## Contents

1. Forward by Helen McFarlane, NHS Education for Scotland ........................................... 4  
2. Executive summary ........................................................................................................ 5  
3. Background and policy context ....................................................................................... 6  
4. Introduction to the Project – Making Communication Even Better ............................. 8  
   Year One (2011/12) ......................................................................................................... 8  
   Year Two (2012/13) ........................................................................................................ 8  
   Year Three (2013/14) ..................................................................................................... 9  
5. Methodology ................................................................................................................... 10  
   Project Aim .................................................................................................................... 10  
   Project Outcomes ......................................................................................................... 10  
   Project Plan .................................................................................................................. 10  
   Recruitment Plan .......................................................................................................... 10  
   Participants ..................................................................................................................... 11  
   Marketing Plan .............................................................................................................. 12  
   Identification of health service areas ............................................................................ 12  
   Design of telephone interactions .................................................................................. 12  
   Design of face to face interactions .............................................................................. 13  
   Personal Stories ............................................................................................................ 14  
   Training Day .................................................................................................................. 14  
6. Marketing Results .......................................................................................................... 15  
7. Results of Telephone Mystery Shopping ...................................................................... 17  
   The process of getting through ...................................................................................... 17  
   Listening skills .............................................................................................................. 18  
   Comprehension ............................................................................................................ 18  
   Respect and dignity ........................................................................................................ 19  
   Response to Communication Support Needs .................................................................. 20  
   Positive feedback .......................................................................................................... 22  
   Negative feedback ........................................................................................................ 23  
   Overall experience ....................................................................................................... 23  
   Willingness to re-engage with the service ...................................................................... 24  
8. Results of Face to Face Mystery Shopping .................................................................. 25  
   Feeling at ease .............................................................................................................. 25  
   Listening skills .............................................................................................................. 25  
   Comprehension ............................................................................................................. 26  
   Respect and dignity ....................................................................................................... 27  
   Response to Communication Support Needs ............................................................... 27  
   Feedback ....................................................................................................................... 29  
   Overall experience ....................................................................................................... 30  
   Willingness to visit the service again ............................................................................ 30
Physical access........................................................................................................................................31
9. Personal Stories.....................................................................................................................................32
   Gentleman who has had a stroke talks about a visit to his GP.........................................................32
   Gentleman with aphasia talks about GP visits prior to his stroke ......................................................33
   Gentleman with aphasia talks about a visit to A&E after his stroke...................................................34
   Gentleman with cerebral palsy talks about a dental appointment.....................................................35
   Lady with an acquired neurological condition discusses the arrangements for an outpatient appointment..................................................................................................................................................36
   Gentleman with a head Injury attends an outpatient appointment in hospital.................................37
   Gentleman with a mild speech impairment discusses a hospital admission after an accident........38
   Lady with cerebral palsy who uses a high tech AAC device discusses a planned hospital admission.........................................................................................................................................................39
   Lady with a significant speech impairment discusses visiting her GP ............................................40
   Gentleman with learning difficulties and difficulty expressing himself talks about a day admission...............................................................41
10. Evaluation of methodology.............................................................................................................42
    Subjectivity .........................................................................................................................................42
    Bias towards positive ..........................................................................................................................42
    Timescale ..........................................................................................................................................42
11. Analysis of Results............................................................................................................................43
    Overall combined results ....................................................................................................................43
    Willingness to revisit ..........................................................................................................................43
    Telephone interactions ......................................................................................................................44
    Face to face interactions ....................................................................................................................47
    Personal stories .................................................................................................................................48
12. Conclusion..........................................................................................................................................49
13. End note from Helen McFarlane, NES .............................................................................................51
   NHS Education for Scotland’s response to the report and its conclusions ........................................51
7. Five top tips for front line staff ..........................................................................................................53
Appendix A: The MCEB Vision Statements............................................................................................54
Appendix B: Telephone Tasks Feedback Form.....................................................................................56
Appendix C: Face to Face Tasks Feedback Form................................................................................58
Appendix D: Talking Mat symbols used for personal stories...............................................................60
Appendix E: Training Day Agenda .....................................................................................................61
Appendix F: Results data tables...........................................................................................................62
   Telephone interactions ......................................................................................................................62
   Face to face interactions ....................................................................................................................62
Appendix G: Five top tips for front line staff.......................................................................................63

The Symbols used in the body and appendices of this report are designed and © to Adam Murphy and assigned to Talking Mats Ltd. in perpetuity. They may not be reproduced without permission.
1. Forward by Helen McFarlane, NHS Education for Scotland

Good communication is at the heart of good health and social care. Communication is two-way and involves both talking and listening. Health and social care staff need to be able to explain, advise and respond to questions in a reassuring way that is easy to understand. Confidently using pictures, images and other simple aids to make sure their communication is as best it can be. It is just as important to be able to listen closely to everyone who uses our health and social care services. I know there are many opportunities to learn about how to improve communication skills, however, poor communication is still cited far too frequently in any investigation into poor health or social care and features as an aspect of nearly all complaints made to service providers. The “Making Communication Even Better” learning resource has brought something new to the arena of communication learning opportunities. People who themselves experience communication support needs caused by a wide range of impairments, illness or disability have come together supported by third sector partners from Communication Forum Scotland to share their experiences as a learning aid. A small misunderstanding when there is no communication support need can be put right very quickly and no harm done, but when someone has a significant communication support need a simple misunderstanding may become the start of a major health safety risk. If we can get our communication right for people with communication support needs, everyone will benefit.

NHS Education for Scotland has funded Communication Forum Scotland member organisations Talking Mats, Capability Scotland and more recently the Stroke Association to work together. The work over the last few years has included involving people who use health and social care services and finding meaningful ways to include people in learning and education activities such as:

- Developing the learning resource
- Preparing the resource for the NES website
- Supporting awareness raising and publicity activities
- And most recently evaluating the impact of the resource

As AHP Programme Director in NES, I have been really pleased to work with Communication Forum Scotland and their members over the past few years. Their creative ideas extended to using the “mystery shopper” approach to consider the communication experience in a range of settings- dentist, GP/Health Centre, hospital, pharmacy and stroke units and in different communication situations eg face to face or over the phone. These mystery shopping activities form the basis of this report and show we still have a way to go. Pleasingly 5 out of 6 visits are described as a positive communication experience, however, just how effective would healthcare be if all people ie 6 out of 6 could have their diagnosis and interventions described clearly and in a way that meets their understanding needs? And how much safer would it be? And if everyone felt truly listened to – not hung up on which happened in 1 of 6 telephone calls made in this report- we would genuinely have taken a massive step forward in our ambition to be a person centred health and social care service.

I commend this report to you and strongly recommend you use the Making Communication Even Better learning resource. The views expressed in the report are those of the project team and reflect the views and lived experience of people with communication support needs. I have provided a NES response to the issues raised and conclusions reached and look forward to continuing to work towards a more communication inclusive Scotland.
2. Executive summary

- This is the report of an NHS Education for Scotland (NES) funded project that examined the experience of people with communication support needs (CSN) when accessing health services in Scotland through the use of mystery shopping and personal stories. The project was undertaken by Talking Mats Ltd and the Stroke Association and builds on two years of NES-funded work looking at improving the inclusive communication practice of health staff. This included the production of an online resource called ‘Making Communication Even Better’.¹

- NES and the project team together promoted the project and encouraged health staff to look at the Making Communication Even Better resource. A number of health services responded with concern to the prospect of mystery shopping, which suggests that mystery shopping is an effective way of catching peoples’ attention.

- The project involved three elements – face to face interactions, telephone interactions and the capturing of peoples’ real-life experiences through Talking Mats.

- A total of 17 people with communication support needs took part in the project, some with hidden and some with visible impairments, some with acquired and some with congenital conditions. All participants experience communication barriers in telephone and/or face to face interations.

- Five health services were included in the project – dentists, hospital receptions and stroke units, pharmacists and GPs/health centres.

- The findings show that the standard of service received by people with communication support needs from health services in Scotland is a lottery. The lottery is not a postcode lottery – positive and negative experiences were found across all health boards. The deciding factor in the lottery is the individual member of staff the mystery shopper interacts with and how skilled they are in making communication even better.

- If you have a communication disability your contact with health staff is a lottery
  - Overall you have a three in four chance of having a good interaction
    - Two in three when telephoning the service (with a further one in six chance of being hung up on)
    - Five in six when visiting in person.

- This report showcases members of staff who coped well when interacting with people with CSN and treated people with dignity and respect. However, communication is a core skill in the health service and it is wrong that there are any staff in the health service today who are severely lacking in skills, respect and empathy when it comes to CSN.

¹ http://www.nes.scot.nhs.uk/making-communication-even-better/
The project team have drawn out service recommendations and best practice guidance for staff to improve communication for all users of health services and especially those with CSN.

3. Background and policy context

This project focused on documenting the experience of people with communication support needs (CSN) when accessing health services in Scotland. CSN arise from a variety of causes including stroke, learning disability, laryngectomy, dementia and cerebral palsy. The Scottish Government report *Communication Support Needs: A Review of the Literature*² published in 2007 defines CSN as:

“People with communication support needs have difficulties associated with one or more aspects of communication. *Communication* refers to all aspects of interpersonal communication. More specifically… it refers to the way in which individuals function in the public domain and interact with people that are in a position to affect their everyday lives.”

The Scottish Government report estimated that between 1% and 2% of the population has “marked communication needs such that they would find it difficult to communicate their needs effectively without help”. Using a midpoint of 1.5% this suggests that there are potentially 75,000 individuals in Scotland with marked CSN.

