

# Approaches to public involvement in NHS Board Area Drug and Therapeutics Committees in NHS Scotland

December 2015



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## Executive Summary

The Scottish Health Council supported the Area Drug and Therapeutics Committees Collaborative by undertaking short telephone interviews with representatives from each of the 14 Committees to explore healthcare professional perspectives of public involvement in NHSScotland's Area Drug and Therapeutics Committees. The aim of this work is to share learning on public involvement with the Committees.

Twelve Area Drug and Therapeutics Committees have public involvement either on their main Committee or subcommittees.

Approaches to public involvement varied but most Committees stated that it was a good experience with positive impact.

Support provided by Committees included:

- induction and training
- explaining jargon and acronyms
- sending papers in advance of meetings, and
- having a member of the Committee as a point of contact for support.

A majority of Committees felt that the public involvement in the work of their Committee was relatively successful with ten Committees rating their engagement as 3 or more (out of 5).

Ten Committees responded that having public involvement has had a positive impact or had changed decision making to some extent. Key themes here were that public partners helped Committees to:

- focus on person-centred care
- improve communication and information both within the Committees and also with the public, and
- engage and educate communities on issues related to medicines.

There were a number of themes which were highlighted by Area Drug and Therapeutics Committees as being challenging and some lessons learned were identified. These include:

- recruitment
- support for public partners
- consistency across Area Drug and Therapeutics Committees
- technical systems, process and terminology
- confidentiality
- personal agendas, and
- impact of health on attendance and participation.

## 1 Introduction

This report presents the key findings from a series of telephone interviews with representatives of NHS Boards' Area Drug and Therapeutics Committees (now referred to as the Committees) to explore how members of the public are involved in the work of the Committees. The purpose was to identify what progress had been made and to share learning on public involvement with the Committees.

## 2 Background

In NHSScotland, Area Drug and Therapeutics Committees are the key professional advisory group for medicines governance in NHS Boards. The Committees are key to ensuring that adequate systems and processes relating to medicines governance are in place in NHS Boards. They are clinically led Committees providing professional and clinical leadership and advice to the NHS Board to support the safe, effective use of medicines in all care settings. The Scottish Government recognises that patient and public involvement is crucial to the work of the Committees and in its response to the Health and Sport Committee Inquiry into access to new medicines<sup>1</sup> recommended that there should be more public involvement in Committees. Involving public partners in the work of the Committees makes sure the public perspective is considered alongside the more specific NHS perspectives of clinicians and managers.

Healthcare Improvement Scotland hosts the Area Drug and Therapeutics Committees Collaborative which aims to strengthen the work of the Committees. The Scottish Health Council supported this Collaborative by undertaking short telephone interviews with representatives from each of the 14 Committees to explore healthcare professional perspectives of public involvement in NHSScotland's Area Drug and Therapeutics Committees. The aim of this work is to share learning on public involvement with the Committees. The views of the public partners themselves were not sought at this stage although it is intended that their experience of being involved in the Committees may be sought in future.

## 3 Method and Approach

In July 2015, the Area Drug and Therapeutics Committees Collaborative approached Committees seeking nominations to participate in the telephone interviews. Each Committee then identified a healthcare professional to participate in the interviews. Table 1 summarises the respondents' role on the Committee. Respondents were predominantly pharmacists (12), with one doctor and one nurse also participating.

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[http://www.scottish.parliament.uk/S4\\_HealthandSportCommittee/Inquiries/Scottish\\_Government\\_Response\\_-\\_Access\\_into\\_New\\_Medicines.pdf](http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Inquiries/Scottish_Government_Response_-_Access_into_New_Medicines.pdf)

**Table 1 Respondents' role on Area Drug and Therapeutics Committee**

<b>Role</b>	<b>Number</b>
Chair	2
Vice chair	3
Professional secretary	6
Member	3
<b>Total</b>	<b>14</b>

The telephone interviews were conducted by a Social Researcher and Information Officer from the Scottish Health Council over a three month period (August–October 2015).

The key themes discussed in the interviews included:

- prevalence of public involvement in the Committees
- approaches to involving public partners
- support provided for public partners
- perceived success of public engagement on the Committees
- impact and benefits of public involvement on the work of the Committees
- lessons learned on successes, challenges and what could be improved with engaging and involving public partners, and
- examples of good practice.

