EVALUATION OF THE CARER AND PATIENT INFORMATION POINT (CPIP), VICTORIA HOSPITAL, KIRKCALDY

Feedback

Public Feedback

Two general engagement and feedback sessions were held, one during morning visiting hours and one during afternoon visiting hours. These sessions took place within the main entrance of Victoria Hospital directly outside the CPIP itself. On both occasions the CPIP was unmanned and closed.

In total 37 members of the public provided feedback with those individuals falling into the following categories:

<table>
<thead>
<tr>
<th>Description</th>
<th>No. of Individuals</th>
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<tbody>
<tr>
<td>In-Patient</td>
<td>6</td>
</tr>
<tr>
<td>Out-Patient</td>
<td>7</td>
</tr>
<tr>
<td>Family Member</td>
<td>16</td>
</tr>
<tr>
<td>Paid Carer</td>
<td>1</td>
</tr>
<tr>
<td>Unpaid Carer</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
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</tbody>
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None of the individuals questioned had ever accessed or used the CPIP.

From the 37 individuals questioned, 3 people were already aware of the existence of the CPIP.

When asked about their opinion on the location of the CPIP 25 (68%) respondents indicated that even though the CPIP was located at the main entrance they did not like that it was located in a room and how it would be more appealing if it was open
for people to look about and not feel intimidated to enter. The remainder of respondents stated that they thought it was well located.

Individuals were asked ‘who would you ask or where would you go if you required further information either as a patient/carer or family member’. The responses are shown overleaf:

![Bar graph showing responses](image)

When asked if the CPIP was a service they were likely to use in the future, 21 people stated that yes they would be likely to use the CPIP if the need arose.

**Stakeholder Organisation’s Feedback**

13 stakeholder organisations completed the telephone questionnaire and their feedback is detailed below:

**How would you describe the location of the CPIP within Victoria Hospital?**

Two respondents rated the location of the CPIP as being excellent, however the majority gave a rating of good to average.
Information in support of ratings provided is noted below:

- Too tucked away.
- People do not realise it is there.
- Located at main entrance to hospital close to reception, in what could be described as a 'central hub'. However the room looks like an office and this requires to be made into a more open and welcoming space.
- Good as far as located at the main entrance, however hidden away in an ‘office’ and not conducive to providing a welcoming service.
- Should be an open space location.
- At main entrance, however people are unsure as to what the service is and often use it as a place to enquire about how to find their way around the hospital.
- Location is slightly right of entrance and therefore can be ignored.
- It is near the main entrance and thoroughfare between Phase 2 and Phase 3 of the hospital.
- Everyone coming in the main revolving door in Phase 3 sees it. Traffic from Phase 2 and Phase 3 passes the CPIP.
- Confusing for patients who think it is reception and request directions.
- Close to main entrance and reception.
- Not visible.
- Not promoted.
How would you rate the facilities (e.g. telephone, IT equipment, furniture etc) available to you within the CPIP?

Again, 2 respondents gave a rating of excellent, 2 rated the facilities as average with the majority of respondents providing a rating of good.

Information in support of ratings provided is noted below:

- Facilities are very useable however there have been issues around accessing the internet, which I believe has now been resolved.
- Internet access has been a huge and on-going issue.
- IT has been an on-going issue, especially access to the internet which really is essential.
- IT is not great.
- Lack of internet access and touch screen information not complete or up-to-date in a lot of instances. NHS switchboard on one occasion did not know that there was such a place as the CPIP when a service user called up the main NHS Fife number and asked for it.
- Printing has been a difficulty.
- Information on touch screen requires to be updated and a process for updating it developed.
• Phone okay; computer not accessible; room nice.
• Private room; 1:2:1; eye catching display leaflets.
• Room welcoming; telephone available and private setting; good chairs and literature.
• All available, but under-used.
• The facilities are good, but can appear as an office to some. It is a pity that there are no refreshment facilities as some service users may benefit from this.
• IT accessibility is a problem.
• Touch screen information not up-to-date.

How would you rate the information/resources available to patients and carers who visit the CPIP?

The majority of respondents (7) rated the information/resources available as being good, with 4 respondents providing a rating of average and one respondent rating the information/resources available as excellent. One respondent gave a rating of ‘good’ when the CPIP is open but ‘poor’ when the CPIP is closed and for the purpose of this evaluation an average rating of ‘average’ will be used.

This is shown in the chart below.