NHS Scotland has determined that patient rights and a person centred focus for healthcare are priorities for the Scottish health service. *The Healthcare Quality Strategy for NHS Scotland*³ aims to deliver the highest quality healthcare and ensure that the NHS, Local Authorities and the Third Sector work together, and with patients, carers and the public, towards a shared goal of world-leading healthcare. The three quality ambitions are ‘safe’, person centred’ and effective. *The Patient Rights (Scotland) Act 2011*⁴ aims to improve patients’ experience of using health services and to support people to become more involved in their health care.

The NHS Health Scotland strategy *A Fairer Healthier Scotland*⁵ recognises the importance of sustained efforts across the public and third sector to tackle Scotland’s persistent health inequalities. The strategy recognises the need for greater NHS workforce capacity and the development of new skills and abilities to improve health outcomes, including for those most disadvantaged.

Effective communication skills are key for these policy ambitions to be realised in practice. Healthcare staff need to have not only excellent clinical expertise and a caring and compassionate approach, they also must be able to communicate at the right level, pace and manner that ensures the healthcare they provide is understood by patients and that patients are empowered to communicate any needs, concerns or questions with their healthcare team. Whilst this is true for all patients and their families, the need for healthcare staff to be skilled communicators is particularly important for people who have CSN. This is easy to say but much harder to implement.

---

⁴ [http://www.scotland.gov.uk/Topics/Health/Policy/Patients-Rights](http://www.scotland.gov.uk/Topics/Health/Policy/Patients-Rights)
The need to ensure that there is a real and sustained emphasis on improving communication skills has been recognised by the NHS Education for Scotland Allied Health Profession (AHP) Education Strategy 2011-14: The Next Chapter.\(^6\) This strategy has four themes, the second of which is ‘Make communication even better’. This objective was defined as ‘to work with service users and carers to develop education that supports the principles of inclusive communication and helps the AHP workforce to build on their communication and interpersonal skills.’

The Francis Report\(^7\) of the Mid Staffordshire Foundation Trust enquiry highlights the importance of a listening culture to move health services forward, improve the patient experience and making it person centred. It called for more imaginative and engaging ways of hearing patient feedback that do not primarily rely on a complaints procedure. Francis himself said:

“The experience of listening to so many accounts of bad care, denial of dignity and suffering made an impact of an entirely different order to that made by reviewing written accounts”.

The skills of listening and being person centred in approach present staff with greater challenge if they are working with people who have CSN. There have been several initiatives in Scotland to try to promote ways of increasing communication and engagement and ensure that are all can access services and have their voice heard, including:

- **The Right to speak**\(^8\) focuses on improving and enhancing support to people who use alternative and augmentative communication.

- **The Talk for Scotland Toolkit**\(^9\) was produced by Communication Forum Scotland (CFS)\(^10\) as a result of their Scottish Government funded Civic Participation network Project.

- **The Principles of Inclusive Communication – An information and self assessment tool for public authorities** was produced by a working group including people with CSN on behalf of the Scottish Government.

- **The Joe Report: Making Scotland an inclusive nation for him and everyone else**\(^11\) is the report of the inclusive Communication in Scotland (ICiS) project which took forward the work of making inclusive communication part of everyday practice for Scotland’s services in partnership with Improvement Service. This framework has ten indicators for services to measure their progress in meeting the principles of inclusive communication. The Joe Report states that if services are not inclusive then peoples’ needs are not met, they do not access services such as healthcare and if they do they do not engage with them effectively. They go onto say making services inclusive in terms of communication improves the service for all. It can be seen as a litmus test of good practice and will address wider needs than those with recognised CSN.

\(^6\) http://www.nes.scot.nhs.uk/media/5446/AHP-Strategy-The-Next-Chapter.pdf  
\(^8\) http://www.scotland.gov.uk/Resource/0039/00394629.pdf  
\(^10\) http://www.communicationforumscotland.org.uk/  
4. Introduction to the Project – Making Communication Even Better

NHS Education for Scotland contacted Communication Forum Scotland (CFS)\(^\text{12}\) in 2011 with a funding offer focussing on the second theme in the NES AHP Education Strategy; ‘Make communication even better’. Talking Mats Ltd and Capability Scotland, two CFS members, were successful in their bid for this funding. This resulted in two years of partnership work between Talking Mats Ltd and Capability Scotland.

**Year One (2011/12)**

The first year involved a diverse group of people with CSN identifying ten vision statements for good practice and improvement in inclusive communication in the delivery of services for people with CSN (see Appendix A).

This resulted in the development of a free online resource to help NHS staff understand the requirements of people with communication support needs in accessing NHS services. This resulted in the development of the online resource ‘Making Communication Even Better (MCEB).’\(^\text{13}\)

**Year Two (2012/13)**

The second year involved marketing the resource.

A postcard was produced (see right) in order to promote the resource and it was decided to launch the resource at the Allied Health Professions Conference, ‘AHPs as Agents of Change in Health and Social Care’ in Edinburgh on 5\(^{\text{th}}\) September 2012.

Press releases were sent out by the partner organisations, which included the following quote from Michael Matheson, Minister for Public Health, who launched the resource at the conference:

"This online learning resource focuses on improving the quality of healthcare by concentrating on the communication skills of health staff. It will support Allied Health Professionals and other professions in developing advanced communication skills - which can only benefit the people they care for."

\(^{12}\) [www.communicationforumscotland.org.uk/](http://www.communicationforumscotland.org.uk/)

\(^{13}\) [http://www.nes.scot.nhs.uk/making-communication-even-better/](http://www.nes.scot.nhs.uk/making-communication-even-better/)
Following the launch there was a concerted marketing campaign using the different AHP professional networks and relevant initiatives such as Flying Start, Effective Practitioner and Little Things Make a Big Difference. Relevant conferences were used to promote the resource, including Communication Matters 2012, alongside a social media campaign. The feedback from practitioners who accessed and used the web resource was overwhelmingly positive. These quotes are indicative of the impact of the resource:

- “I intend to listen more effectively to patients sometimes a simple solution is all that is needed to help communication and by trying out new ideas we will eventually find a solution.”
- “Think it gave food for thought, particularly for GPs.”
- “The web links were very good they provided a vast amount of information that really helped to convey the importance of communication.”
- “Listening to the videos and reading the quotes in the previous section made me realise that although I thought I understood that people with learning difficulties needed time to respond, however, I did not fully realise how frustrating and patronising it is when people try to find the words for you. It must be even more frustrating when the people you meet do not speak directly to you, but communicate to the person accompanying you.”

Feedback was also received that many NHS health board IT systems did not allow access to the films in the resource and therefore a hard copy version with DVD was produced (see left).

The website was also redesigned around the interactive workbook.

Year Two also saw the original group of people with CSN scoping out the next steps for the making Communication Even Better project. The group was keen that a creative and innovative way was found to promote the web resource. They were aware that health service staff are busy people and getting them to take the time to really use and explore the resource and reflect on practice from the perspective of how they can support people with CSN would be an on-going challenge.

This was reported on in March 2013 and included a recommendation from the participants that NES consider mystery shopping as a way to engage staff with the resource and also evaluate the success of the resource as an improvement tool.

**Year Three (2013/14)**

NES agreed to fund the mystery shopping approach in November 2013 and the project commenced but this time the partnership was between Talking Mats Limited and the Stroke Association, also a member of CFS. This report details the results of year three of the project.
5. Methodology

Project Aim
To use the experience of people with communication support needs accessing NHS services to inform service delivery and improvement initiatives and continue to promote the Making Communication Even Better resource.

Project Outcomes
- People with CSN are involved in service improvement.
- NHS staff consider their practice and access the Making Communication Even Better resource to reflect on and improve practice.
- NES obtains input from people with CSN about their experiences accessing NHS services.
- The lived experience of people with CSN is used to develop patient services.

Project Plan
1. Recruitment of one of the original participants in the MCEB project as Project Officer to support the operational planning and delivery of the project.

2. Development of a recruitment plan and a timetable for training the participants.

3. Development of a marketing strategy for promoting the MCEB resource through highlighting the mystery shopping project to NHS staff.

4. Identification of areas of the health service in which to target.

5. Design of the mystery shopping tasks and the accessible report format.

6. Trialling of the tasks and reporting format by the Project Officer.

7. Training day for mystery shoppers and commencement of the mystery shopping itself.

8. Development of a bespoke database to capture the results of the mystery shopping.

9. Scheduling of Talking Mats sessions to capture personal stories.

10. Regular communication with the mystery shoppers to encourage them to undertake visits and/or telephone calls.

11. Analysis of the results and drafting of the report.

Recruitment Plan
The project team developed a person specification for the role of mystery shopper, the key elements of which were that the person must:
- Be a disabled person
- Experience communication barriers in telephone and/or face to face interactions
- Be able to effectively report back on their experience.
The aim was to recruit around 20 mystery shoppers, with equal distribution across the following groups:

- People who use Alternative and Augmentative Communication (AAC) in order to reflect the composition of the original MCEB project group
- People who have had a stroke as a result of the Stroke Association’s involvement
- People with other long term conditions, including people with learning disabilities.

Specific individuals were then invited to take part who met the person specification and reflected the categories identified above, including:

- Members of the original MCEB group
- People First service users
- Capability Scotland service users

**Participants**

A total of 17 people with communication support needs took part in the project, some with hidden and some with visible impairments, some with acquired and some with congenital conditions, including:

- Nine members of the original MCEB group (including people who have had a stroke, people with cerebral palsy, people who use AAC and people with an acquired neurological condition)
- Two people who have aphasia post-stroke
- Three People First stakeholders
- Capability Scotland service users

Very sadly, one of the original MCEB participants died in December 2013 and is greatly missed by all those who knew him.

The project team would like to thank People First and Capability Scotland for their support of the project.

Participation in the project varied between full participation and participating only in certain aspects as shown below.
Marketing Plan
A crucial early phase of the project involved raising awareness throughout the NHS that the mystery shopping was going to take place and thereby also marketing the MCEB resource. This included:
- Writing an article for the pharmacy newsletter in December 2013
- Emailing all contacts in the NHS directory in January 2014
- Emailing all Stroke Managed Clinical Networks in January 2014
- Creating a flyer about mystery shopping to accompany the MCEB postcard and distributing these to all GP surgeries through the ‘blackbagging’ system in early 2014
- Continued promotion of the MCEB resource through social media.