## **4 Key Findings**

This section summarises the key findings from interviews with the 14 NHS Boards' Area Drug and Therapeutics Committees based on the themes highlighted above.

### **4.1 Prevalence of public involvement in Area Drug and Therapeutics Committees**

At the time of the interviews eight NHS Boards had members of the public on their Area Drug and Therapeutics Committees. In addition to this eight there were two Committees that were recruiting new members after their public partners had stepped down. For these Committees seven had one public partner and three had two public partners. Most Boards described their public partners as established in their role, that is they have been on the Committee for some time or had good experience from other patient groups.

Two NHS Boards did not have public partners on their Committees but did have public involvement in their subcommittees and therefore, on occasion, public views did feed into the main Committee. The two Committees here stated that they have attempted to involve the public on the main Committees but the volunteers either did not have the confidence or did not see what contribution they could make.

Overall, two NHS Boards did not involve the public to any extent in either their Area Drug and Therapeutics Committee or respective subcommittees. These Committees cited that they felt it would be difficult to recruit the right type of person to the role of public partner. One Board also felt that the issues dealt with by the Committee are too technical to discuss with a lay person and were not sure of the benefits of involving a public partner.

## 4.2 Approaches to involving public partners

Area Drug and Therapeutics Committees have recruited their public partners through a variety of mechanisms, including:

- patients forums such as medicines forums and Public Partnership Forums
- assistance from their NHS Board public involvement teams
- recruiting through a public event promoting the work of medicines governance, and
- using their own contacts and networks.

Most of the Area Drug and Therapeutics Committees with public partners described them as established in their role as they have either been a member of Committee for some time or had good experience from other public partner involvement groups.

Most Committees with public partners indicated that they have full voting rights. Some Committees also highlighted that they encourage their public partners to contribute to the discussion, ask questions and challenge what is being discussed. Committees have suggested that this helps their decision making to be patient focused.

“The public partners are full members of the Committee and receive all the papers. Their voice is as strong as any of the professionals; they can raise issues and ask questions, and are given space to speak. The primary function of the public partner is to help the Committee to stay grounded, and to ensure that the decisions are taken in the best interest of patients.”

**NHS Lanarkshire**

Some public partners were also members of a range of subcommittees, including:

- polypharmacy subcommittee
- formulary group (a public partner chairs the group in one NHS Board)
- individual patient treatment request panel
- policies subgroup
- antimicrobial team
- medicines management group, and
- short-life working groups (for example, patient-facing information and communications group, development of patient leaflets).

Some public partners are also involved in other medicines or NHS work, including as:

- former non-executive members of the NHS Board,
- part of Managed Clinical Networks such as the Pain Management Clinical Network, and
- respondents in occasional workshops and national events related to the work of the Committee.

“Their basic role is to provide a patient perspective at the Area Drug and Therapeutics Committee and subgroups and to comment on how decisions about medicines will affect patients, for example telling the Formulary subgroup about difficulties patients may have taking particular medication, checking that policies considered by the Policies subgroup will not adversely affect patients’ dignity and helping the Antimicrobial Team to agree how to communicate to the public that antibiotics are not always effective for colds and flu.”

**NHS Highland**

“Two members of the group were identified as having the confidence and interest in attending the main Area Drug and Therapeutics Committee, and act as liaisons between the Committee and the Forum. They feed back to each Forum meeting on what was discussed at the Committee.”

**NHS Tayside**

### **4.3 Support provided by the Committee for public partners**

Public partners are supported in a variety of different ways by their Area Drug and Therapeutics Committees. Specific feedback about the support provided to Public Partners included:

- induction and training
  - describing roles and responsibilities both of the Committee and of public partners
  - allowing public partners to attend a few meetings before making a commitment
  - explaining jargon and acronyms, and
  - developing an education pack to brief public partners
- sending the agenda and papers at least one week before the meeting
- having a member of the Committee available as a point of contact if they need ongoing support (usually the Chair or professional secretary)
- arrange pre-meetings with a member of the Committee (usually the Chair or professional secretary) to give the public partner an opportunity to ask questions, seek clarification on technical aspects and jargon, and

