Training Programme for NHS England and NHS Improvement Patient and Public Voice (PPV) partners

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Contents

Introduction

We were welcomed to the training by our trainers Helen and Wendy who then introduced Alice Williams, Public Engagement Lead. Alice highlighted the changes that have taken place in the NHS and to the programme of support for PPV partners over the past two years. We were reminded that this two day course is part of a suite of learning available with a mix of online learning and face to face such as this course. However, this course offers something different from the online with lots of information to gain from people in many different parts of the NHS. Finally, Alice reminded us to spread the message that the role of engaging patients and the public in the NHS is everyone's job.

The PPV Peer Trainers from this course are were introduced as Marian Redding from North Essex working on the ICS (Integrated care system), Sandra Rennie who is on the primary care oversite committee which is morphing into looking at the 10 year plan and Alan Thomas from Cheltenham who does PPV on a local, regional and national level with the ICS.

Everyone was invited to introduced themselves and said something that they enjoy about their PPV work. Things that people enjoy included:

- Speaking to people
- Making myself heard
- Networking
- Advocacy and helping people get their voice heard
- The potential for being heard more and making change
- Consolidating voices to make change happen
- The moments when something that's obvious to you isn't obvious to the others in the room
- See something through from start to finish
- Knowing that conversations change by being present

The four modules of the course are:

1. Understanding Health and Social Care: By the end of this module participants will understand how they fit in to the wider health and social care landscape and how they can position themselves within NHS England and NHS Improvement for greater impact.
2. Patient and Public Voice Partner roles and responsibilities: By the end of this module participants will gain a clear and shared understanding of the role and key responsibilities of a Patient and Public Voice Partner.
3. Partnership and Influence: By the end of this module participants will have explored effective skills for influence and collaboration through partnership working.

4. Putting it all into Practice: By the end of this module participants will have increased their confidence and identified some clear actions to take away.

The full presentation has also been sent to participants

Helen emphasised that we want to build a safe space to support everyone's learning. We agreed that to do this we would:

- Active listening but this is balanced with making space for everyone to talk and not dominating conversation
- Respecting everyone's point of view
- Say when something is confidential and needs to stay in the room
- Tweet but do so in the gaps and breaks
- We would work as a team over the two day course
- We agreed that if something isn't right and making people feel uncomfortable we would make it known

What do we know about the NHS?

Sandra introduced the Match the Stat exercise, the answers to this have also been sent to participants

This was followed by a discussion on the use of social prescribing and the use of statistics and data.

Emerging Structures within the NHS

The NHS is evolving at a very fast rate, the units of place that the geography of the UK is split into have changed a number of times in recent years. There is a shift of care being shifted closer to home, a trend towards looking at mental and physical health as integrated and a move towards greater patient voice. There is also a shift to looking at the population and collecting evidence to see their needs

After watching the Kings Fund video (found at https://www.youtube.com/watch?v=DEARD4I3xtE) we reflected that its interesting to see the differences in that have occurred over the past two years and where some of those changes have come from

Where does PPV fit into this structure of the NHS?

We were invited to put in areas we can make a difference and areas where there are barriers to the diagram of the NHS

The major areas barriers were noted were around STP's and moving into integrated care partnerships. Some barriers were also around community services . The issue of who the PPV role is representing was also raised with one area calling the role patient advocates rather than representatives..

The areas where there is a strong PPV voice was quite widespread. We also recognised that often with specialist services PPV work in done centrally rather than locally.

There was a question of the place of the patient within this model as they are both everywhere and nowhere. We also recognised that the same structures can have barriers in one place and work really well somewhere else or for someone else.

The Commissioning Cycle

Alan asked the group “what is commissioning?”

- Deciding what is funded
- Is there a need?
- Contracting and issuing contracts to those who bid to provide the service
- Prioritising
- Trying to run services as a business, cost savings etc.
- GPs are local businesses, services are bought from local businesses
- Local and national

He recognised that we didn’t talk much about the monitoring of services once things have been commissioned. We discussed who has influence at each stage and accepted the need for PPV roles to be involved at every stage of commissioning not just to be brought in for the decision.

Participants gave their stories of being involved in procurement and making a difference many years later where something which was initially pointed out by their role came into practice.

Spotlight on the NHS

We had three areas for discussion highlighting different parts of the NHS, here are the key points from each

- Maternity Voices
  - Local with service users and staff together but led by service users
  - Equality for all service users and professionals as equal members
  - Dynamics are important as not all women in maternity are patients, lots are well people having a baby

There was also a question about inequality of outcomes in maternity services for BAME women and reference to previous report highlighting this.