Identification of health service areas
A number of factors were taken into consideration while deciding which areas of the health service to include in the project, including:
- The ability for volunteers to engage with the service without divulging personal information or booking an appointment
- The availability of contact information for the services (using ‘Find your local services’¹⁴ on the NHS 24 website)
- The universality of the service to a wide population (as opposed to a highly specialised service).

Five health service areas were chosen:
1. Dentist
2. Hospital reception
3. Stroke unit
4. Pharmacy
5. GP/Health Centre

Design of telephone interactions
The specific telephone interactions set out below were developed for dental practices, hospitals and GP practices/health centres:
- Dentist: “What services do you provide on the NHS?”
- Hospital: “What are the ward visiting times?”, “How close is the accessible parking from the main entrance?” and/or “Is there a charge for parking?”
- GP Practice/Health centre: “How do I register with you?” and/or “Do you have the registration form in large print?”

The project officer identified the name and telephone numbers over 200 dentists, hospitals and GP practices within the NHS Scotland area, ensuring an equal split between health boards.

Participants were free to choose which types of service that they would feel comfortable contacting. For example, one participant who had aphasia decided he did not want to telephone hospitals as the answers to the questions involved numbers, which he finds difficult to process. He therefore said that it was not realistic because he would not phone to find out information that involves numbers.

¹⁴ http://www.nhs24.com/FindLocal
Participants were asked to carry out the tasks in the same way that they would normally do if they were contacting their own local NHS service.

Participants using AAC devices were asked to specify their use of AAC at the beginning of the telephone call so that it was clear to the listener that they were using a speech output machine. They were also asked to use auditory feedback on their machine so that the device beeps while the person is typing so that the listener knows that the telephone call is still active.

In order to negate any telephone charges/other costs involved in undertaking these tasks, participants could claim £1 per call to cover their costs.

After each telephone call, the participant was asked to complete a feedback form to capture their experience. The feedback form for the telephone interactions was based on the Visual Care Measure\(^\text{15}\), which was further adapted in order to be relevant for telephone enquiries.

The feedback form (see Appendix B) mainly evaluated the interaction between the participant and the NHS member of staff. A question was also included about the process of getting through as a result of people with aphasia telling us that they found automated systems a barrier when accessing NHS services and people with physical impairments telling us that it could be difficult for them to press numbers on their telephone.

**Design of face to face interactions**
The specific face to face interactions set out below were developed for hospital receptions, stroke units, pharmacies and GP practices/health centres:

- Hospital Reception: “Could you give me directions to the stroke unit?”
- Hospital Stroke Unit: “Can I have some information about exercise post stroke?”
- Pharmacy: “Please can I have an antibiotic?”
- GP practice/Health centre: “Can I have some information about smoking cessation?”

For each participant who expressed an interest in taking part in the face to face tasks, five specific health services were identified for them to visit. The tasks were managed so that individuals did not visit their own GP practice, local pharmacy, local hospital or stroke unit.

After each visit, the participant was asked to complete a feedback form to capture their experience. The feedback form for face to face interactions was similarly based on the Adapted Care Measure (see Appendix C).

---

\(^{15}\) Murphy, J., Mercer, S.W., Duncan, E.A.S, (2013) A pilot study to explore the feasibility, validity and reliability of a visual version of the CARE Measure. International Journal of Therapy and Rehabilitation. 20(9,) 460-465
Personal Stories
In order to capture peoples' experience of actual health interactions the project team offered participants the opportunity to tell a personal story through the use of Talking Mats. Talking Mats is an evidence based communication framework and research has shown that it improves both the quality and quantity of information in people with dementia\textsuperscript{16}, learning disability\textsuperscript{17} and stroke\textsuperscript{18}. Talking Mats is an interactive resource that uses three sets of picture communication symbols – topics, options and a visual scale – and provides a space on which to display them. For this project:

- The topic was health interactions.
- The options were drawn from the ten vision statements of the MCEB resource (Appendix A and D) with the exception of ‘Patient Feedback’ as this had been the topic of a NES-funded project undertaken by Talking Mats Ltd and Capability Scotland in 2012/13.
- The visual scale was ‘positive about’ – ‘unsure about’ – ‘negative about’.

Use of this framework had the additional advantage of keeping the focus of discussion on the communicative interaction of health visits, and away from personal medical information.

Training Day
A requirement of being a mystery shopper was attendance at the training day in January (see Appendix E for the agenda).

The training session was designed using inclusive communication principles and included:

- An explanation of what was involved in undertaking each part of the project:
  - Telephone tasks
  - Face to face tasks
  - Personal stories.
- A demonstration of the tasks through role play and opportunity for the participants to practice using the rating scale
- A discussion about the feedback required on the forms
- Reasonable adjustments required to participate
- A question and answer session
- Reimbursement of expense process.

At each stage of the training session the project team stressed that volunteers could pick which parts of the project that they wanted to be involved with. As a result of this flexible approach all volunteers at the day agreed to take part in one or more aspects of the project.

\textsuperscript{17} Murphy J and Cameron L (2008)The Effectiveness of Talking Mats for People with Intellectual Disability British Journal of Learning Disability 36: 232-241
\textsuperscript{18} Murphy J (2005) Enabling people with Aphasia to discuss quality of life. Stroke: therapy and rehabilitation: Quay Books
### 6. Marketing Results

A significant amount of feedback was received by both the project team and the AHP Programme Director at NES.

Some of the comments consisted of positive feedback about the resource:

- "I just wanted to feedback that I found the resource on ‘Making Communication Even Better’ excellent. I just completed the workbook and will definitely look to improve my practice in supporting people with communication support needs."

- ‘I feel that everyone involved should be congratulated on such a valuable piece of work.'

However using the term ‘mystery shopping’ in our marketing caused some degree of anxiety and concern within the health service. A common response was:

- An initial feeling of concern and in some cases fear expressed to NES. For example several people used the phrase “We might be found out” and others requested that their area was excluded from the project.
- NES explaining the reasoning behind the project and directing people to the MCEB resource.
- The member of staff reporting back to NES after looking at the resource that they now understood the reasoning behind the project and its importance.

It would seem that using the term ‘mystery shopping’ has generated far more interest in the resource than the more traditional forms of outbound marketing achieved in 2012/13. This is reflected in the Google analytics for the web resource. During the period January 20\textsuperscript{th} to February 18\textsuperscript{th} 2013 the resource received 240 page views. In the same period in 2014 the resource received 3,700 page views – a massive increase of 1,452\%. In addition, the average time spent on the site has trebled, indicating that visitors are taking the time to explore the resource properly. During the course of the project we became aware that the technique of mystery shopping with people with communication disability was also being used successfully in the communication access project Victoria Australia\textsuperscript{19}.

In addition, the project team received many emails from NHS staff, some of which raised concerns about mystery shopping and the timescales for the project not allowing us to create maximum impact.

- “Your mystery shopper activities have certainly caught the attention of high up individuals here – it would have been fantastic to have been informed of this project via NES as it would have given added impetus to my requests for staff across our organisation to be released to receive training around very broad ‘what is AAC?’.”

It is of interest to note that this comment was from an individual who had been sent hard copies of the resource and postcards as part of their lead role with CSN but had not registered the significance of the resource until involved via the mystery shopping.

---

\textsuperscript{19} Solarich B and Johnson H, Communication Access in Australia 2014 International Society for Alternative and Augmentative Communication Conference proceedings
Demonstrating awareness raising by sending the postcard flyer was not as effective in drawing attention to the resource as email to senior staff informing them about mystery shopping.

There was on-going frustration about NHS staffs’ inability to access and download material from the NES website. This was raised with NES in the earlier projects and a hard copy resource was produced but because of the demand this required a reprint.
7. Results of Telephone Mystery Shopping

All health board areas underwent telephone mystery shopping with 106 telephone calls made by the participants.

The process of getting through

The first quantitative question on the feedback form was ‘How was the process of getting through?’

82% of the responses to this question classified the process of getting through as good, very good or excellent.

- “Got straight through.”

18% of the responses to this question classified the process of getting through as poor or fair.

- “Waited to be put through. Once my call was answered person hung up.”
- “Automatic switchboard but if you held on you eventually got through to a human being.”
- “It would have been helpful if the electronic voice at the start said "If you are unable to select an option please stay on the line and you will be connected to reception.”

This question was left unanswered on 6 of the 106 forms returned.
**Listening skills**
Participants were asked ‘How was the staff member at listening and paying close attention to what you were saying?’

68% of the responses to this question classified the staff member as good, very good or excellent at listening and paying close attention.

- “Answered all my questions. Listened attentively.”
- “Receptionist was a bit impatient to start with but then actively listened.”
- “The lady was very attentive, actively listened and answered all my questions.”

32% of the responses to this question classified the staff member as poor or fair at listening and paying close attention.

- “The woman said ‘Hello, how can I help you?’ and I said, ‘Hello, how do I register with you?’ She replied, ‘Sorry, what did you say?’ I repeated myself and she said ‘Sorry, who’s calling?’ I said ‘My name is [my name], how do I register with you?’ She said ‘This is a doctor’s surgery.’ I replied ‘Yes, how do I register?’ She replied ‘What?’ and then hung up.”

This question was left unanswered on 9 of the 106 forms returned.

---

**Comprehension**
Participants were asked ‘To what extent do you think the staff member fully understood what you were asking?’

67% of the responses to this question classified the extent to which the staff member fully understood what they were asking as good, very good or excellent.

- “[Name] said sorry once but got the rest of what I was asking. Answered my questions.”
• “[Name] took a bit of time. She asked me to repeat twice I rephrased and she asked me to repeat again.”