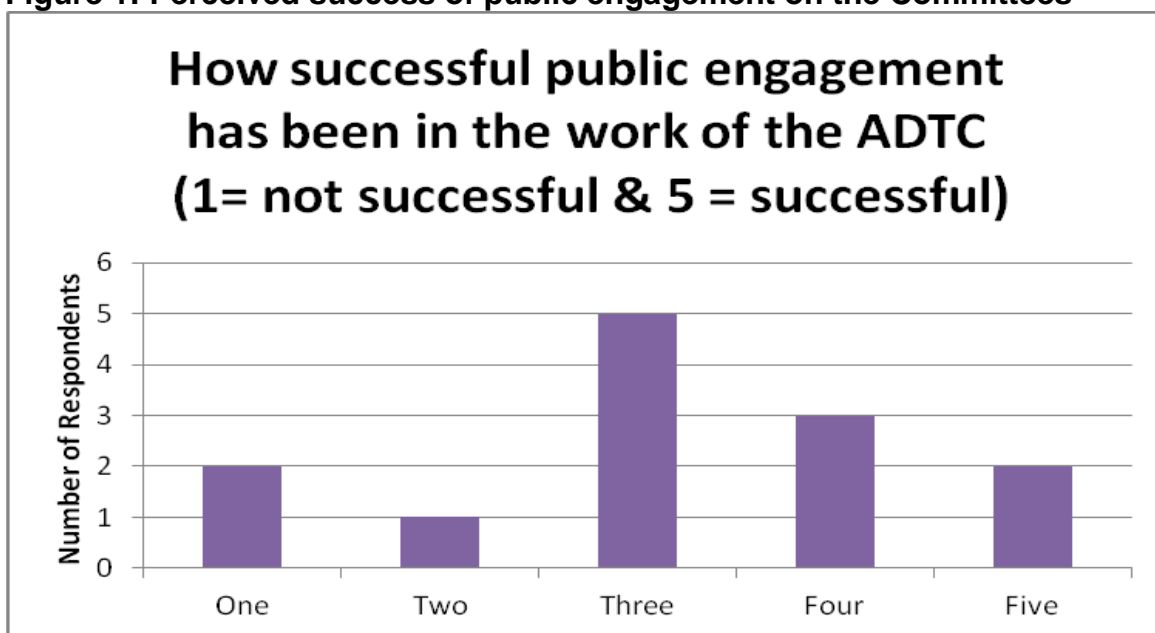


- some Committees offer educational sessions to inform public partners on particular topics relating to Committee business.

#### 4.4 Perceived success of public engagement on Committees

The respondents were asked to rate on a scale of one to five how successful they perceive public partner involvement has been in the work of their Committee (where a one is not successful and five is successful). Ten respondents rated the public engagement on their Committees as three or more. One Committee gave a score of two and two committees gave a score of one, while one Committee did not answer this question.

Figure 1: Perceived success of public engagement on the Committees



#### 4.5 Impact and benefits of public partners

Ten Area Drug and Therapeutics Committees responded that having public involvement on the Committee has had a positive impact or had changed decision making to some extent.

Some Committees mentioned that there is more balance in the discussion between clinicians’ and patients’ views and that issues come across stronger from the patient and lend more credibility to the discussion. Having public partners helps prompt members of the Committee to consider patient perspectives. There was a strong emphasis on the improvements to communication and information as a result of public partner involvement. Committees highlighted that information and communication has become more accessible and understandable. Another benefit to public partner involvement has been patient and public engagement and education in relation to medicines issues.

“The public partner brings a lay perspective to the work of the Committee and will ask key questions, challenge and look at the work from a patient/public perspective. This can help with, for example, plain English in communications as well as with engagement plans.”

**NHS Borders**

### Helping the Committees to focus on person-centred care

There were a number of examples where public partners help Committees to focus on patients, their families and carers rather than having a purely clinical focus.

“The benefits are that the public partner brings an insight that sometimes the professionals forget particularly issues on communication and information. They also bring a perspective from their family and friends as well as their own perspective.”

