

Thames Valley Patient Experience Strategy Group

4th Sept 2014

Meeting Notes & Actions **version 0.2**

Item	Action	Name	Date
<p>1. Introductions Apologies Apologies noted from; Julie Kerry, Steve Candler, Faith Sanderson, Lorcan O'Neill, Emma Robinson Attendees Sian Rees, Justin Wilson (co-chair), Mark Stone (co-chair), Carol Munt, Julia Stackhouse, Sarah Pyne, Kathryn Davies, Helen Peggs, Helen Rowland, Lisa Gregory, Alison Monk</p>			
<p>2. Actions Covered under agenda items</p>			
<p>3. Patient Leadership Programme Evaluation</p> <ul style="list-style-type: none"> due mid Sept use this to write commissioning specification; could include core modules and other so to meet the needs of those with more experience and those with less plan to follow up again in one year to see if the training did make a difference <p><u>Timescales and Leads</u></p> <ul style="list-style-type: none"> Lisa Gregory – the Council has patients and representatives on their groups, Council to be involved in the tender? Yes <p><u>Case Study</u> – Sarah asked for agreement to write a case study based on this. All agreed. For everyone to use, although a requirement for AHSN to submit to NHS England.</p> <ul style="list-style-type: none"> <i>Outstanding query – ‘Once people are trained, is there a ‘register’ or something similar so others can ask them to be involved/ offer opportunities?’</i> <p>Post meeting note – Emma has a spreadsheet with patient details including those who attended the training. Some also have skills that can be utilised without having been on the course.</p> <p>Patient Leaders and CCG Assurance Process Example of where patient leaders can be involved - Kathryn shared Area Team agreement to have patient representatives on CCG Assurance Process. Carol and Mark will observe process in September and be involved in the development.</p>	<p><i>ACTION: Julie Kerry to circulate plan with timescales and ask for volunteers to assist with draft specification</i></p> <p><i>ACTION: All to send in contact details of organisations who might be interested in bidding for the work</i></p> <p><i>ACTION: Sarah to draft case study and circulate</i></p>	<p>Julie / ALL</p> <p>ALL</p> <p>Sarah</p>	<p>By next meeting - 15 Oct</p> <p>15 Oct</p> <p>15 Oct</p>
<p>4. [Patient] Lay Advisory Panel <u>Description of purpose</u></p> <ul style="list-style-type: none"> What is the process for joining, exiting, length of membership? Who can join? – Plan to invite people shortlisted for roles Carol and Mark were appointed to, suggestion to invite those that attended Leadership programme (and those who attend in the future) 	<p><i>ACTION: All to send in</i></p>	<p>ALL</p>	<p>15 Oct</p>

	<p>Professional Advisory Panel</p> <ul style="list-style-type: none"> Consider what type of advice would the Patient Experience Strategy Group be looking for Suggest members; Don Redding, Angela Coulter, Ian Chalmers Both panels are virtual, suggest they meet face to face once a year 	<p><i>suggested members for the Professional panel</i></p> <p><i>ACTION: Sian to circulate next versions for comments</i></p>	<p>Sian/ ALL</p>	<p>15 Oct</p>
5.	<p>Patient Experience Strategy Group <u>Strategy paper</u></p> <ul style="list-style-type: none"> Is there a primary care aspect to the strategy? Important to know what the strategy is and isn't. <p>Post meeting note – Emma noted that primary care, complaints and friends and family test are included in the Patient Experience Team section of the strategy.</p>	<p><i>ACTION: Sian to circulate next version for comments</i></p>	<p>Sian/ ALL</p>	<p>15 Oct</p>
6.	<p>Stakeholder Mapping / Communications – intro slides attached</p> <ul style="list-style-type: none"> Mark and Sarah presented initial suggested groupings from post-its and spreadsheets; types of organisations, types of roles Discussions around the purpose of the mapping – for this group and for external use? For communication channels Not to be a database of all organisations or groups – too much time and others have this information already Use to help advertise opportunities for involvement? Will it be presented visually i.e. as a map or diagram? Agreed a good start, small group to meet to progress 	<p><i>ACTION: Sian, Mark and Sarah to progress this and circulate</i></p>	<p>Sian, Sarah, Mark/ ALL</p>	<p>15 Oct</p>
7.	<p>Any other business <u>NHS Citizen</u></p> <ul style="list-style-type: none"> Carol encouraged group to get involved. Mark, Steve and Carol attending meeting next week. <p>Postscript; 18 Sept meeting info here - http://www.nhscitizen.org.uk/assembly-meeting/</p> <p><u>Quick Wins</u></p> <ul style="list-style-type: none"> Mark suggested list of things we might want organisations to be doing (outstanding from June) <p>10 things an org' can do quickly to improve patient experience/engagement e.g.</p> <ul style="list-style-type: none"> use 'PatientOpinion': have a tag, watch it, ensure ownership, ensure responses & action plan, audit & monitor ensure a named patient representative/body displayed in every patient waiting room & communal area have a programme to implement at least one project using the King's Fund Patient & Family-Centred Care Toolkit in the next 6 months ensure that carers are specifically consulted, where appropriate, on patients care (see Guardian article) ask each team to invite a patient to tell their story at the next patient-related planning meeting try a 'patient experience' engagement activity (e.g. lying on pavement paralysed to mimic MND, blindfolded to experience blindness) - see who can come up with the most moving/innovative idea 	<p><i>ACTION: All to comment on Quick Wins; JK / SR / SC – to develop</i></p>	<p>ALL / Julie, Steve, Sian</p>	<p>?</p>
	<p>Date of next meeting Wednesday 15 October 2014, 09.30 – 11.30, Jubilee House, Oxford Business Park, John Smith Drive, Oxford</p>			