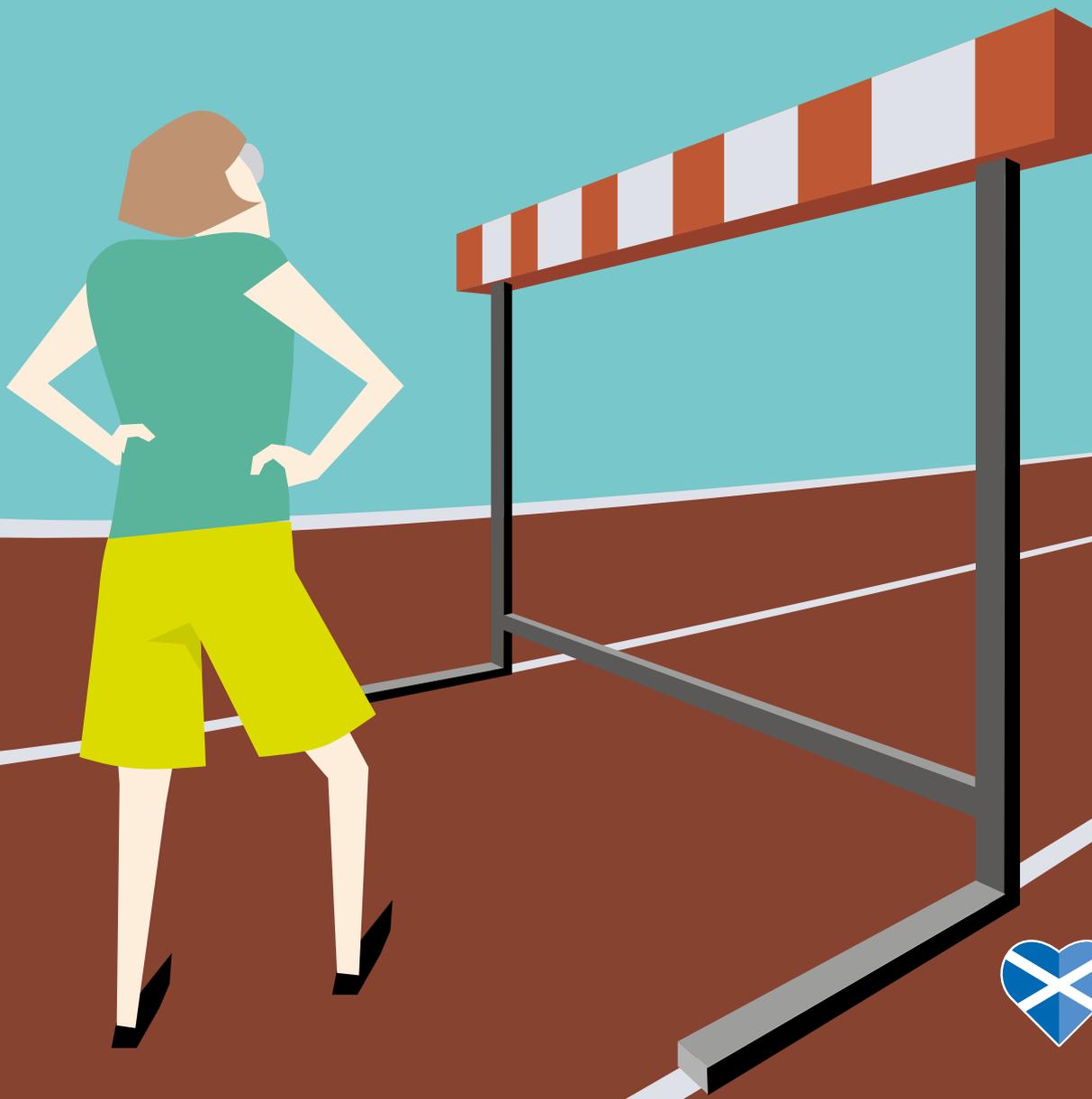


Making it Easy –

Progress Against Actions



**Healthier
Scotland**
Scottish
Government

We need more countries to take Scotland's lead, getting on with improving services, improving practitioners' skills and understanding, and making access easier, even for the most disadvantaged.

Richard H Osborne, Professor and Chair in Public Health, Deakin University, Australia.