**NHS Ayrshire & Arran**

“The public partners ask questions and help to remind the subcommittee of the needs of patients. One in particular is very active and takes information about the subcommittee back to patient and carers groups. This provides us with an ‘ear on the ground’ and helps other groups to understand what we do.”

**NHS Greater Glasgow and Clyde**

“The benefits of involving public partners are that it gives the Area Drug and Therapeutics Committee a patient perspective, there’s more information and better communication with patients, the public partner sometimes challenges decisions (in a positive way) with comments and questions.”

**NHS Forth Valley**

A few examples are given below highlighting improvements to communication and information, both within the Committee and also between the Committee and the wider community, as a result of public partner involvement.

“The public partners help to ensure that the technical language, jargon and acronyms are kept to a minimum and are there to ask the ‘daft lassie and laddie’ questions which clinicians may not have considered.”

**NHS Highland**

“The Patient and Public Forum for Medicines meet monthly to consider key pieces of work from across NHS Tayside which requires patient/public input. Comments can be contributed at Forum meetings or by phone/email if members are unable to attend. Members of the Forum consider information about a range of medicine related programmes and agree on the key messages to communicate to the wider public in order to increase awareness and understanding about medicines, for example, describing the journey and time taken to approve a drug for clinical use; highlighting where patients can find out more information about medication they are taking; and designing an advertisement to recruit more members. Another example is their involvement in medicine waste and medicine safety campaign.”

**NHS Tayside**

“Communications have improved via public partner involvement and communications with the public are now clearer. Some decision making is brought to a more practical level through public partner involvement. Involvement of public partners has resulted in a fuller understanding of the issues being discussed than professionals might have expected.”

**NHS Shetland**

### Community engagement and education

Following on from improvements to information and communication, examples are given below where some public partners are involved in local community engagement activities to raise awareness and education on specific issues related to medicines.

“The public partners have contributed to campaigns, helping to educate patients about reducing waste and the cost of interventions such as inhalers. This has helped to make people think about being more responsible for their medicines (ordering and use).”

**NHS Grampian**

“There was a Medicines Waste Campaign which was promoted by the public partners and helped to engage the public. The leaflets which were produced to influence the campaigns were produced with their significant input. The feedback from the public partners was very useful and encouraged the Area Drug and Therapeutics Committee to adopt a much simpler approach in communication styles and ensuring information was in plain English.

“With antimicrobial prescribing the public partner and the Pharmacy reference group supported a community engagement exercise to promote awareness of antibiotics to local communities and attended the local supermarket to highlight the need for good stewardship of antibiotics. Press and customers picked up on the effectiveness of the campaign, and prescribing indicators for antibiotics in Orkney are good”.

**NHS Orkney**

Two Committees responded by saying that public involvement has not had an impact or changed decision making in the Committee. The view of one of these Committees is highlighted below. Although the respondent has stated the public partner has not changed decision making they are still relatively positive about the public partner’s involvement.

“I don’t believe the actual decisions of the Committee would have been different in the absence of a public partner. However, having a member of the public at the table helps to keep the discussion focused on the needs of the patient. It is useful to have someone who can continue to remind the professionals of why they are there and that it is the patient who is most important. We would not have made different decisions if we had no lay representation, but the public partner can help to make the process more efficient by helping to home in on the issues that are more important for the patient and thus help us come to a decision quicker.”

**NHS Lanarkshire**

#### **4.6 Challenges and lessons learned with involving public partners**

There were a number of themes which were highlighted by Area Drug and Therapeutics Committees as being challenging and some lessons learned were identified. These include:

- recruitment
- support for public partners
- consistency across Area Drug and Therapeutics Committees
- technical systems, process and terminology
- confidentiality
- personal agendas, and
- impact of health on attendance and participation.

These themes are considered in more detail below.

## Recruitment

Difficulty with recruiting public partners was raised as an issue by some of the Committees and was a particular issue in smaller NHS Boards. Some Committees suggested linking with patient/public networks such as Medicines Forums, Public Partnership Forums or Managed Clinical Networks as well as NHS Board Public Involvement Teams to recruit and support public partners. Another suggestion was to screen prospective public partners to ensure the right person for the role is selected. One Committee suggested putting the work in at the beginning can pay dividends later. For example, NHS Highland established a public event to raise awareness of medicines governance 10 years ago and there is still a level of interest from the public about involvement with the Committee.