![Chart showing the ratings of information/resources available to patients and carers who visit the CPIP. The chart indicates that 4 respondents rated it as good, 1 as excellent, 1 as very poor, and 4 as average.]
Information provided to support ratings given was:

- When CPIP is open there is access to the internet and an operational touch screen has improved things, however when the CPIP is closed there is limited information available.
- It is my opinion that the information/resources are more geared towards carers than patients and this requires to be addressed.
- Information and resources are fairly good but could be enhanced by access to the internet and online resources.
- Not much patient information i.e. condition specific. It really is a service for carers and not patients.
- Good and plentiful information, however there are obvious gaps.
- Resources good but very few visitors access the CPIP.
- Receive queries about social work services however no information is available within the CPIP.
- There is a wide range of information/resources available however there are issues with the replenishment of these. It would be useful to have some system for replenishment that flags up when the level has gone below a minimum number.
- All shelving is fully stocked with as much information as able to show. Storage facilities are good.
- Could be better laid out.
- Organisations can be accessed through inter-active means.
- Lots of information available, however maintenance of information not as it should be.

In your opinion, what have been the benefits to patients and carers of having a CPIP?

- Resources being available, although availability is sporadic.
- Could be developed into a central hub for carers/patients, which could provide much greater benefits and outcomes.
Got great potential but the service is under-utilised as opening times and development is patchy.

Excellent means of providing information and support.

Point staff/volunteers have more time to dedicate to service users than ward staff do.

Sign-posting.

Too few visitors to provide a realistic answer.

Those manning the Point have more time to talk to service users; take time to listen.

A good range of information.

Not a lot of enquiries, however the service is useful.

Opportunities to chat and to find out more about particular services. It is also of benefit to staff.

Good that it is there. More advertising is required to make sure people are aware of it. Inform ward nurses and raise awareness on big screens within the hospital.

The information/advice is there for all people requiring it. Staff can refer service users to the CPIP. A variety of groups and organisations can provide advice specific to their knowledge and experience.

The information is available when most needed and when it is manned there is someone to advise or point in the right direction.

In your opinion, what if any, barriers have patients and carers had in accessing the CPIP?

Knowing of the CPIP’s existence.

Opening hours.

Not open at weekends and during the afternoon and evening visiting times.

Physical environment; looks like an office which puts people off coming in.

Opening times not consistent with visiting hours.

The location i.e. the built environment. Should have been designed as an information point not just provided with a spare room to use as an after-thought.

Signage is poor.

Opening hours limited.
• Opening hours are not good and sometimes the CPIP is closed when it should be open.
• Morning opening slot is not great and some consideration should go into appropriate opening times.
• Poor signage.
• Not open at core times (10am-3pm) and no sign to advise who to approach for assistance.
• The public think it is an office and walk past and don’t notice it. The public think people manning the CPIP may be trying to sell them something. Definitely not user-friendly.
• If patients on the ward were unable to visit the CPIP – could we not go and visit the patient?
• Mixed awareness.
• Timings could be better.
• Someone outside the room to approach and initiate contact.
• Lack of awareness within hospital wards and clinics.

What did you understand your organisation’s role to be in relation to the operation and sustainability of the CPIP?

• Ability to input knowledge of working with our client group.
• Volunteering to man the CPIP.
• Partnership working to establish the CPIP – involved in the Steering Committee and planning of the initiative.
• Physical set-up of the CPIP.
• Sourcing and applying for funding.
• Rota – commitment to manning the CPIP.
• Covering the rota.
• Ensuring information is up-to-date and current.
• Assisting and sign-posting individuals.
• Involvement in the on-going development of the service.
• Man the rota.
• Ensure our organisation’s information is up-to-date.
• Provide a presence at the CPIP.
• Manning the rota.
• Information and support.
• Raising awareness amongst personnel and providers.
• Attend meetings and become aware of all organisations.
• Ability to sign-post.
• Ensuring as much information as possible is available.
• Having knowledge of other organisation’s role (but not their speciality) and refer where necessary.
• Some organisations have been involved in the original planning and had been committed to manning, however due to a change in their structure adjustments had to be made. There has since been a lack of commitment from particular organisations.

Was your organisation supported to fulfil its role in relation to the operation and sustainability of the CPIP?

The majority of respondents felt they were supported to fulfil their role, with one comment being “information was available within the CPIP with regards to the procedures for manning the CPIP”.

One respondent answered ‘no’ and stated that “once your organisation was signed up to the rota there was limited contact and support. Communication could have been better”.

Another respondent stated that initially support was available however this has dwindled as there is no clear individual with overall responsibility for the CPIP.

What benefits has your organisation gained from its involvement in the CPIP?