33% of the responses to this question classified the extent to which the staff member fully understood what they were asking as poor or fair.

• “Polite receptionist answered my first question but then when I started to ask the second one, they hung up on me.”

• “Had to clarify the first question but didn't really listen to the second one.”

• “Receptionist answered my first question OK, but when it came to the second one, she answered a completely different question to what I asked and didn't give me a chance to correct her.”

This question was left unanswered on 10 of the 106 forms returned.

Respect and dignity
Participants were asked ‘To what extent did the staff member treat you well (with respect and dignity)’?

75% of the responses to this question classified the extent to which the staff member treated them well (with respect and dignity) as good, very good or excellent.

• “Receptionist couldn't understand me to begin with but kept asking me to repeat myself but couldn't be more helpful when she did understand me. She understood my second question straight away. She was very patient.”

• “Lady very good. Listened to me but couldn’t make out my second question. I thanked her and told her I would get my carer to phone. Nice conversation. I felt good after coming off the phone.”
• “I felt valued when receptionist asked me to repeat myself when she couldn’t hear me. Most people just hang up.”

• “After I thanked her she waited for me to say goodbye before hanging up. I felt respected and was treated as an equal.”

25% of the responses to this question classified the extent to which the staff member treated them well (with respect and dignity) as poor or fair.

• “Didn’t really understand what I was saying, I felt she was quite patronising to me in the way she spoke to me.”

• “Could have taken longer to listen to what I was asking. Not got frustrated and interrupted me.”

• “Not very friendly. Need to give me a chance to finish what I was trying to say. Never just hang up on someone, there is no need for it!”

This question was left unanswered on 10 of the 106 forms returned.

Response to Communication Support Needs
Participants were asked ‘How was the staff member at responding to your Communication Support Needs?’

69% of the responses to this question said the staff member was good, very good or excellent at responding to their CSN.

• “I pre-recorded a message explaining I was using an ipad to speak. I asked receptionist is she could hear me and she confirmed. She gave me time to type out my 3 questions and answered them appropriately. I thanked her for her time and she said goodbye.”

• “Lady was great. She listened to me, asked me questions, allowed me time to answer. Although she couldn’t make out what my second question was she was very nice and asked me to say it again. I felt valued and respected.”
31% of the responses to this question said the staff member was poor or fair at responding to their CSN.

- “Used pre-set phrase - Hello, I am using a communication aid. I will need some time to write out my sentences. Please do not hang up on me. They hung up on me.”

- “Hopeless! She was going too fast and did not give me the chance to get my words out.”

- “She didn't listen. Didn't like the tone of voice. Didn't ask me to repeat. Even when I said I was using a talker, no time given.”

This question was left unanswered on 12 of the 106 forms returned.
Positive feedback
Participants were given the opportunity to provide feedback to the NHS following their experience. Here is a selection of the positive feedback.

“It would phone again. She spoke to me as if I was not using an aid. She was very natural and kind.”

“She was attentive and gave me time to speak.”

“Lady who answered was fantastic. She listened and gave enough time, answered my questions and was polite and nice.”

“Lifted my spirits having a full conversation with someone who took the time to listen and wait on me preparing my questions on the iPad.”

“The lady who answered the phone was fantastic. She listened to me. She asked me to repeat myself and took time to listen to me. She did not rush me unlike some of my previous phone calls. I think she has had some sort of training or there are customers who use aids that already use this service. I would like to say thank you for being so nice.”

“Felt really good. Lady listened. Her manner was wonderful. She asked me to repeat myself and took time to listen to me. She did not rush me unlike some of my previous phone calls. I think she has had some sort of training or there are customers who use aids that already use this service. I would like to say thank you for being so nice.”

“Proves that it can be done and staff are good communicators. Would like to thank this lady for being so nice to me.”
**Negative feedback**
Participants were given the opportunity to provide feedback to the NHS following their experience. Here is a selection of the negative feedback.

“It is bad manners when you are trying to talk and not given time to ask your question.”

“The first person to answer phone was very impatient, second person was also impatient and hung up phone before question was properly asked.”

“Could have taken longer to listen to what I was asking. Not got frustrated and interrupted me.”

“I do understand that some people need thinking time but they should be listening in the first place. Came off the phone feeling that I’d annoyed her slightly.”

“I never had time to ask a question, the receptionist hung up the phone after I said hello and explained I was using communication aid. She didn’t ask me to repeat myself before giving up on me. It didn’t make me feel like a valued customer.”

“I found this person very rude. I didn't even finish my sentence before she hung up. She kept interrupting me and wouldn't let me finish. I would not phone or want to use the service.”
Overall experience
Participants were asked ‘How was your overall experience?’

70% of the responses to this question classified their overall experience as good, very good or excellent.

30% of the responses to this question classified their overall experience as poor or fair.

This question was left unanswered on 8 of the 106 forms returned.

Willingness to re-engage with the service
Participants were asked ‘Would you be happy to phone this service again?’

66% of the responses to this question were positive, with people stating that they would be willing to phone the service again. 34% of the responses to this question were negative with people stating that they would not be happy to phone the service again.
8. Results of Face to Face Mystery Shopping

25 face to face mystery shopping encounters took place, across five health board areas. None of the participants who use AAC chose to take part on the face to face exercises.

Feeling at ease
Participants were asked ‘How was the staff member at making you feel at ease?’

82% of the responses to this question classified the staff member as being good, very good or excellent at making them feel at ease.

- “Automatic door, nobody on front desk but a pharmacist addressed me from dispensing area, great eye contact and no problems.”

18% of the responses to this question classified the staff member as being poor or fair at making them feel at ease.

- “Made me feel very uncomfortable and disregarded any patient confidentiality.”

This question was left unanswered on 3 of the 25 forms returned.

Listening skills
Participants were asked ‘How was the staff member at listening and paying close attention to what you were saying?’

87% of the responses to this question classified the staff member as being good, very good or excellent at paying close attention to what they were saying.

- “Pharmacist understood me immediately, told me what I had to do and I went on my way.”

13% of the responses to this question classified the staff member as being fair or poor at paying close attention to what they were saying.

- “Couldn't get attention of receptionist through glass panel, went round corner, uninterested receptionist shouted at me and told me to go to see my GP.”
Comprehension
Participants were asked ‘To what extent do you think the staff member fully understood what you were asking?’

96% of the responses to this question classified the staff member as excellent, very good or good extent had understood what they were saying to an.

- “Very pleasant woman who checked with me that she had understood me and told me that I needed a prescription and then checked that I understood her answer.”

4% of the responses to this question classified the extent to which the staff member had fully understood what they were saying to a fair or poor extent.

- “Got to main entrance, asked the receptionist for exercise post-stroke, she thought I was asking about a patient, and kept asking so I had to correct her (on more than one occasion),

This question was left unanswered on 2 of the 25 forms returned.
Respect and dignity
Participants were asked ‘To what extent did the staff member treat you well (with respect and dignity)?’

74% of the responses to this question classified the extent to which the staff member had treated them with respect and dignity to an excellent, very good or good extent.

- “Excellent Service, extremely polite pharmacist said hello the minute I entered the pharmacy, I was dealt by a different pharmacist who was as good as the other one and kept calling me ‘Sir’”

26% of the responses to this question classified the extent to which the staff member had treated them with respect and dignity as fair or poor.

- “Served me straight away but the minute I asked for the information she came out from behind the desk and broadcast to the whole surgery that I was trying to stop smoking and made a real big issue of it.”

- “Very apologetic woman who I think felt sorry for me. Understood what I said and answered my question ending with ‘awww I'm so sorry’”

This question was left unanswered on 2 of the 25 forms returned.

Response to Communication Support Needs
Participants were asked ‘How was the staff member at responding to your Communication Support Needs?’

62% of the responses to this question classified the staff member as being excellent, very good or good at responding to their CSN.
• “I had a job to explain ‘antibiotics’ because I struggle to remember the word. I explained aphasia. Straight away the woman explained that you must a note/subscription [prescription].”

38% of the responses to this question classified the staff member as being fair or poor at responding to their CSN.

• “In [name of town] health centre, totally accessible, understood what I was saying but finished my sentence”

This question was left unanswered on 12 of the 25 forms returned.
Feedback
Participants were given the opportunity to provide feedback to the NHS following their experience. Here is a selection of the feedback.

“Sit at the lower counter.”

“Let me finish my sentences.”

“Well done.”

“Your counters are too high and signage poor.”

“Get some disability equality training.”

“Stop being patronising.”

“Do you [think they] know about Aphasia?”

“Brilliant!”

“Great service.”

“Needs better signage and don't shout.”

“Thanks for the good service.”

“Gold star.”

“There was no need to raise your voice at the end.”
Overall experience
87% of the responses to this question classified their overall experience as good, very good or excellent.

13% of the responses to this question classified their overall experience as poor or fair.

This question was left unanswered on two of the forms returned.

Willingness to visit the service again
68% of the responses to this question stated a willingness to use the service again and 32% of the responses to this question indicated that they would not be willing to visit the services again.
**Physical access**
The mystery shopping tasks and feedback form focussed on inclusive communication practice and communication barriers. However it is worthy of note that a number of mystery shoppers included comments about physical access barriers in their responses:

- “Too dangerous to enter - two steps and a manual door to manipulate with one inadequate grab rail on landing - could see myself slipping and cracking my head open on concrete step.”
- “Access was no good for the length of [participant’s] chair.”
- “Understood me first time and explained that I had to make an appointment etc. All high counters and a touch screen to check in was at shoulder height.”
- “Need a wider door with an automatic door opener.”