- Social Prescribing
  - Concerned over how money reaches small organisations who don't have a resources or bidding of larger ones
  - Systems of referral work in both directions
  - How we'll know about information and resources, portals etc so things are connected and kept up to date
- Primary Care Networks
  - Confusion over what a PCN is as it is not a legal body or have accountability
  - Concern with patient voice getting lost as no legal need for it
  - How does PCN's dovetail into the long term plan and relate to other levels?

Why become a PPV partner?

The reasons given included:

- Connection
- Visibility
- ensuring voices are heard
- involving everyone
- supporting relationships

Why Have PPV partners?

- Legally must but also the right thing to do!
- Voice of lived experience is so important, this is noted by some professionals but not all
- To hold people to account as the NHS belongs to everyone

- To understand what's important to patients
- Having a patient in the room can completely change the direction of a conversation. Reframe conversations to what matters to patients
- Ensure money is being spent appropriately e.g make sure things will be used and are based on needs
- About hearing the voices of the unheard, look at gaps of who you're asking.

Long term plan doesn't have it explicitly said about the PPV role in the same way as the Five Year Forward View but it did involve a huge amount of engagement in the creation of the Long Term Plan, it's not fully there but it is starting to walk the walk as appose to just doing the talk.

What do PPV partners do?

We were asked to consider the roles and responsibilities of PPV

Roles:

- Representing voice and views
- Objectivity
- Expert by experience or trade
- Be a role model or inspiration

Responsibilities:

- Do know own boundaries and limits, limitations and strengths and willingness
- Know when to say no
- Huge amount of
- To act as critical friends
- To highlight issues but no responsibility to solve issues
- Champion patient views and NHS and services
- Connection and communication of various needs and queries
- Representing voice and views
- Ensuring the loop of consultation is closed and people get their feedback
- Encouraging anyone listening to be open and hones about what they are doing
- Ensuring diversity is heard
- Truly reflect patient views (rather than own)

We recognised that you can be working over several roles and that you need to make sure that if you have been appointment at a role then whatever work within that is actually part of that role. NHS England and NHS Improvement are currently relooking at the advisory policy on this which is being coproduced.

NHS Values- and the importance of PPV in embedding these values

Dignity and respect were known by the group but the rest were forgotten

The group were asked for examples of:

- where you've seen and experienced each value
- an example of where PPV is good at helping with it

Compassion

- Share experiences of when experiencing compassion for example continuity of care.
- Hard for staff to be compassionate when no one is compassionate with them.

Working together for patients

- Can be better- no decision about you without you.
- There are disjointed areas which need to be joined up and PPV partner can support this by being on a health watch etc

Quality of Care

- Individualised care
- Shift away from a gate keeper culture around PPV

Respect and dignity

- Removing barriers and going to different groups where they are finding what they need

Improving lives

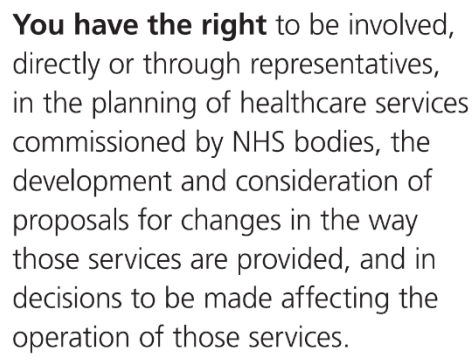
- Mental health is in an area which hasn't been embraced for a number of years and having an understanding of this means that PPV needs to be placed in strategic places.

Everyone Counts

- Underpins many of the other values
- Challenging and calling out discriminatory behaviour doesn't need to be done by the PPV role but can give an extra impetus to do so.

Catherine also sent the following points for inclusion:

- NHS Maternity Voices Partnership Chairs are explicitly operating in the Nolan principles framework (and my reading of the framework is that it would certainly extend to all apointed PPV partners - as well as non-execs and MVP chairs)
- Also the statement of the legal duty to involve that we use in the Healthwatch I work for is on page 9 of the NHS Constitition - image to the side - the right to be involved at strategic level. There's a nice explanation of it in the Handbook to the NHS Constitution.



You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Bringing it all together…PPV Strengths!

At the end of the first day the group worked together in pairs to listen to each others stories, give feedback and recognise the strengths each of us had. We saw how wonderful it is to get these stories and feedback. It makes a difference to us all and is a great opportunity to do this in other meetings and lead to people feeling much more confident.

Limericks

To start off the second day we had some fun with a quick followed by Limericks.