• Being involved in establishing a new development for carers and being involved from initial idea through to operation of the service. Being ‘part of it’!
• Our leaflets are there but very little else.
• Partnership involvement.
• Very little benefit for our organisation.
• Had several new members join our organisation through accessing the CPIP.
• Nurses have accessed the CPIP to ask about condition specific information etc but little else.
• None, withdrew after 6 months.
• Learnt about other groups/organisations and what help/advice is available from leaflets to on-line and one-to-one basis.
• Several referrals.
• Raises awareness of our own organisation.
• Increased number of clients.
• Supporting people as a whole.
• Joint working.

What challenges, if any, has your organisation faced from its involvement in the CPIP?

• Finding the time to man the CPIP within working hours and balancing the effects of time spent at the CPIP and time spent with our clients.
• We have found it difficult to commit to offer more support in manning the CPIP due to resources.
• Difficulty covering the rota within limited working hours and balancing this with service delivery (day job). This has been very difficult to rationalise as more often than not there is no-one accessing the CPIP.
• Difficulties in negotiating where our organisation’s information should go, particularly when there was a lead organisation.
• Lack of knowledge of wider services available.
• Time.
• Resources.
• Not enough resources (people) for a small organisation to cover once per month.
• Staff unaware of other organisations.
• Encouraging people to use the CPIP.
• Ensuring the CPIP is manned at peak times.
• A reliance on other organisations to man the CPIP to ensure that information can be provided when needed.
• A lack of understanding by some stakeholder organisations of the bigger picture and some organisations using the opportunity of manning the CPIP to promote their own organisation rather than the shared vision.

How could these challenges have been overcome?

• The CPIP needs to be managed and developed by either a paid post-holder or a bank of trained volunteers supported by a volunteer co-ordinator.
• Consistent figure in the CPIP.
• An individual with sole responsibility for the development and management of the CPIP.
• I don’t think that using voluntary sector organisations to man the CPIP is sustainable and the service really requires a co-ordinator to man, develop and market the service.
• Someone whose job it is to take responsibility for the running of the CPIP.
• Greater awareness for users.
• Recognition of the organisation’s input.
• A dedicated co-ordinator to oversee the running of the CPIP (rotas, diaries, general communication, replenishment of information).
• Opening longer hours. Making the room more user-friendly. Have regular catch up meetings with everyone involved to ensure everyone is signed up and takes ownership for the success of the CPIP.
• Staff more aware – could attend their meetings.
• More funding.
• More time and resources – but currently there is limited return.
• Development days/training.
• Leadership and ownership.
• More effective communication flow.
Overall what worked well and why?

- Initially good networking and partnership working during the development stage – everyone was motivated and enthusiastic.
- The commitment being provided by voluntary sector organisation particularly in light of current and on-going resource implications – joint working on the delivery of a specific outcome.
- Great partnership approach during the development and set-up stage – commitment and enthusiasm at the beginning of the initiative, however not so much now.
- Information being available from a central point of access – easier access to information and less time consuming for service users.
- Ability to respond to the concerns and uncertainty that service users had – through own knowledge and researching specific issues.
- Training.
- Principle.
- Having a presence.
- Involvement of volunteers.
- Privacy.
- Ability to refer user.
- Use of telephone.
- The variety of information – there is a folder with contact details of all the groups and organisations who supply leaflets, posters etc. These (should) be contacted when supplies are running low to ensure information is not lost.
- Commitment – some (but not all) of the groups and organisations who man the CPIP work hard to ensure its success.

Overall what could have been improved and how?

- Better information on what is happening week to week i.e. Autism or Dementia awareness – a means to develop and enhance the service.
- Whole process took too long.
- A consistent and responsible individual is required to develop and manage the CPIP and make it into a real carer and patient hub – separate role to lead and develop the service is required.
- Patient side of service is not as robust with information as carer side – separate role to lead and develop the service and to ensure the service provided is proactive and not purely reactive.
- Location is an issue – more open location.
- Signage – better signage as location is tucked away.
- More comprehensive development and management of the service – post requires to be created to take on this role.
- More consistent opening and longer more appropriate opening hours – creation of an NHS Fife post to manage and deliver the service.
- Opening times – a dedicated post-holder.
- Lack of identity – creation of a more visual identity and effective marketing and publicity.
- Commitment – lots of people are keen to see the CPIP working but do not have the time or interest to contribute to its success.
- The hours the CPIP is open, particularly during visiting times – having someone specifically responsible for the overall running of the CPIP. Volunteers, like meeters and greeters, particularly at peak times like visiting hours.
- Attracting an ‘audience’ – more awareness sessions i.e. MS week, with giveaways to attract passers-by.
- The look of the room – have to stop the room looking like an office.
- Raising awareness.
- Staffing.
- More resources.
- Training about the role.
- Briefing on language.
- How leaflets are organised.
- More use of volunteers – manning the CPIP.