If an individual cannot safely enter the premises then they may either choose not to access the service (which may lead to negative health outcomes) or may be affected physically by the stress and exertion required to enter the premises. This is likely to have an impact on their subsequent interaction with the staff member.
9. Personal Stories

Stories were collected from those in the group who volunteered to participate and covered GP visits, Accident and Emergency, dental appointments, hospital outpatient appointments and planned admissions.

Gentleman who has had a stroke talks about a visit to his GP

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booking appointments</td>
<td>Information</td>
<td>Communication supports and health</td>
</tr>
<tr>
<td>“That’s good, the receptionists are good”.</td>
<td>“A lot of stuff before I had the stroke was good but now it doesn’t tell me anything. Last year I saw they had one publication from the Stroke Association.”</td>
<td>“My own doctor doesn’t want to talk to me he doesn’t want to know what I am capable of.”</td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
<td>Staff attitude</td>
</tr>
<tr>
<td>Signage</td>
<td></td>
<td>“They don’t like me not as a person but because I am a problem.”</td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td>Patient at the centre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The gentleman laughed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication supports and health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>He does not think they adapted anything.</td>
</tr>
</tbody>
</table>

He also generated his own option – ‘Contact’ – and placed this in the negative column. He lives alone and accessing services is a problem. He had recently been phoned by the practice nurse to come in for an injection. Leaving the house to attend the surgery for him is highly problematic and what seems to have happened is that he did not go for his appointment but nor did the practice offer any alternatives like a home visit.

Summary

Overall this was a mat which caused concern and we have sought follow on support to help him address his concerns. It was a difficult for the gentleman to fully expand on his views because of his word finding difficulties but the structured support of a communication framework enabled him to be much more specific.
Gentleman with aphasia talks about GP visits prior to his stroke

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booking appointments</td>
<td>Staff attitude “Depends on the staff there are many.”</td>
<td>Person centred “Not really that’s before my stroke I turn up at the surgery – ‘you need to go to the hospital’. I go to the hospital. It was OK but not person centred.”</td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Gentleman with aphasia talks about a visit to A&E after his stroke

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signage</td>
<td>Time</td>
<td>Physical environment</td>
</tr>
<tr>
<td></td>
<td>“The nurses are fine but the doctors are generally rushing.”</td>
<td>“I had a long time waiting in A &amp; E but then I was at the hospital just switch wards then switch.”</td>
</tr>
<tr>
<td>Staff attitude</td>
<td>“They don’t understand aphasia the nurses and especially the doctors so I don’t know what my problem is. I think they are busy but still.”</td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td>“Nothing then I had reading but short sentences not long ones. I am guessing they don’t have another way of telling me what my problem is.”</td>
<td></td>
</tr>
<tr>
<td>Communication supports and health</td>
<td>“This is me and I am at the hospital waiting for explanation please but no one is taking the trouble to explain, I don’t understand the summary words, for instance they could draw me a picture but they don’t know do that.”</td>
<td></td>
</tr>
<tr>
<td>Patient at the centre</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

He also generated his own option – ‘Through another door’ – and placed this in the positive column. He said:

“Then I am discharged. I am not sure what is the problem then I have an appointment from my surgery and they said again go to hospital, this time not A & E but different ward immediately they understood my problem and how to treat me. I went through a different door and magically I got assessed and got the help I needed’.

Summary
The comparison between the pre-stroke mat and post-stroke mat is stark. However not everything is positive in the pre-stroke mat before he had aphasia. What is striking is the degree of anxiety and stress he was under because of his inability to process and understand what was happening to him. This is likely to have caused his expressive difficulties to worsen. None of what he is suggesting is particularly difficult but it does involve time and thoughtfulness which the second admission provided for him. His concept of going through another door is a powerful one. It represents well that people are at the mercy of the individual interaction skills of health staff and if you go in one way you have a positive experience but choose the other door and you do not.
**Gentleman with cerebral palsy talks about a dental appointment**

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Signage and Physical Environment</td>
<td>Communication supports and health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“They could have been better prepared. They know from my file I have two or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>three jobs but the dental nurse treated me with a patronising attitude.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>She should have been talking directly to me.”</td>
</tr>
<tr>
<td>Booking appointments</td>
<td>Patient at the centre</td>
<td>Staff attitude</td>
</tr>
<tr>
<td>“It was OK because they</td>
<td>“At the time they came out to greet me I</td>
<td>“They were going to sedate me so that meant I could not drive so I had to</td>
</tr>
<tr>
<td>made the appointment then</td>
<td>was not at the centre but once I got</td>
<td>have someone with me. What really got my goat was when we arrived the</td>
</tr>
<tr>
<td>and there when I was at</td>
<td>into the dentist I was not.”</td>
<td>dental nurse said ‘oh it is so good your brother came with you and then</td>
</tr>
<tr>
<td>another appointment –</td>
<td></td>
<td>never talked directly to me. When I got through to the dentist she was</td>
</tr>
<tr>
<td>the only problem is</td>
<td></td>
<td>Ok and then the nurse was OK too. My brother, who is not the most aware</td>
</tr>
<tr>
<td>when I am standing there</td>
<td></td>
<td>of other’s attitudes was annoyed by the way she treated me and said ‘Do</td>
</tr>
<tr>
<td>I can’t see my diary.”</td>
<td></td>
<td>you want me to sort her out?”</td>
</tr>
<tr>
<td>Knowledge of communication supports</td>
<td>“They did not ask me if I used anything that could help. If they had asked</td>
<td>Information</td>
</tr>
<tr>
<td></td>
<td>I would have thought they are on the ball,</td>
<td>“That’s an interesting one – this dentist tells me everything whilst she</td>
</tr>
<tr>
<td></td>
<td>they know what they are talking about.”</td>
<td>is doing it. On the one hand that’s good but when she is in the middle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of drilling it makes me more uptight. I think that’s why she needed to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sedate me because she was giving me too much information. It is good to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>have information but if she had discussed the procedure and the steps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>involved before and then does not tell me all the detail of every stage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maybe I could have managed without sedation - it would have been good to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>discuss that anyway.”</td>
</tr>
</tbody>
</table>

He also generated his own option – ‘Emergency appointment staff ‘– and placed this in the positive column. He said:
“I had to go back on Christmas Eve for emergency treatment and they could not have treated me better.”

Summary
This gentleman was not afforded dignity and respect by the dental nurse at a time when he was going in for a procedure that he was anxious about. He makes some interesting comments about the amount of information that he received from the dentist and it leaves one wondering whether they never properly had that conversation because of the barrier of his CSN. He was certainly left feeling that not being sedated could have been discussed in more detail.

Lady with an acquired neurological condition discusses the arrangements for an outpatient appointment

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booking appointments “My consultant booked it for me but I never went because I could not give them the information they required.”</td>
<td></td>
<td>Information “Can we put that off the scale? They expected me to collect and measure my urine. There is no way I could do that. I might just manage to collect it but to write it down I can’t do or if I did no one could read it. I ask if they could send it to me on my computer but they could not.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff attitude “They told me to get a friend to measure my wee. The woman was very polite as she discussed this with me. I wondered if she would ask her friend to measure her wee.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knowledge of communication supports “I asked her to email me a PDF but she said she couldn’t (so I could manage to circle measurements).”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient at the centre “No I wasn’t.”</td>
</tr>
</tbody>
</table>

Summary
Here is a lady who knows how to manage her support needs, she gives what appears a suggestion that is a reasonable adjustment to the staff member who has contacted her. The staff member is not able to accommodate her and make that adjustment and gives a suggesting that does not protect her privacy and dignity. The result is that she does not attend her appointment and will be marked as having failed to attend.
**Gentleman with a head Injury attends an outpatient appointment in hospital**

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
</table>
| **Signage**
“I actually commented on the signs it was clear.” | **Communication Support**
“I feel like they are trying to understand now not just saying yes yes yes when they have not got a clue.” | Patient at the centre
“They asked me first and then they asked the other person (my carer), it feels like they need to be sure. I get so frustrated with that (raises his fist). I must admit in all these years it is getting better. They are at least talking to me directly first. It’s like the doctor wants to be reassured by the person you are with rather than checking with you. It’s like they don’t believe what you are saying.” |
| **Physical Environment**
“I think they are aware that folk have communication difficulties so a lot of attention is paid to space – it’s not a noisy environment.” | **Staff attitude**
“They paid attention to what I was trying to say to them. They helped me communicate with them.” | **Information**
“It’s left up to the patient to ask it’s a good thing it’s up to me if I get too much information your head gets confused.” |
| **Time**
“Doctor gave me enough time to be understood I feel they have definitely improved.” | | |

**Summary**
For this man there is a definite feeling that the communication is improving but still the frustration that he is not really to be believed. The act of checking with the carers is probably done with the best of intentions by the health staff. They are probably unaware of the impact of this on this person and how frustrated it makes him feel.
Gentleman with a mild speech impairment discusses a hospital admission after an accident

All were placed in the positive column:

Staff attitude
“All the staff know me because I had been there before that makes it easier. I know their names.”

Physical Environment
“I was lucky I could speak.”

Information
“I knew what was happening.”

Time
“They had lots of patience.”

Patient at the centre
“They talked to me not the person who was me even when my words were coming out blue because I was in so much pain.”

Summary
This is a good example of the provision of quality care in a difficult situation.
Lady with cerebral palsy who uses a high tech AAC device discusses a planned hospital admission

The lady had just received a new AAC machine and was still getting accustomed to it at the time of the interview. When she saw that the interview was being conducted using Talking Mats she looked relieved and switched her machine off. Any added comments were through non-verbal information the interviewer checking her meaning.

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff attitude</td>
<td>Signage</td>
<td>Booking appointments</td>
</tr>
<tr>
<td>Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient at the centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication supports and health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of communication tools</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The project team is aware that this lady had previously had a very distressing experience when her AAC machine had been taken from her and locked away when she went into hospital but this time she indicated non verbally that the machine had been with her all the time. She looked very pleased about that.