## Support for public partners

As above, under 'Recruitment', options for support to Committees with public partner involvement included linking with patient/public forums and acquiring support from the NHS Board Public Involvement Team. Other options proposed were:

- creating a peer support/buddying system with other public partners, and
- providing opportunities for networking.

## Consistency

One theme which came through strongly was the need for more consistency across all 14 Committees.

“Be ready and willing to share resources across different NHS Boards – no need to reinvent the wheel.”

**NHS Highland**

Suggestions along this theme included:

- create a portal or forum for sharing information and asking questions of colleagues in other NHS Boards
- open networking events, and
- share resources across NHS Board areas, for example a central guide to public involvement for Committees.

## Technical systems, processes and terminology

Public partners bring a non-NHS perspective which should be considered alongside the more specific NHS perspectives of clinicians and managers. However, Area Drug and Therapeutics Committees are geared towards healthcare professionals rather than members of the public. Technical systems and processes, terminology and acronyms can be confusing for public partners and these were raised specifically as

a challenge to involving public partners in the work of Area Drug and Therapeutic Committees.

“The Area Drug and Therapeutics Committee is very much geared towards professionals, not the public. The language is not very accessible, with a lot of acronyms and technical jargon which can mean that public partners find it difficult to fully engage in clinical discussions.”

**NHS Grampian**

It can, therefore, be difficult for public partners to input effectively to the discussion. To overcome this, some Committees involve public partners by:

- encouraging, prompting or offering them an opportunity to contribute to the discussion
- avoiding long agendas
- attempting to keep proceedings simple and light-hearted
- considering the public partners’ strengths, level of confidence, knowledge and ability to process the detailed information to ensure they are involved meaningfully and effectively, and
- welcoming written comments from their public partners in advance of the meetings.

### Confidentiality

One Area Drug and Therapeutics Committee suggested that healthcare professionals may be guarded in what they discuss in front of public partners. One Committee, in a remote and rural NHS Board, raised a specific concern about specific clinicians and patients potentially being identified during Committee discussions.

### Personal agendas

One Committee highlighted that some public partners are involved in their work due to personal interest following a diagnosis. In addition, three Committees highlighted that public partners may cite personal issues rather than considering the impact on wider public population. In these Committees the Chair attempts to manage any personal agendas of the public partner by carefully balancing their personal experiences with their objective, representative views.

### Impact of health on attendance and participation

Some Committees highlighted that the health of public partners can have an impact on their attendance and participation. Committees should, therefore, be mindful of public partners’ health needs when considering the demands of public partner involvement in the work, particularly as they are volunteers. In addition, preparation for meetings is needed, there is a large volume of papers and meetings can be lengthy. The length of the commitment should also be handled sensitively,

particularly for public partners who have a life limiting illness but who have a personal interest based on a diagnosis and wish to offer something back to the NHS.

## **5 Conclusions**

The majority (12 out of 14) of Area Drug and Therapeutics Committees have some form of public involvement either on their main Committee or subcommittees with most having public involvement in both main and subcommittees.

While approaches to public involvement in Committees varied, feedback from most Committees stated that the public involvement was a good experience with clear benefits and positive impact.

Public partners are supported in a variety of different ways by their Area Drug and Therapeutics Committees. Examples of support included induction and training, inviting written comments before meetings, providing an opportunity to speak at meetings and arranging pre-meetings for public partners.

Ten Area Drug and Therapeutics Committees responded that having public involvement on the Committee has had a positive impact or had changed decision making to some extent.

Key benefits to the Committees from public partner involvement include:

- inclusion of a patient/public perspective rather than a solely clinical one
- improved public information and communications, and
- the potential to support community engagement activity.

From the perspectives of the healthcare professionals who took part in the interviews, public involvement on Committees is not without its challenges. Specific challenges include providing support to public partners around complex medicines issues, language and acronyms and some Committees struggle with recruiting public partners.

Areas for development to support Committees with public involvement include a more consistent approach to public involvement. This could involve information, resources and networking to share learning.

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