

Comments on meeting

Meeting feedback / discussion points

Positive

- Some good experiences of being involved in procurement processes – IT training provided and involvement gives an insight into the NHS and why services are procured and provided. Felt patient views were taken on board
- ‘You said, we did’ approach very important – not just to patients who have been involved but the wider public and staff colleagues to encourage more involvement /participation
- Having a contact within the CCG such as engagement team is really useful and feel that feedback is responded to and appreciated.
- Good positive environments created within meetings and groups – supportive, building rapport and not intimidating. People felt enabled to disagree.

Negative

- **Improved communication**
 - Between PPGs and CCG – seems to be a focus on practice mergers and resulting loyalty conflicts and loss of leadership
 - From project groups / activities: meetings being cancelled at short notice, information not received and unclear if meetings are still being held, morphed into something else or contact staff member have left eg Planned and Primary Care Network – information not received that it has stopped and merged with engagement network
- Not always thanked for contribution
- Ensure communication has been received

How can we get new people involved – raise awareness of the opportunity to be involved

- Communication needs to be simplified – missing gap, how can we broaden range of people who are involved.
- Send information on back of flu reminders
- Importance of direct approaches – specific need, going direct to people, possibly through an organisation.
- Going to existing groups/networks – not always attending meetings.
- Changing the way we approach younger people – not necessarily high intensity but remote discussion group
- Approach younger people – Instagram/twitter
- Get link through another organisation, go to people where they are or on line presence.
- Advertise services in library / leisure centre - - put something on the screen or on GP practices
- Include that we will provide expenses – volunteer bureau

Table feedback

Discussion on the term 'patient representative' which may put some people off participating, consider another title such as participant/ volunteer / perspective /local resident. Different categories such as 'expert by experience'

Expert by experience – term may be used in some instances.

Use 'you said, we did, to help recruit.

Also consider staff as patient representatives, should we have these labels?

We want people to participate – even if they don't see themselves actively as patient.

PPG Surgery

- Not made initial contact with CCG
- Merges with surgeries resulted in practice manager not seeming keen on PPG
- Set up peer support group for Diabetes – told there were no rooms
- Some PPGs meet in evening and others during the day
- Difficult to recruit younger people
- Some professionals are not 'in tune' with PPGs and the groups that they are attending
- Most people want to pass on knowledge/experience. Most want to attend PPGs to make things better
- Steer away from acronyms – spell it out

Solutions

- On line involvement
- Tap into creches – go out and find groups (parent and toddler group) – captured groups
- Intranet – tab – difficult to find
- Mobiles
- One question
 - Different ways of asking the question
 - Targeted approach – look @ interests
- Reader panel: provide a draft leaflet – focus group to help find the words
- Positive to have personal interaction
- Expert by experience – different word for Pt rep/volunteer
- New PPG incentive scheme – to encourage surgeries to be involved
- Dataset of volunteers with their experience but mindful of GDPR

Feedback

- 'You said, you did' – 'my view is valuable'
- Telling good news stories
- But also talk about things that cannot be fixed
- Did not understand exactly what role entailed at the point of recruitment. Had a good handover from Heather
- Buddy system to the group – no clear feedback
- Previous role morphed – into CCG – in the role and had to query as Rep to the CCG Board. Not too complicated. Alison and Laura facilitated this process interview with Dr Small
- V good – ACS experience, had to upskill IT skills - help was given for this. Provided a good insight into the NHS

Do not need specialist knowledge I felt I contributed to the process and felt listened to

- Good to have representatives from diverse backgrounds
- Since Heather passed support over- had a list of dates but unsure of the role, just had dates. Expected to hear about expectations
- UTC met frequently for quite a long time, then group felt like it was disbanded and didn't have any further comms
- On whole feel valued by CCG
- Good way to get involved is quality assurance visits – have conversations with pts and relatives. Patient Rep feedback into CCG reports are as given. More patient reps would be valuable to do this
- How recruited?
 - From PPG
 - Asked to join
 - Awareness from CCG meetings – non exec @Barnet CCG
 - Health background / Healthwatch and commissioning panel
- How supported?
 - Alison and Heather make good relationships – developed personal rapport – named contact which supports
 - Staff engage and make good rapport, they have arranged coffees
- What went well?
 - Staff very approachable – built good rapport
 - Had follow up three weeks later – feel appreciated – giving feedback is important as is appreciation of contribution
 - Contribution is valued
 - Engage electronically rather than attend meetings (What about people who don't have emails)
- **Improvements**
 - People do not know this exists
 - GP surgeries used more – found out from them (GP)
 - Simplify comms
 - Ask people to join
 - Add on appointment screen, newsletter but problem getting permission from patients to send electronically
 - Electronic leaflets
 - Try to attract different audience – what group is missed?
 - SEN school open days