Summary

Another good example of quality care for an individual with significant communication support needs and she was clearly relieved that her last experience of being unable to communicate because her AAC device was removed from her was not repeated.
Lady with a significant speech impairment discusses visiting her GP

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signage</strong></td>
<td>Patient at the centre</td>
<td>Booking Appointments</td>
</tr>
<tr>
<td></td>
<td>“It depends who you see if it is your own doctor fine but if it is not then they don’t talk to you.”</td>
<td>“If you want to see your own GP you have to book a month in advance.”</td>
</tr>
<tr>
<td><strong>Physical environment</strong></td>
<td>Communication supports and health</td>
<td>Staff attitude</td>
</tr>
<tr>
<td>“It’s a high contour [referring to reception desk]. My wheelchair can go up and down but other peoples’ can’t”</td>
<td>“If there is somebody with me they talk to them but if I am on my own then they manage to talk to me.”</td>
<td>“They [reception staff] talk to anyone else but me.”</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td><strong>Information</strong></td>
<td></td>
</tr>
<tr>
<td>“They don’t get enough time its normal in-appointment – out but it depends who is seeing you.”</td>
<td>“You don’t get any”</td>
<td></td>
</tr>
</tbody>
</table>

**Summary**
This shows that the quality of communication is dependent on the staff delivering the service. The difficulties booking an appointment might relate to all patients in a service but given her dependence on familiar listener she would be likely to get an improved service if it was easier for her to access familiar staff.
Gentleman with learning difficulties and difficulty expressing himself talks about a day admission

<table>
<thead>
<tr>
<th>Positive</th>
<th>Unsure</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical environment</td>
<td>Signage</td>
<td>“Could be clearer.”</td>
</tr>
<tr>
<td>Information</td>
<td>“I like to have information, all the letters. My mum and I had to work out what was in the letters – it’s a puzzle.”</td>
<td>Communication supports and health</td>
</tr>
<tr>
<td>Patient at the centre</td>
<td>Time</td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

Information is important to this gentleman and he finds the letters that are sent about health issues difficult to understand. He is left with the feeling that staff are not listening to him.
10. Evaluation of methodology

Subjectivity
Mystery shopping is by its very nature a subjective evaluation method. Individuals are asked to make a judgement of their experience based on their own perceptions, opinions and expectations.

A quantifiable rating scale based on the Adapted Care Measure was used for the majority of the questions in the feedback form in order to standardise responses as much as possible. However subjectivity remains in judging whether an interaction was poor, fair, good, very good or excellent. This subjectivity has been lessened in impact in the analysis by dividing the points on the scale into ‘positive’ and ‘negative’, thereby analysing the results in more general terms.

Bias towards positive
However, the use of a five point scale resulted in the subsequent division of responses into ‘positive’ and ‘negative’ being skewed towards positive as three categories were classified as positive (‘good’, ‘very good’ and ‘excellent’) but only two as negative (‘poor’ and ‘fair’). Consideration was given to removing the middle point on the scale (‘good’) from analysis and categorising it separately as a neutral choice. However this course of action was not taken because the very definition of ‘good’ is positive and to categorise it as neutral therefore seemed disingenuous. The project team took the decision that if the results were to be skewed in any direction it was preferable that they were skewed to the positive so that good practice could be celebrated.

Timescale
This was a small evaluation, completed in a short timescale with limited resources. The project commenced in November 2013 and the project tasks were to be completed by the end of March 2014. The design and development stage of the project therefore had to be undertaken rapidly and there was a short period of time to recruit and train the mystery shoppers.

With a longer lead-in time the project team would have recruited more mystery shoppers, spent longer training them both for the tasks and to establish greater consensus over using the rating scale. The project team would also have provided more intensive support and follow up in order to support a greater number of mystery shopping interactions to take place. For example, only have a quarter of the number of face to face interactions took place compared to telephone interactions and no AAC users took part in face to face mystery shopping.

Taking part in face to face mystery shopping was quite a challenge and it is possible that with longer to spend preparing the mystery shoppers for the task in hand, more would have been willing to undertake the face to face interactions. One face to face mystery shopper reported:

“It was quite daunting doing the face to face tasks. There was a fear of getting caught out, being asked a question I couldn’t answer or whatever. You never knew what sort of reaction you’d get. To be honest it’s like this wherever I go – you’re not sure how people will react to you as a disabled person – there’s always a sense of uncertainty.”
11. Analysis of Results

Overall combined results
Taking the results of all the quantifiable questions about staff interaction for both the telephone and face to face mystery shopping and removing the nil returns, 28% of the responses fell into the ‘poor’ or ‘fair’ category indicating a negative experience and 72% fell into the ‘good’, ‘very good’ or ‘excellent’ category indicating a positive experience.

The results are therefore highly positive, which suggests that many of the staff members the participants interacted with were skilled in inclusive communication.

Willingness to revisit
The response to the question ‘Would you be happy to phone/visit this service again?’ also showed remarkable consistency across the telephone and face to face visits. Two thirds, 66% of the telephone interactions resulted in the participants being willing to contact them again and one third (34%) preferring not to. The face to face shopping resulted in a slightly higher figure (68%) being willing to revisit and just under a third (32%) preferring not to. This results in an overall figure of 67% and 33% respectively.
Willingness to revisit can be used as an additional indicator as to how positive the experience was for the participant. Two thirds of the encounters resulted in the person being happy to revisit/recall the service but one third would not be willing.

**Telephone interactions**

**Process of getting through**

The feedback form for telephone interactions included a question about the process of getting through for the reasons set out in the methodology section above. It is important to consider the results if this question separately on grounds that this is a process or systems issue rather than an assessment of staff interaction.

Although the ease or difficulty of getting through to a health service by telephone is not just an issue for people with CSN, people with CSN can be disproportionately affected by a difficult process. If the process is especially challenging as a result of an automated system or the requirement to press numbers on a telephone keypad this can lead to a person with CSN being frustrated, anxious or tired by the time they get through to speak to a member of staff. This then has consequences for the interaction with the staff member, their ability to process information and can generally lower communicative competence.

82% of the responses to this question were positive. However 18% of people reported a ‘poor’ or ‘fair’ experience. This is a small study but if this ratio was consistent then one in five people having difficulty accessing the service from the outset might present significant problems in terms of safe access of health services.

**Overall experience of staff interaction**

Analysis of the quantifiable questions relating to staff interaction (minus nil returns) shows that 70% of the responses fell into the ‘good’, ‘very good’ or ‘excellent’ categories indicating a positive experience and 30% fell into the ‘poor’ or ‘fair’ categories indicating a negative experience.
While it is encouraging that over two thirds of the responses were positive, it nevertheless indicates that people with CSN have an almost one in three chance of having a poor experience when interacting with health staff by telephone. Whether the person has a positive experience or finds themselves one of the one in three is very much down to the skills, experience and understanding of the health staff member in relation to CSN.

The results of the telephone mystery shopping shows remarkable consistency across all questions as shown below.

<table>
<thead>
<tr>
<th>Question / Response</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.3 Listening and paying close attention</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Q.4 Fully understanding what was being asked</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Q.5 Dignity and respect</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Q.6 Response to CSN</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Q.8 Overall experience</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Combined total</strong></td>
<td><strong>70%</strong></td>
<td><strong>30%</strong></td>
</tr>
</tbody>
</table>

This suggests that members of staff who responded well to the caller largely did so across all areas.

**Prematurely terminated telephone interactions**
The converse of the above is also true with participants scoring members of staff who did not respond well to the person’s CSN consistently across all areas. A major contributing factor in this is that 17 of the calls were prematurely terminated by the member of staff hanging up the telephone. This represents a shocking 16% of the total telephone calls, meaning that one in six of the telephone calls were prematurely terminated by the staff member. The distribution of across the different health service areas is:
The 17 terminated calls largely happened to a cohort of three participants as shown below. The participant who experienced 47% of the terminated calls is an AAC user.

“The 17 terminated calls largely happened to a cohort of three participants as shown below. The participant who experienced 47% of the terminated calls is an AAC user.

“I said “Hello, how do I register?” She said sorry I can't understand. This happened a few times and she seemed to be getting more frustrated. Then eventually, she hung up.”

“The AAC user referred to above undertook 12 telephone mystery shopping encounters and was hung up upon on eight occasions – two thirds of the interactions. It is possible that in some cases the member of staff mistook the call for a pre-recorded marketing or sales call. However in the majority of cases there was a degree of interaction between the participant and the member of staff before they then hung up.

It can take people who use AAC devices a considerable length of time to pre-programme their sentence or to type out their sentence in real time. Participants reported that to go to the effort of doing this and then be ignored was disrespectful and made them feel undervalued.
The participant above whose experience accounted for almost a quarter of the hang-ups was hung up upon in 4 of the 8 telephone encounters he was involved in – half of the interactions. This participant has a speech impairment but does not use AAC. Therefore the issues are not restricted to AAC users.

The ramifications of this for patient safety are highly concerning. If a person with CSN had a health issue and was looking to make an appointment, the implications of the findings on terminated calls suggest that the person may have to persevere and continue to phone back in some cases. One can hope that if the person was known to the surgery, dentist or hospital that the staff would have a higher level of awareness.

However, in an emergency situation the person might well be trying to contact a service that they are not known to and it is in these cases that the patient safety issues are even greater. It is worth commenting that all boards received awareness raising email about resource and proposed mystery shopping activity including emergency services such as NHS 24 there was a positive response with all staff being emailed highlighting and recommending the MCEB resource. The project specifically did not include mystery shopping of emergency services for ethical reasons. However it is important to note that emergency service staff require an enhanced level of communication skills as it would be crucial not to hang up on the person and to recognise that distressing situations can have a negative impact on a person with CSN’s ability to communication. It is also important to note that the emergency itself might have created CSN, for example if a person has just had a stroke and has lost their speech as a result.

