



Patient Information Forum

For Professionals Working in Consumer Health Information

PiF response to Royal College of Surgeons Draft Standards for non specialist emergency care of children, July 2015

General comments

- PiF champions the role of health information as a core component of quality care, improving patient outcomes, safety and experiences, and being key to delivering person centred care. The evidence to support this position can be found in our 2013 report 'The business case for information':
<http://www.pifonline.org.uk/topics-index/planning/business-case-for-informationlevers/>
- PiF believes that the provision of health information should be integrated into care pathways, rather than seen as a separate or optional element, so that at each point on a patient's journey they, and their family/carers, understand their health and care choices, and are empowered to have a voice and play an active role in decisions.
- Subsequently we believe that guidance about the provision of information should be an integrated part of all standards and guidelines for healthcare services.
- As well as ensuring information is available, how and when it is made available to patients and their families/carers has significant impact on their ability to understand and use the information provided.
- The information needs of 'children' vary considerably by age. See PiF's 2014 *Guide to creating health information for children and young people* for more information, a copy is attached and a summary can be found here:
<http://www.pifonline.org.uk/wp-content/uploads/2014/07/PiF-Guide-to-Producing-Health-Information-for-Children-and-Young-People-At-a-glance1.pdf>

Specific comments

- We note that information provision for, and communication with, the patient and their family/carers is not referenced in the first two sections of the guidance: Initial assessment and resuscitation; Organisation of care.
- P19 – analgesia guidance appropriate for children: it would be useful for you to specify what 'appropriate' means, ie can be understood by.

- P24 – ‘discussions about consent should include information on procedure etc’: on page 19 you specify that analgesia guidance (‘patient information’) appropriate for children should be made available. The guidance should also specify that information ‘appropriate for children’ about procedure, induction, anaesthetic, post operative care, pain and possible complications should be available.
- P24 – at first contact, services should *identify* communication needs: in line with the recently approved NHS England Accessible Information Standard communication needs should be recorded and shared, as well as identified. The Accessible Information Standard can be found here: <http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>
- P21 – staff competencies: PiF calls for a recognition of the importance of communication skills and the ability to support shared decision making to be recognised in the range of staff competencies. See recommendations (p13) in PiF’s *Is Knowledge Power* report (<http://www.pifonline.org.uk/wp-content/uploads/2015/03/Is-knowledge-power.-Using-information-and-support-to-empower-patients..pdf>) and current guidance from General Medical Council on partnership working between doctors and patients (http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_partnership.asp)
- p28 - service information available in formats understood by children with disability: it should also be specified in the standards that service information will be available in formats appropriate for children generally
- P9 – diagram: any definition of ‘appropriate ward facilities’ should include ‘information support’.

Follow up comment

- How do you plan to communicate the standard to children, young people, and their parents/carers to support them to know what ‘good’ care looks like? We know this is a vital step to drive up quality of care and empower patients with the knowledge of what they can ask for and should expect from services.