the Annex;

2.3 be submitted to me by end February at latest.

3. This letter should be copied to Unit General Managers for action as required.

Yours sincerely

ISABELLE LOW
Director of Health Care

18 December 1992

Addressees

For action:

General Managers,
Health Boards

For information:

Chief Executives, and
Chief Executives
Designate, NHS Trusts

Chief Officers of
Local Health Councils

Health Service
Commissioner for
Scotland

To be copied to
Unit General Managers
for action

Enquiries to:

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a. Core requirements

All pilot schemes should

- be aimed at helping and supporting individual patients in their interactions with the NHS in Scotland;
- be accountable to health boards as planners, purchasers and monitors of health care for their residents;
- be independent of the organisation responsible for providing the health care;
- involve careful screening systems for the selection of "patient's friends", and appropriate training, support and supervision for them;
- have the support of staff in the relevant provider units;
- be systematically monitored and evaluated so that lessons can be learned and shared.

b. Discretionary elements

Given that we want to test out a variety of approaches

- at least one pilot should offer a general service to all residents, at least one should be focused on specific vulnerable client groups (eg mentally ill or mentally handicapped or physically handicapped or elderly) and we should be particularly interested in proposals for advocacy in an acute setting;
- at least one pilot should offer a service utilising volunteers (supported by training and supervision) and at least one should utilise paid staff;
- a range of delivery mechanisms (eg involving local health councils or voluntary agencies) would be preferred;
- we seek the widest possible range of geographical areas and socio-economic circumstances.

c. Information required in bid

All bids should contain

- a brief description of the approach proposed, making clear which discretionary elements are envisaged;
- a summary of staffing proposals and overall costings for 1993-94 and 1994-95;
- a timetable for implementation and evaluation.