

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

Wednesday 23 November 09:30-12:00  
 Jubilee House, Oxford

**Action Notes**

Item	Action
<p><b>Attending</b>                      Minoo Irani (<b>MI</b>), Berkshire Healthcare NHS Foundation Trust                      Jan Fowler (<b>JF</b>), NHS England                      Sian Rees (<b>SR</b>), Oxford Academic Health Science Network                      Douglas Findlay (<b>DF</b>), Lay Partner                      Karen Maskell (<b>KM</b>), Lay Partner                      Karen Swaffield (<b>KS</b>), Lay Partner                      Daisy Camiwet (<b>DC</b>) – NHS England                      Gayle Rossiter (<b>GR</b>), NHS England                      Caroline Morrice (<b>CM</b>) - Bucks Healthcare NHS Trust                      Caroline Chipperfield, Thames Valley and Wessex Leadership Academy                      Helen Garthford (<b>HG</b>) – Patient Voices South East                      Mildred Foster (<b>MF</b>), Oxford Academic Health Science Network (acting secretariat)</p> <p><b>Apologies</b>                      Trish Greenhalgh, Department Primary Care Health Sciences, Oxford University                      Kathryn Cooper, NHS England South Central                      Atul Kapila – Royal Berkshire NHS FoundationTrust</p>	
<p>Terms of Reference – update</p> <ul style="list-style-type: none"> <li>• Role of members – members of this Group are expected to disseminate the topics discussed at the Patient Experience Oversight Group meetings to their respective organisations.</li> <li>• Membership – Daisy Camiwet - Patient Experience manager for NHS England South and Karen Swaffield - lay partner representing Research were welcome as new members of the Group.</li> <li>• Healthwatch – Richard Corbett from Healthwatch Buckinghamshire left. The group needs to identify a new representative for Healthwatch. Ollie Grice was suggested.</li> <li>• KM pointed out that Healthwatch was being re-structured. New structure to follow STPs footprint. They have not yet named their spokesperson.  <b>Action</b> - KM will investigate who is the best person to contact.</li> </ul>	<p><b>SR</b></p> <p><b>KM</b></p>

<ul style="list-style-type: none"> <li>The Group needs a representative from CCGs. There is also need to define the CCGs role for this Group.</li> <li><b>Action</b> – MF to send invitations to Oliver Grice from Healthwatch; David Smith CEO Oxfordshire CCG Alison Alexander – Managing &amp; Strategic Director Adult &amp; Children Health Services at Royal Borough of Windsor and Maidenhead</li> <li>Sign off Terms of Reference</li> </ul>	
<p><b>No Decision About Me Without Me Strategy</b></p> <ul style="list-style-type: none"> <li>SR explained that strategy for the Group was written three years ago and reviewed 18 months ago.</li> <li>GR identified the need to develop a comms plan to define the role of the Patient Experience Oversight Group and what it is trying to achieve</li> <li>An away day to revise strategy will be planned in 2017.</li> <li>SR informed that shared database policy is stuck.</li> <li>Need to develop a network is vital and deeply related to shared database</li> <li>Patients from CCG assurance want to be part of a wider network</li> <li>Questions to think about:             <ol style="list-style-type: none"> <li>network meetings (how often)</li> <li>who do they engage</li> <li>Network of networks without governance; enabling patients</li> <li>Keep membership up to date to avoid repetition</li> <li>Narrative to describe service delivery, research and PPI strategy for STPs</li> <li>Use away day to plan narrative</li> <li>Improve comms about STPs to avoid fear and lack of cooperation</li> <li>No STP has framework for PPIEE</li> <li>Can we use this group to co-produce plans and strategy rather than only communicating?</li> <li>Start with what is common and pursue consistency</li> <li>Explain STPs in a very positive light to remove immediate anxiety</li> <li>Sustainable model of comms about how STPs will be translated locally</li> </ol> </li> <li>Future framework – there is support within member organisations</li> <li>Headline for outputs in research</li> <li>Headline for outputs in PPIEE</li> </ul> <p><b>Action:</b> SR to propose date and participants for Strategy away day.  <b>Action:</b> SR to circulate/prepare slide. What we know, what we need to support &amp; develop  <b>Action:</b> GR to prepare a comms plan for the Group</p>	<p>Sian Rees</p>
<p><b>Leading Together Programme (LTP)</b></p> <ul style="list-style-type: none"> <li>SR explained the ultimate objective of LTP is to embed PPIEE at strategic level. Need to develop patient leaders to work with professionals to deliver</li> </ul>	<p>SR</p>

<p>the strategy/</p> <ul style="list-style-type: none"> <li>• Programme was delivered to 102 participants in six cohorts across the South of England with equal numbers of professionals and lay partners training together to develop long lasting partnerships. The Programme consisted of 3 workshops exploring values in personal leadership, leadership in relationships and leadership within a system. At the end all participants co-designed and deliver projects to put learning into practice. LTP experiential learning and projects were showcased at a Celebrating Success event.</li> <li>• Some participants were professionals in Medical Revalidation. As part of the Programme they engaged with lay partners interested in participating in medical revalidation projects.</li> <li>• How to perpetuate the LTP model?             <ol style="list-style-type: none"> <li>1. Train the trainer</li> <li>2. Deliver the Programme to organisations that request it.</li> </ol> </li> </ul>	
<p><b>Clinical Networks AHSN</b></p> <p>WP was invited to give the group an overview of the Oxford Academic Health Science Network Clinical Research Networks</p> <p><a href="http://www.oxfordahsn.org/news-and-events/news/best-care-clinical-networks-review-completed/">http://www.oxfordahsn.org/news-and-events/news/best-care-clinical-networks-review-completed/</a></p>	<p>Will Pank</p>
<p><b>CCG Assurances</b></p> <p>Background - patient leaders from pilot programme. Meeting monthly with CCG and NHSE. The group has been running for 2 years in Thames Valley and 1 year in BSGW. The idea is to have patients asking questions. It has been beneficial to have patients asking questions that matter to them. The purpose is discussion about experience rather than targets. Evolution of the group will be observed overtime to assess impact and value.</p>	<p>Kathryn Cooper</p>
<p><b>Developing Patient Participation Groups</b></p> <p>Three levels of training          Level 1 – tools &amp; techniques to improve basic participation. Voluntary. Ongoing          Level 2 – Participation training (expenses paid)          Level 3 – expenses and time paid. People that went through LTP</p> <ul style="list-style-type: none"> <li>• Karen Maskell – Healthmakers</li> <li>• Practices that do well, have a strong PPG group. Use success stories to promote</li> <li>• Last year SR and Emma Robinson deliver PPIEE workshop for GP practices but it was not well attended. SR will try to organise again</li> </ul>	<p>Sian Rees / Karen Maskell</p>

<ul style="list-style-type: none"> <li>• PPG clinics – try again</li> </ul> <p><b>Action:</b> DF - Reading PPG toolkit can be improved and shared</p>	
<p><b>AOB</b></p> <p>The group welcome Helen Garforth Helen - Regional Voices Health Coordinator South East. She is responsible for a short bulletin of national, regional and local information, news and opportunities once a month, focusing on supporting voluntary and community sector organisations to work with the wider health and care sector. The bulletin is distributed in the South East – including Voluntary and Community organisations, CCGs, health providers and local authorities. It offers an opportunity to distribute information about the work of Patient Experience Oversight Group and individual organisations.</p>	<p>HG &amp; all</p>