

Patient Experience Oversight Group - Thames Valley and Milton Keynes
No decision about me, without me

Thursday 28 April 09.30-12.30
ACTION NOTES

Item	Action
<p>Attending Professor Gary Ford, Oxford Academic Health Science Network Jan Fowler, NHS England Sian Rees, Oxford Academic Health Science Network Douglas Findlay, Lay Partner Trish Greenhalgh, Department Primary Care Health Sciences, University of Oxford Simon Mayell, South West Forum Pauline Brown, Health Education Thames Valley Caroline Chipperfield, Thames Valley and Wessex Leadership Academy Karen Maskell, Lay Partner Gayle Rossiter, NHS England Minoo Irani, Berkshire Healthcare NHS Foundation Trust Emma Robinson, NHS England (secretariat)</p> <p>Apologies John Trevains, NHS England Richard Corbett, Healthwatch Buckinghamshire</p>	
<p>Terms of Reference</p> <p>Name of Group The joint patient experience Group (Oxford AHSN and NHS England) started three years ago. The Group met every 6 weeks initially, found that the Group got large and was doing both roles of operational and oversight of the joint strategy. It was therefore agreed to split the operational and oversight function, the new Terms of Reference reflects this.</p> <p>The Group agreed the following changes to the name changes of the group:</p> <ol style="list-style-type: none"> 1. To include the geography Milton Keynes 2. To swap the order, so the emphasis is on the function of the group not the geography. <p>Terms of Reference Group agreed with background, purpose and objectives. It was suggested to include horizon scanning and to share best practice wider than Thames Valley.</p> <p>The Group agreed the following changes to be made to the Terms of Reference:</p> <ol style="list-style-type: none"> 1. Update governance structure <p>Membership Membership of the Group will be reviewed annually.</p>	<p style="text-align: center;">ER</p> <p style="text-align: center;">ER</p>

<p>Clinical Commissioning Group – invited Milton Keynes. Healthwatch – Buckinghamshire Healthwatch will send Chief Execs replacement when appointed County Council – invited Buckinghamshire County Council Gary and Sian to review, including R&D membership.</p> <p>The Group agreed to review the balance of commissioners/providers/lay partners at the next meeting.</p> <p>The Group discussed representation of organisations/sectors and how to ensure dissemination. For groups such as Thames Valley they meet as a group, there is no such mechanism for anyone else who sits on this group. The role of members on this group is to provide experience and perspective as an individual, and gives advice on the way in which we create information flows to the organisations they are a part of. Add to agenda item for next meeting.</p>	<p>GF/SR</p> <p>ER</p>
<p>Strategy</p> <p>The latest update has been the Terms of Reference, reflecting:</p> <p>Developing networks</p> <ol style="list-style-type: none"> 1. KM suggested that there needs to be something more strategic about developing Patient Participation Groups. Agenda item for next meeting. 2. DF suggested involvement of the “same” type of patients may need addressing eg don’t see much youth/schools. Children and young people are unaware of their health needs and we should think about what we are doing with future generations. Should the strategy include workstreams such as Patient Participation Groups and Children and Young People? Stakeholder mapping needs to define what the limits are, maybe CCGs could map the gaps for us. Values statement does flag being inclusive – ER to amend strategy and be specific about those groups. 3. Sustainability and Transformation Plans – a good opportunity for this group to influence patient involvement. <p>Revisit strategy at the next meeting. All group members to send through any changes/additions they would like to see in the next iteration to ER. ER to circulate summary of individual organisations work plans.</p> <p>Three levels of training:</p>	<p>ER</p> <p>ER</p> <p>ALL ER</p>