**Face to face interactions**

**Overall experience of staff interaction**

Analysis of the quantifiable questions relating to staff interaction (minus nil returns) shows that 83% of the responses fell into the ‘good’, ‘very good’ or ‘excellent’ categories indicating a positive experience and 17% fell into the ‘poor’ or ‘fair’ categories indicating a negative experience.
The results of the face to face mystery shopping is therefore more positive than the telephone interactions. There could be a number of explanations for this:

- Staff are able to see that the person is disabled in face to face interactions and are therefore more aware of potentially being required to adjust their communication accordingly.
- Staff do not have the escape route of terminating the interaction by hanging up the telephone.
- Fewer participants took part in the face to face mystery shopping and no AAC user or person with learning disabilities undertook face to face shopping.
- The majority of face to face interactions were with pharmacists which may operate a more customer-focussed model than other areas as generally they mostly operate as income-generating businesses.

The results of the face to face mystery shopping do not show the same level of consistency across all questions displayed by the telephone interactions. It is possible that it is more practical for participants to judge the nuances of interactions when face to face with the staff member rather than speaking to them on the telephone.

<table>
<thead>
<tr>
<th>Question / Response</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.2 Putting at ease</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Q.3 Listening and paying close attention</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>Q.4 Fully understanding what was being asked</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Q.5 Dignity and respect</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>Q.6 Response to CSN</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Q.8 Overall experience</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Combined total</strong></td>
<td><strong>83%</strong></td>
<td><strong>17%</strong></td>
</tr>
</tbody>
</table>

**Personal stories**

Using a structured framework, in this case Talking Mats, was a helpful way to enable participants with CSN to express their views but also had the desired effect of keeping the focus on the communicative aspect of the health interactions and away from personal medical details. These interactions are key to gauging overall satisfaction with an interaction as people remember how the situation left them feeling, as much if not more than the details of what happened. This is as true when interactions are positive and helpful as it is when they had been less helpful and negative. Key themes that emerged from the patients stories:

- There are staff who are highly skilled and able to support people with CSN in health interactions and equally, there are staff who are not. The key question is how can the bar be raised so that people with CSN can expect their communication needs to be accommodated as a matter of course and without the current sense of lottery
- How difficult it is for people with CSN to give feedback and how vulnerable that leaves them
- The need for staff to routinely ask the question: ‘What can I do that could support your communication?’
- If the relationship with key health service staff is good then having a consistent relationship and being able to see the same person is helpful to communication
- Patient safety – if the member of staff has not understood the person then the quality of healthcare will be compromised.
- That need for people to walk in the shoes of the person with CSN so they can see the impact of their actions.
12. Conclusion

The findings show that the standard of service received by people with communication support needs from health services in Scotland is a lottery. The lottery is not a postcode lottery – positive and negative experiences were found across all health boards. The deciding factor in the lottery is the individual member of staff the mystery shopper interacts with and how skilled they are in making communication even better.

The chance of having a negative experience is:
- Over one in four overall
- One in three when telephoning the service (with a one in six chance of being hung up on)
- One in six when visiting in person.

Participants in the project reported that this is an unnerving situation to be in, especially when accessing health services as a result of a real health need. Will they find they are interacting with one of the skilled and empathetic staff members or will they have the misfortune to find themselves the one in four that has a negative experience? This is the reasoning behind the title of this report – interacting with a well-trained, skilled and understanding staff member as opposed to the converse is like “Going through a different door”.

The challenge for the health service, and NHS Education for Scotland as NHS Scotland’s education and training body tasked with ensuring that patients and their families get the best healthcare possible from well trained and educated staff, is to remove this lottery. People with CSN should be able to contact their GP, attend a health appointment and go to a pharmacy confident that they will be treated with respect and dignity and interact with people who know how best to communicate with people with CSN. Given that the three quality ambitions in the current Healthcare Quality Strategy (referred to in the policy context) are safe, person centre and effective then a focus on ensuring this current service lottery is removed is of paramount importance.

The lottery identified in this report will not be eradicated through training alone. Recruitment, training, staff supervision and reflective practice must all be values-based. If health service staff have the right values base and treat people with respect, dignity and compassion, people with CSN would not experience the poor level of service highlighted here. This finding is supported by the Department of Health’s response to findings of patient mistreatment at the Mid-Staffordshire NHS, ‘Patients First and Foremost’\(^\text{20}\), which highlights the importance of responding with humanity, kindness, respect, dignity and compassion.

Getting it right for people with CSN can be seen as a litmus test for getting it right for every person in Scotland. It may well be that people who do not have CSN also experience less than ideal communication practice from the health service, but because people with CSN are in the most part a vulnerable group, poor communication practice is more likely to constitute a patient safety issue. If the member of staff has not understood the person, or the person has not been supported

---

to explain their requirements then the quality of healthcare will be compromised. It is
crucial therefore to proactively seek feedback from people with CSN, either through
mystery shopping or by asking people about their actual health appointments so that
poor practice can be eradicated, thereby improving the health service for all, avoiding
potential patient safety issues and avoiding the sort of malpractice that has led to the
recent scandals in the NHS.

The NHS has been in receipt of a significant amount of negative press recently. This
report should be seen as a good news story – the mystery shoppers found a great
deal of very positive practice and reported some very positive practice through their
personal stories – and this should be celebrated.

This report showcases members of staff who coped well with complex AAC systems
and treated people with dignity and respect. The vast majority of feedback comments
included a desire to thank the member of staff for their positive experience. The
project team are unfortunately not in a position to identify the staff members involved
in order to pass on the participant’s thanks. However, individual members of staff
reading this report will recognise their standard practice and know if they would be
receiving thanks or rather a request to listen more, interrupt less and be more patient.

It is however highly concerning that there are a number of staff members working in
the health service today whose behaviour is frankly appalling. This is especially true
of the 17 members of staff who hung up on the mystery shoppers, including eight
people who work in a front line role in a GP surgery, five working on a hospital
reception and four working in a dental surgery. However, while this behaviour
represents the worst of the findings and would not be replicated by the majority of
health service staff, all members of staff should consider their communication practice
and aim for the best possible communication strategies as set out in Making
Communication Even Better.

The recommendations of the project team are:

1. Mystery shopping with people with CSN and the proactive seeking of personal
   experience from people who find it hard to give feedback should be conducted
   on a regular basis in order to drive service improvement.

2. Poor communication practice should be recognised as a significant patient
   safety issue and addressed as a matter of priority.

3. Making Communication Even Better should be a key component of the
   Knowledge Skills Framework and all staff should be supported to improve their
   practice in this area.

4. Recruitment, training and staff appraisal should be values-based so as to
   ensure all health staff treat people with respect and dignity.

5. NES, working in partnership with people with CSN should explore how the good
   practice identified in this report can be transferred to all staff and all situations
   for the good of all patients.

6. The barriers people with CSN face with mainstream feedback mechanisms
   should be recognised and overcome.
13. End note from Helen McFarlane, NES

**NHS Education for Scotland’s response to the report and its conclusions**

As AHP Programme director at NES, I echo the optimism of the report as “a good news story” and NES is pleased to be involved in a celebration event in Autumn 2014 to share the report. However, I also share the concerns about some of the worst communication behaviours that the individuals involved experienced during these activities. Whilst it might be tempting to jump to justifications about minimising these experiences by using phrases like “not the real world” and excusing the poor communication because it was just “mystery shoppers”, it is much more important that we all use this report to reflect and identify where we can make changes and improvements. The people involved communication support needs are real and the kinds of requests being made in the course of creating this report are typical of people relying on our health and social care services to provide the support needed. The people involved have made a number of suggestions for improving our services and in this section I will endeavour to provide a NES response and identify further action that NES can commit to undertaking in the ongoing struggle to create a communication inclusive service that is genuinely safe, effective and person centred.