PROGRESS AGAINST ACTIONS AND NEXT STEPS



Person-centred Health
and Care Portfolio

Foreword

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For many years, we have been aware of the difficulty people have making sense of health and healthcare issues and the impact this can have on their wellbeing. This issue of “health literacy”, having long been a public health concern, is increasingly a challenge to frontline healthcare professionals. The growing demands and expectations that modern medicine places on people often overwhelms them, undermining the safety and effectiveness of healthcare.

A Scottish Government scoping study in 2009 looked at the national and international evidence on the impact of health literacy. It was clear *something* had to be done. However, it was less clear *what* needed to be done.

This challenge represented an exciting new frontier for healthcare. In enterprising fashion an expert group of health literacy pioneers was convened to prioritise actions that could make a difference.

What followed was a journey of immense learning. We redefined poor health literacy, not simply as a hidden deficit residing within individuals but as a series of complicated unaddressed social and systemic barriers

within communities and our health and social care organisations.

We realised that health literacy affects all of us to varying extents, whether as a patient, carer, family member, teacher, community worker, or employer, as well as health managers and professionals. And all of us have a contribution to make to help remove those barriers and make it easier for us to safeguard and manage our wellbeing and the wellbeing of others.

As such we proposed an ambition to “make Scotland a health literate society that enables all of us to live (and die) well on our own terms and with any health condition we may have”.

In 2014 *Making it Easy* was published. Whilst recognising health literacy is a societal issue, it limited itself to challenging the health and care system to get its own house in order, to simplify and remove the barriers to people’s understanding, knowledge, confidence and skills. Removing these barriers is an important rights and equity issue.

Introduction

“We want Scotland to be a health literate society which enables all of us to have sufficient confidence, knowledge, understanding and skills to live and die well, on our own terms, and with any health condition we may have.”

At the core of *Making it Easy* was a call to redesign how we deliver and organise *enabling* care as if viewed through the eyes of people who are accessing and navigating the system, collaborating with their professionals and self managing. It pledged to:

- Raise awareness amongst the workforce of the hidden problem of health literacy and help them respond accordingly
- Build a go-to web place for health literacy evidence and resources
- Promote innovation in what helps
- Develop a beacon site for a health literacy responsive organisation.

Making it Easy has given encouragement and inspiration to many health literacy champions who are making a real difference and working hard to help achieve our ambition. Internationally it is contributing to the case for action on health literacy and helping other countries to follow suit. However, it has been just a start and

we welcome the process of building the next steps in *Making it Easier*, the refreshed action plan which will be published later in 2017.

Health literacy is now a World Health Organization (WHO) global health promotion priority. At home, it resides at the heart of our person-centred care ambitions, *Realistic Medicine* and the transformation towards more enabling integrated health, social and community care services.

Scotland, with its spirit of innovation, community and commitment to rights and equity is well placed to remain at the vanguard of this important agenda.

Background

When the *Making it Easy* action plan was published in 2014, it was welcomed as a fresh approach. It strived to build people's skills, confidence, knowledge and understanding to help them deal with the complex demands of the health and care system.

The concept of health literacy comes from research showing that the healthcare system fails to consider people's information needs. Scotland has pushed the boundaries in **accepting the problem** and has moved on to test actions to **remove these barriers**.

This was summed up in the two images that defined our approach (right).

With such a positive reaction to the plan, the challenge was to complete the actions in a way that supported Scotland to be a more health literate country.



Key learning points

The actions taken as part of *Making it Easy* have helped in several ways:

- Greater awareness across the NHS in Scotland, giving workers more skills to support better health literacy practice
- People trained in the tools and techniques needed to spread understanding further
- The launch of [The Health Literacy Place](#) as the online resource to support this work
- Clearer information available for people before appointments and when discharged from hospital
- Improvements to appointment letters, making them more considerate of people's communication needs
- Better information to improve safety and support for people to self manage their healthcare, particularly for drugs such as warfarin.