 <p><i>Patient, Public and Professional PPI Training and Support</i></p> <p>Recording for impact toolkit</p> <p>Patient and Public Involvement: Level 1 Training for staff on PPI. Half day training, covers the basics including statutory responsibilities. In-house facilitation.</p> <p>Patient and Public Involvement: Level 2 Training for the patients and staff. Full day training, externally facilitated</p> <p>Collaboration: level 3</p> <p>LEADING TOGETHER PROGRAMME Patients, professionals and the public working together to improve care</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Recording for impact toolkit</p>	
<p>Leading Together Programme</p> <p>The Leading Together Programme is a three-day programme that will support 120 health professionals and lay people develop real partnerships that make a difference to their local health organisations and communities. A pilot programme in 2014 was run and independently evaluated. Based on the evaluation a specification for a larger programme was developed. The Performance Coach is delivering the Programme. http://www.oxfordahsn.org/our-work/patient-and-public-engagement-involvement-and-experience/ http://www.theperformancecoach.com/</p> <p>This Programme will also be independently evaluated and completed projects will be showcased. Please hold the date for celebrating success event on 24 November 2-5pm at Newbury Racecourse.</p> <p>Local research organisations with the Oxford AHSN and NHS England are putting together a tender for 1 day training for lay partners and professionals on participation techniques. Update at the next meeting.</p> <p>Capturing longer-term follow up of the impact of the Programme. Transformation Programmes need strong public involvement to be sustainable so patients can drive change. Learning from existing programmes such as Healthmakers. Look at what next - Why would people commit, people need to see the value add after training and investment. KM to share information on Healthmakers. Pull out key things to find out what people wanted from this sort of leadership course. Get this information from the Performance Coach.</p> <p>Future of the Leading Together Programme, looking into co-designing a cohort for people with learning disabilities and a train-the-trainer approach.</p>	<p>KM</p>
<p>NHS England Learning Disability Programme</p> <p>Pulling together range of Learning Disability work, some specific to Patient Experience.</p>	

<p>National deliverables and plans are being developed around new models of care and premature mortality review.</p> <p>It is recognised that over the past 12 months there has been a lot of investment in time and emotion of reactive work. Needed to plan how to pull the learning together.</p> <p>LeDeR Programme (premature Mortality Review) in conjunction with Bristol University, Thames Valley and Wessex are the first to pilot (Gloucester & Oxford sites). Will include a panel of people to review every learning disability death via a desktop review and where relevant a more thorough review. Real benefit is how they link to providers and commissioners on driving the improvement. Pilot led by NHS England, but to make sustainable we need to include in commissioning process.</p> <p>Transforming care plans are being developed in Oxfordshire, Buckinghamshire and Berkshire East & West. New models of care across pathway.</p> <p>Making Families Count – a group of families that have been bereaved in various ways raise awareness of the importance of family involvement in NHS investigations. The group have been funded by NHS England to deliver workshops for provider trusts in 2016. To date 13 trusts have registered for a workshop. https://vimeo.com/makingfamiliescount Twitter@M_F_Count Email: england.mfc@nhs.net</p> <p>Experience Based Co-Design. Pilot programme for learning disability running in Berkshire Healthcare, coordinated by the Point of Care Foundation.</p> <p>ER to link members who raised specific learning disability programmes to the NHS England Programme Board.</p>	<p>ER</p>
<p>CCG Assurance</p> <p>At quarterly CCG Assurance meetings, NHS England Directors from South Central meet with Directors of CCGs. CCG lay members also attend. In late 2014, the local NHS England team recruited patient leaders to sit with NHS England directors at the quarterly assurance meetings. Recruitment started in Thames Valley and patient leaders are now also recruited in Bath, Gloucester, Swindon and Wiltshire area. There are 13 patient leaders recruited in total. They received training before attending an assurance meeting, and a teleconference takes place before every meeting with Directors to discuss the papers.</p> <p>The patient leaders are part of the assurance panel, and can ask any questions they like. Having patient leaders in the room has fundamentally changed the dynamics.</p>	
<p>Research</p> <p>A group of patients who have registered their interest in being involved in research programmes, which holds a risk of pulling together a pool of people that have nothing to do.</p>	

<p>There is a joint patient payment policy across organisations in Thames Valley, and we're also working to develop a shared contacts database across organisational boundaries.</p> <p>In December 2015 we hosted a workshop to look at how we record and measure the impact of patient involvement. Participants wanted somewhere to share what they were doing and a tool to record and measure the impact. We are in the process of developing a practical useable tool, which we will share with this group.</p>	
<p>Future Meetings</p> <p>Meet 3 times a year, next meeting is Wednesday 28 September 09.30-12.00 at the NHS England Offices Jubilee House, Oxford Business Park, OX4 2LH.</p>	<p>ER</p>