<table>
<thead>
<tr>
<th>Report suggestion 1:</th>
<th>Mystery shopping with people with CSN and the proactive seeking of personal experience from people who find it hard to give feedback should be conducted on a regular basis in order to drive service improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NES response:</td>
<td>Despite the negative feedback and at times downright opposition to the notion of the “mystery shopping” approach in form of emails and telephone calls, using this method as a way of gaining feedback as part of the evaluation process was one of the strongest I have seen. In the time period of the awareness raising alerting services to mystery shopping there were 3,700 page views on the resource. This compares with 240 page views during the same time period the preceding year when other forms of awareness raising activities including press releases, conference presentations and achieving sign posting links from other relevant websites. Involving service users including people with communication support needs in all aspects of education- including evaluation- will continue to be a key commitment from AHPs in NES. Our AHP strategy 2014-2020, for example includes 4 themes the 2nd theme being “Putting people at the centre of all we do”.</td>
</tr>
<tr>
<td>Report suggestion 2:</td>
<td>Poor communication practice should be recognised as a significant patient safety issue and addressed as a matter of priority</td>
</tr>
<tr>
<td>NES response:</td>
<td>The Making Communication Even Better resource has been presented to the North of Scotland patient safety group. NES will commit to seeking opportunities to present the work in conferences and meetings with a patient safety focus. The report will be circulated to the NES lead for patient safety.</td>
</tr>
<tr>
<td>Report suggestion 3:</td>
<td>Making Communication Even Better should be a key component of the Knowledge and Skills Framework and all staff should be supported to improve their practice in this area</td>
</tr>
<tr>
<td>NES response:</td>
<td>During 2015/16 the resource will be considered and each section mapped to relevant dimensions within the KSF. This information will be added to the website alongside the resource. Recognising the health and social</td>
</tr>
<tr>
<td>Report suggestion 4:</td>
<td>Recruitment, training and staff appraisal should be values-based so as to ensure all health staff treat people with respect and dignity.</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NES response:</td>
<td>Everyone Matters <a href="http://www.workforcevision.scot.nhs.uk">www.workforcevision.scot.nhs.uk</a> is the Scottish government workforce vision. For the first time the values of the NHS have been made explicit with a strategy in place to aim to realise these values. A copy of this report will be sent to the Scottish Government lead for Everyone Matters. NES has led the development of Values Based Reflective Practice model. This model is influencing practice and organisations and relationships within organisations however more needs to be done regarding recruitment and appraisal in relation to this development. Many boards including NES have invested in trainers in this approach and for more details go to <a href="http://www.vbrp.scot.nhs.uk">www.vbrp.scot.nhs.uk</a> NES will ensure all VBRP trainers are made aware of the making communication even better resource and can use this resource in their training sessions. A copy of this report will be sent to the NES lead for VBRP. The approach set out by the person centred health and care collaborative includes the important connection between staff feeling valued at work and being able to provide values based care. NES supports this collaborative and it is through this source of funding that the making communication even better web resource was first developed. <a href="http://www.nhsaaa.net/pchc.aspx">http://www.nhsaaa.net/pchc.aspx</a> The lead for the collaborative will be sent a copy of the report.</td>
</tr>
<tr>
<td>Report suggestion 5:</td>
<td>NES, working in partnership with people with CSN should explore how the good practice identified in this report can be transferred to all staff and all situations for the good of all patients</td>
</tr>
<tr>
<td>NES Response:</td>
<td>NES has an Education Leadership Group where senior staff from each directorate meet to consider education priorities across professions. A request to showcase this report and the learning resource will be made aiming to secure an agenda item for one the groups meetings. A link to this report will be circulated to all members of the NES Educational Leaders Group.</td>
</tr>
<tr>
<td>Report suggestion 6:</td>
<td>The barriers people with CSN face with mainstream feedback mechanisms should be recognised and overcome</td>
</tr>
<tr>
<td>NES Response:</td>
<td>The Patient Opinion and “Can I help you?” resource are 2 initiatives aimed at encouraging NHS staff to listen and learn from patient stories and patient experience, including valuing complaints as a source of learning. The report will be circulated to the national leads for these programmes to help promote including the stories of people with communication support needs in these useful resources. <a href="https://www.patientopinion.org.uk/info/patient-opinion-scotland">https://www.patientopinion.org.uk/info/patient-opinion-scotland</a> <a href="http://www.valuingcomplaints.org.uk/">http://www.valuingcomplaints.org.uk/</a></td>
</tr>
</tbody>
</table>
7. Five top tips for front line staff

The following tips have been drawn from the findings of this project and are supported by the quotes shown on this page and throughout the report.

1. If in doubt about how best to communicate, ask the person – don’t be frightened.

“Ask if there is anything they could do to make communication easier.”

“They did not ask me if I used anything that could help. If they had asked I would have thought they are on the ball, they know what they are talking about.”

2. If you don't understand, ask the person to repeat themselves and keep asking until you understand.

“I felt valued when receptionist asked me to repeat myself when she couldn't hear me. Most people just hang up.”

3. Clarify directly with the person that you have understood.

“Check with the person as to what they were saying.”

“Always clarify the question.”

4. Give people time - remember that communication can take longer for people with communication support needs.

“Please give me more time! Concentrate more on what I was saying.”

“Lady was great. She listened to me, asked me questions, allowed me time to answer. Although she couldn't make out what my second question was she was very nice and asked me to say it again. I felt

5. Pay attention, listen and treat the individual with respect and dignity.

“Try harder to listen.”

“Listen to each question.”

See Appendix G for a cut out and display symbolised version of these tips.
Appendix A: The MCEB Vision Statements

1. Booking Appointments, Contacts and Attracting Attention

NHS staff should think about their system for booking appointments and making contact with staff. It should be flexible so it can accommodate a range of different communication needs e.g. Skype, e-mail, mobile phones, accessible appointment letters, communication aids.

If a person is staying in hospital it is particularly important that staff have thought through how that individual can attract their attention.

2. Time

NHS staff should understand that communication can take longer for some with communication support needs and schedule a longer appointment.

3. Knowledge of Communication Tools

NHS staff should be trained in the range of supports that are available to support someone with a communication support need. These may be high-tech resources, simple resources such as pictures and photos, or changing the way you talk - for example, altering your vocabulary, or changing the pace of interaction.

4. Communication Support and Health

NHS staff should know what is the best way to support the communication of a patient before a health appointment or consultation, and have thought through and prepared for that person.

Patients should be supported to prepare for their appointments. NHS staff should be confident about using communication supports. NHS staff must know how a patient communicates pain.

5. Information

Information that is sent to patients before the visit should be easy to understand and available in the patient’s preferred format e.g. Easy Read, CD Rom and patients should understand what the appointment will involve.

6. Staff Attitude

The NHS should welcome patients in a friendly, non-judgmental way. They should understand the impact of communication support needs on the lives of the people they work with.

7. Patient at the Centre

NHS staff should communicate to the patient directly. If a communication supporter is required, the staff should listen to their interpretation of the person with communication support needs but still make sure that person with communication support needs is at the centre of the conversation.
8. Physical Environment

NHS staff should think about the patient experience in terms of the physical environment. Staff should consider noise and light levels and their impact on communication. Staff should ensure that patients with communication need have comparable privacy to other patients.

9. Patient Feedback

NHS staff should recognise how hard it can be for people with communication support needs to give feedback. The NHS should routinely involve people with communication support needs in the audit and feedback on service delivery. Now watch the three video clips that show how to involve people with communication support needs in giving feedback on your services:

10. Signage

NHS departments should be easily accessed by colour coded signage supported by relevant key symbols, pictures and language that is meaningful to the general public.
Appendix B: Telephone Tasks Feedback Form

<table>
<thead>
<tr>
<th>Name of Shopper</th>
<th>Type of NHS service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Board Area</td>
</tr>
<tr>
<td>Telephone number</td>
<td>Time of telephone call</td>
</tr>
</tbody>
</table>

Question to ask

1. Describe what happened:

2. How was the process of getting through?

3. How was the staff member at listening and paying close attention to what you were saying?

4. To what extent do you think the staff member fully understood what you were asking?

5. To what extent did the staff member treat you well (with respect and dignity)?
6. How was the staff member at responding to your Communication Support Needs?

7. What feedback (positive or negative) would you like to give the service?

8. How was your overall experience?

9. Would you be happy to phone this service again?

10. Any other comments:
Appendix C: Face to Face Tasks Feedback Form

<table>
<thead>
<tr>
<th>Name of Shopper</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of NHS service</td>
<td></td>
</tr>
<tr>
<td>Name of NHS service</td>
<td>Health Board Area</td>
</tr>
<tr>
<td>Address of NHS service</td>
<td></td>
</tr>
<tr>
<td>Date of visit</td>
<td>Time of visit</td>
</tr>
</tbody>
</table>

Question to ask

1. Describe what happened

2. How was the staff member at making you feel at ease?

3. How was the staff member at listening and paying close attention to what you were saying?

4. To what extent do you think the staff member fully understood what you were asking?

5. To what extent did the staff member treat you well (with respect and dignity)?
6. How was the staff member at responding to your Communication Support Needs?

7. What feedback (positive or negative) would you like to give the service?

8. How was your overall experience?

9. Would you be happy to visit this service again?

10. Any other comments:
<table>
<thead>
<tr>
<th>Knowledge of Communication Tools</th>
<th>Information</th>
<th>Signage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booking Appointments / Initial Contact</td>
<td>Staff Attitude</td>
<td>Communication Support and Health</td>
</tr>
<tr>
<td>Time</td>
<td>Patient at the Centre</td>
<td>Physical Environment</td>
</tr>
</tbody>
</table>

The Symbols used in the body and appendices of this report are designed and © to Adam Murphy and assigned to Talking Mats Ltd. in perpetuity. They may not be reproduced without permission.
## Appendix E: Training Day Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.00am</td>
<td>Coffee and welcome</td>
</tr>
<tr>
<td>10.15</td>
<td>What is it all about</td>
</tr>
<tr>
<td></td>
<td>A bit of Background</td>
</tr>
<tr>
<td>10.45</td>
<td>Telephone tasks</td>
</tr>
<tr>
<td>11.15</td>
<td>Face to face tasks</td>
</tr>
<tr>
<td>11.45</td>
<td>Break and move to smaller room</td>
</tr>
<tr>
<td>12.00</td>
<td>Practice task</td>
</tr>
<tr>
<td>12.30</td>
<td>Your own stories – using Talking Mats</td>
</tr>
<tr>
<td>12.55</td>
<td>Next steps</td>
</tr>
<tr>
<td>1.00</td>
<td>Lunch</td>
</tr>
</tbody>
</table>
Appendix F: Results data tables

Telephone interactions

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 2</td>
<td>43</td>
<td>27</td>
<td>12</td>
<td>8</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Q. 3</td>
<td>32</td>
<td>20</td>
<td>14</td>
<td>12</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Q. 4</td>
<td>37</td>
<td>18</td>
<td>9</td>
<td>14</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Q. 5</td>
<td>43</td>
<td>15</td>
<td>14</td>
<td>6</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Q. 6</td>
<td>39</td>
<td>14</td>
<td>12</td>
<td>8</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Q. 8</td>
<td>34</td>
<td>19</td>
<td>16</td>
<td>10</td>
<td>19</td>
<td>8</td>
</tr>
</tbody>
</table>

Face to face interactions

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 2</td>
<td>2</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q. 3</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Q. 4</td>
<td>12</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Q. 5</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Q. 6</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Q. 8</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix G: Five top tips for front line staff

1. If in doubt about how best to communicate, ask the person – don’t be frightened.

2. If you don’t understand, ask the person to repeat themselves and keep asking until you understand.

3. Clarify directly with the person that you have understood.

4. Give people time - communication can take longer for people with communication support needs.

5. Pay attention, listen and treat the individual with respect and dignity.