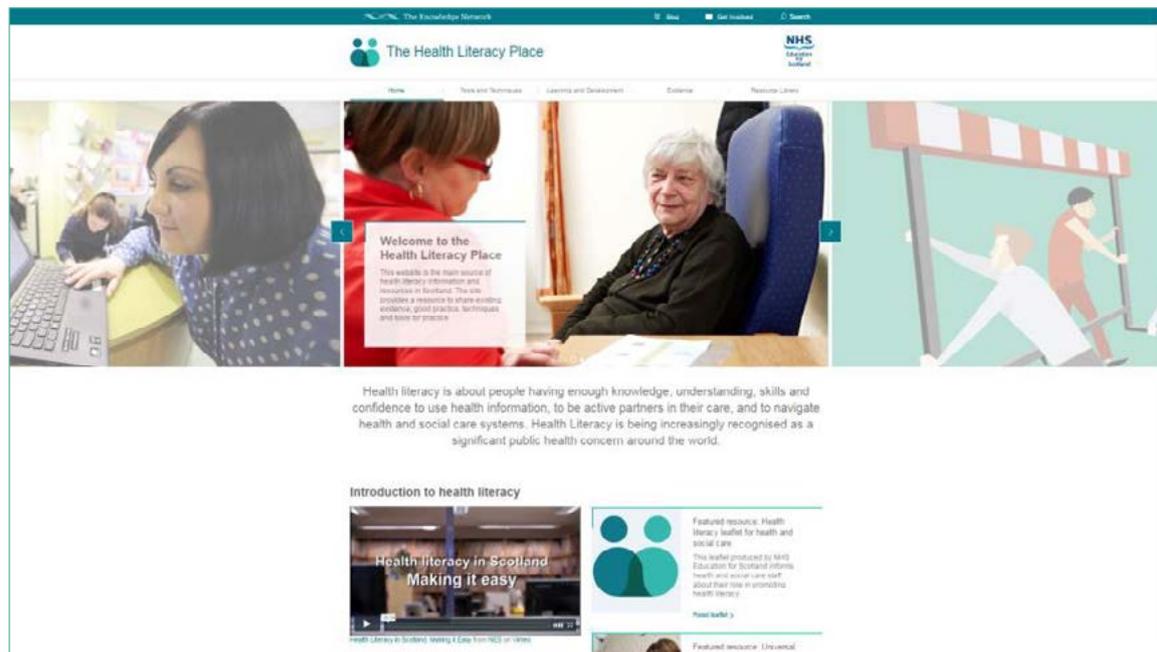
Progress against actions

The actions in *Making it Easy* covered four areas. This section describes what we found.

1. A national health literacy resource for Scotland, “The Health Literacy Place”

NHS Education for Scotland (NES) Knowledge Services developed the Health Literacy Place [website](#). The Health

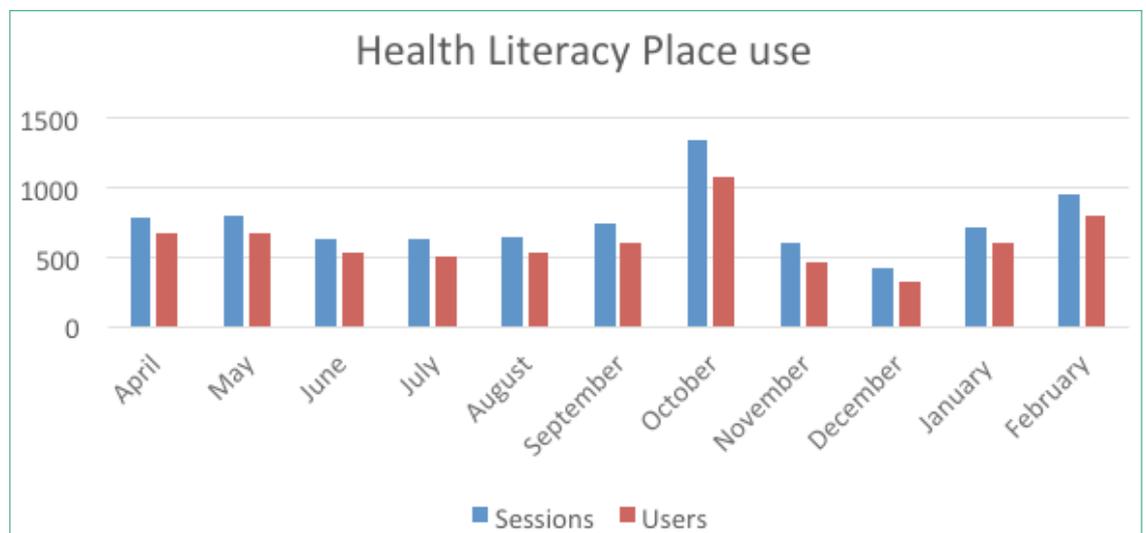
Literacy Place is designed to be the “go to” place for health literacy tools and support in Scotland. A launch event on 22 October 2015 described the benefits of health literacy to delivering safe, person-centred and effective care. This successful event was well attended and positively evaluated. The event was to:



The screenshot shows the homepage of 'The Health Literacy Place' website. At the top, there is a navigation bar with 'Home', 'Tools and Resources', 'Learning and Development', 'Evidence', and 'Website Links'. Below the navigation bar, there are four main images: a woman working at a computer, a woman reading a document, an elderly woman sitting in a chair, and an illustration of people at a gym. A central text box reads: 'Welcome to the Health Literacy Place. This website is the main source of health literacy information and resources in Scotland. The site provides a resource to share existing evidence, good practice, techniques and tools for practice.' Below this, a paragraph states: 'Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems. Health Literacy is being increasingly recognised as a significant public health concern around the world.' The bottom section features 'Introduction to health literacy' with a video player showing 'Health literacy in Scotland Making it easy' and a 'Featured resource' section with a link to 'Health literacy: Health literacy toolkit for health and social care'.

- Show examples of current good practice and innovation in Scotland.
- Demonstrate The Health Literacy Place's resources to support health literacy practice and the health and social care workforce.
- Set the aim of developing a national network of health literacy champions and supporters.

Social media channels were set up to promote the site and raise awareness of new health literacy issues. Some statistics on usage of the Health Literacy Place site and impact from social media activity are included below.



Actions (continued)

2. Establish a national demonstrator site

Meeting the Health Literacy Needs of People at Transitions of Care was the national demonstrator programme. It was set up to establish and evaluate best practice to meet the health literacy needs of people as they are looked after by different parts of the health and social care service.

A call to action invited Health Boards across Scotland to submit bids. NHS Tayside was awarded the programme in January 2015.

The overall aims of the programme were to:

- Improve communication between patients/carers and their practitioners, and tailor it to their needs and circumstances
- Provide people with meaningful information and check their understanding
- Support staff to cater for the health literacy needs in their patient population
- Improve referrals to out-patient clinics to support greater patient/carer involvement and more effective interactions between people and their practitioners, particularly at “transitions” of care such as between General Practice and hospital.

The findings from the programme are being spread to hospital areas across NHS Tayside. Appointment letters are being changed to be consistent with the new colour-coded signs and direction information in departments, and to provide clearer advice for those new to services. New information is being written in partnership with people accessing services to ensure it is easy to understand.

Better awareness of health literacy has influenced the planning of information resources. Work continues to test new ways of improving health literacy to help people access health services e.g. using tablets to share videos explaining how to self manage some conditions.

The National Demonstrator Site has explored a range of health literacy issues. Reports can be found on the Health Literacy Place website. Some examples of these are:

1. [A health literacy walkthrough: navigating the hospital environment](#)
2. [Barriers and facilitators to attending clinic appointments](#)
3. [Meaningful communication before medical procedures](#)
4. [Health literacy training for current and future healthcare staff](#)
5. [Improving self-management after diagnosis or discharge](#)
6. [Experiences of using Teachback](#)

The programme also tested some new innovations in health literacy. One example is [Teachback](#), which helps check communication between frontline staff and people using their service. Sessions were delivered to nurses and midwives in a way that fit with other learning and team activities.

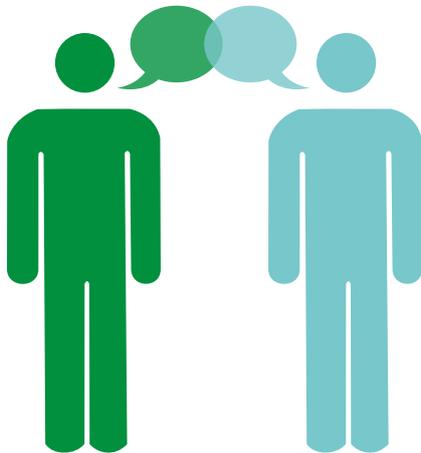
Dundee University has now included health literacy on their course for trainee nurses. The simulated sessions used to teach trainee nurses provide a place to test assessment tools in future, like Teachback, or others.

The demonstrator worked with the Academic Health Sciences Partnership in Tayside to further improve services and promote person-centred care through partnerships between academics and health service staff.

Actions (continued)

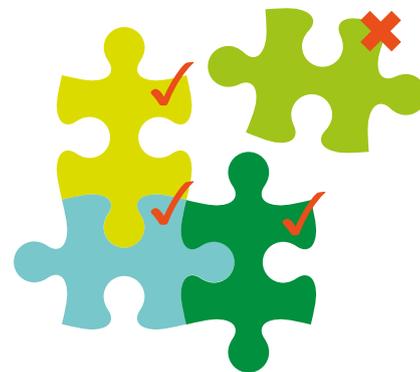
3. Test and spread health literacy innovations

As well as testing innovations at the demonstrator site, we also focussed on five main tools and techniques:



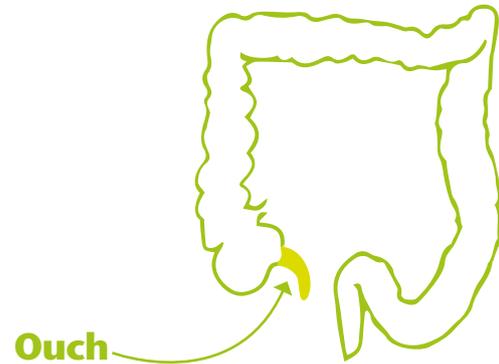
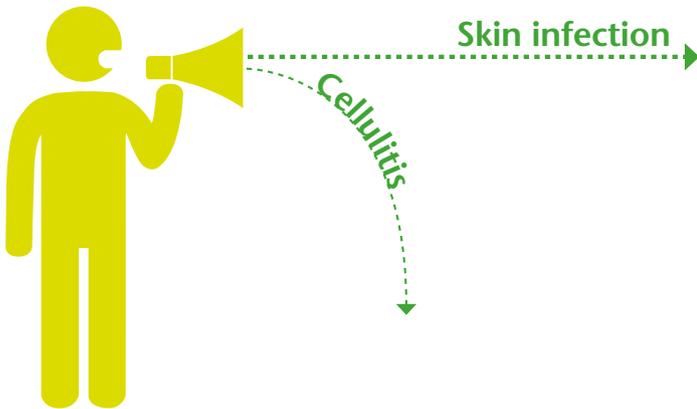
■ Teachback

The Teachback method is a useful way to check when information is provided that it is being understood. The person is asked to 'teach back' what has been discussed and any instructions that were given. To promote Teachback, we made this [video](#).



■ Chunk and Check

Rather than providing a lot of information at once, Chunk and Check breaks down information into more manageable parts. In between each 'chunk' methods such as Teachback are used to check understanding before moving on.



■ Use simple language

Use simple language as much as possible. Try explaining things to people as you would to a friend or family member. Having examples or analogies can help.

■ Always offer help with paper work

Routinely offering help reduces the pressure on people who may struggle with forms or writing. It also means your service gathers the correct information that it needs. To reduce stigma, ensure that help is offered to everyone.

■ Use pictures

Using pictures alongside words when explaining a task or problem can help people understand. For example, it's much simpler to see pictures of someone giving an injection or caring for a wound rather than just reading or hearing an explanation.



Question A.



Question B.

Actions (continued)

4. Workforce awareness and skills

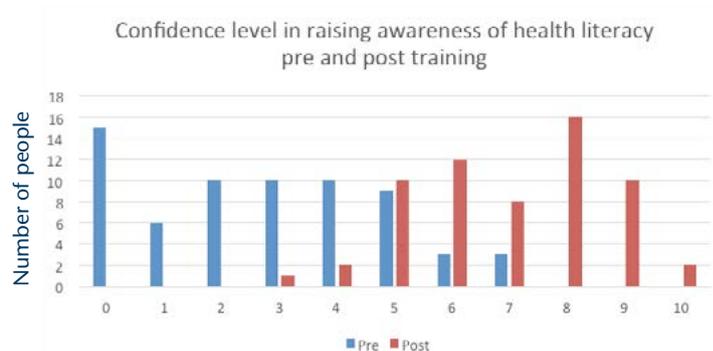
This action aimed to increase the awareness of the issues of health literacy among those working in health and social care, and develop their skills, knowledge and capability to improve things.

A short video, *Health Literacy in Scotland. Making it Easy* was produced. It explains the issues and the ways to make things easier for people to understand. It is available [here](#).



A range of training options were made available between 2014-2017 including *Health Literacy Train the Trainer*, *Health Literacy Awareness Raising* and bespoke sessions for specific staff groups on request.

During the past two years a total of 90 people have taken part in Health Literacy Train the Trainer courses. The following graph shows the increase in people's confidence in raising awareness of health literacy after finishing the course.



Examples of the actions people planned to take after their training include to:

- Provide information for colleagues and people using services
- Run training with colleagues and work with their wider NHS Board to deliver training to others
- Discuss with their manager how health literacy is important for their department, finding ways to increase awareness of the problem, and make improvements to the service
- Speak to others about how health literacy can become part and parcel of everyday practice
- Encourage clients to be more assertive at medical appointments and for them to advise staff about their health literacy needs
- Incorporate health literacy awareness into all sessions and work
- Revise the local policies, procedures and literature.

Feedback and comments on the training included:

- “Training was well facilitated and discussions were interested and informative”
- “Trainer very knowledgeable about subject and spoke in a manner that explained the subject well”
- “Excellent trainer, needs spread over all health boards”
- “Really enjoyed this course – it’s certainly got my brain working and exploring ideas.”

An eLearning module was launched in March 2017 to promote further awareness and skills. It is available [here](#).

Together, these have created a core knowledge of health literacy skills on which to build our continued work.

Lanarkshire

NHS Lanarkshire developed a health literacy component as part of its pilot programme to train all community pharmacists with a range of skills. It was very well received and it is hoped that it will be included in training for further staff groups.



Ayrshire & Arran

NHS Ayrshire & Arran has trained more than 200 people in health literacy skills over recent years. Staff groups who have been trained include practice managers, GP receptionists, social workers, health improvement staff, nurses, administrators, health visitors, and community link practitioners.

Lothian

NHS Lothian focussed on improving both oral and written communication with people. The Teachback technique and health literacy awareness is now included in NHS Lothian induction training for new staff, with 1,735 trained in the last year. Guidelines for staff on writing and designing patient information have been developed and implemented.



Key connections

The Health Literacy Group UK conference 2016

Scotland hosted the Health Literacy Group UK conference in March 2016. This provided a forum for sharing health literacy practice, thinking and research across the UK and internationally. With an excellent range of speakers that included Scotland's Chief Medical Officer, Catherine Calderwood, the event was an excellent opportunity to showcase our work with colleagues across the UK and promote collaboration across systems.

NHS Event Workshop

In June 2016, we held interactive workshops at the NHSScotland Event over two days, helped by the Scottish Commission for Learning Disability. This explored effective ways to improve the experience and outcomes for people with learning disabilities. As part of the session, people were asked to make pledges for actions they would take following the event. A sample of these are included opposite:

"give a lot more thought towards the needs of patients when speaking with them on the ward. Simplify it"

"consider the use of pictures and symbols more when using written communication with clients."

PLEDGES FROM THE NHSSCOTLAND EVENT 2016

"consider the individuals and ensure I communicate clearly and take time to listen."

"write in simple language and use graphics more in any health information I produce. Make use of graphics and increased font size in information I produce."

Links to Self Directed Support

Through an event in November 2016 and working with policy and practice colleagues, we developed a leaflet to help anyone who wishes to discuss funding support for their social care. We shared examples and tools to aid conversations that explain people's choices.

It is available [here](#).

International links

We considered how the Ophelia approach – developed by Deakin University in Melbourne – and the Health Literacy Questionnaire could best inform our work across Scotland. This followed on from a workshop with community representatives from Letham in Angus. Testing the Ophelia approach helped shape our ideas to consider a “health literacy by design” approach for the next phase of our work.

Map of International Links

Through collaborations, events, exchanges of ideas and partnership working, we have spread the messages of *Making it Easy* across the world. This map shows some of the places we have connected with globally.



What Next? Making it Easier

The [Health and Social Care Delivery Plan](#), published in December 2016, makes a commitment to:

- “Refresh our Health Literacy Plan, *Making It Easy*, to support everyone in Scotland to have the confidence, knowledge, understanding and skills we need to live well with any health condition we have.”

This gives us the chance to build our next steps on the progress so far.

We will engage with people to develop clear actions in support of health literacy work for the next three years. Our starting thoughts for the topics that these actions will cover include:

- Spread and scale-up work to date
- Support for *Realising Realistic Medicine*
- Pharmacy information and medicines labelling
- Spreading lessons beyond health
- Shift the culture to a “health literacy by design” approach.

We will publish the new action plan by the end of 2017.



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