Super Sweets

At the PPV training in London
We dealt with many a conundrum
There was lots of food
Which bolstered the mood
And along the tasks there was fun…done

Table Two Terrors

At the London PPV training
It definitely was not raining
We sat ound the tables
And all told their fables
Cos we want to stop the NHS from waning

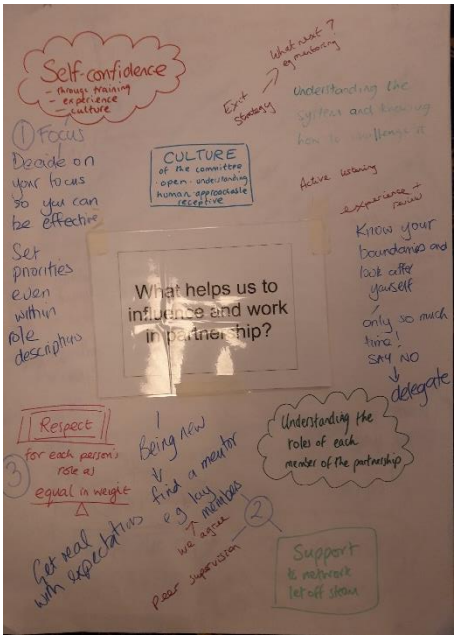
Five Star

In London at our PPV training
We all felt like we achieved so much,
gaining
From different walks of life
Without any points of strife
PPV partners we will be remaining

Where have you seen positive PPV influence and partnership working?

Stories of Change

As part of the 'home work' we have stories of change presented to the group the drivers of change we highlighted these can be found in appendix 2



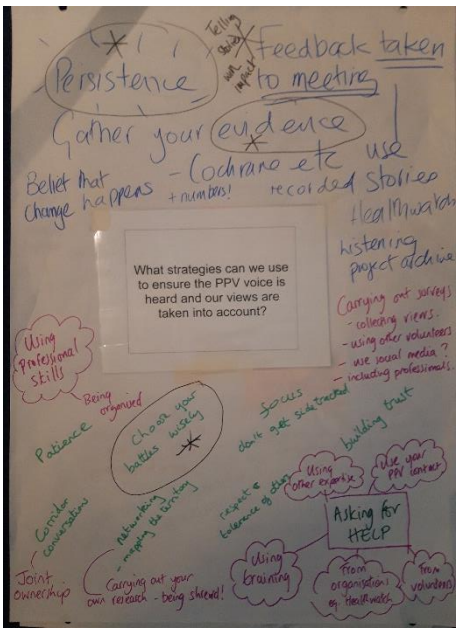
Partnership and influencing – what helps, what hinders, and how can we do it better?

What helps us to influence and work in partnership?

1. Self-confidence –Focused on how to influence, increase
2. Understanding our support and getting the appropriate support. Having networking opportunities
3. Respect – sitting in important meeting. Got to have respect for clinical colleagues

What are the challenges in influencing or working in partnership?

1. Culture – egos, target driven bureaucracy
2. Fear – out of depth, lack of expertise, criticized
3. Time – for the meeting, constraints of time



What strategies can we use to ensure the PPV voice is heard and our views are taken into account?

1. Persistence – can't expect everything first time
2. Evidence – doesn't just have to be facts figure and research. Feedback form meetings or stories. Use this as evidence.
3. Use your energy wisely

Understanding our own strengths

We use Lumina to consider our own strengths and preferred ways of doing things. Some reflection from the exercise included

- Some people noted they were better at writing then speaking and other were the opposite
- Different occasion require different approaches to communicate
- Too creative and out of touch reality, come up with great ideas. Lack ability to step back and look if it is practical
- Other so realistic that don't see wider possibilities

Questions from the colours

- There is a practical application, you can almost guess what colour people would be
- Goes back to how you would talk to be. Shift your language by talking in a different way
- At the same as targeting words and ways to speak to other, very important to own your own strengths and be authentic

Find out more at https://luminalearning.com/

Influencing in practice

We came up with a list of some of the ways we can influence change:

- Ensure we are at the appropriate meetings and networking
- Creating a network and be in the right place
- Asking the right questions / focus
- Gathering feedback and learn + understand from evidence
- Sharing good practice to highlight what good/success looks like
- Use wider community to
- Highlights the benefits of change
- Clear about what to gain from change
- Find out what the decision makers what they want you to provide and find that info
- Do your homework on decision maker intentions
- Everybody diverse motives
- Understand people's way of thinking and adapting ways of language
- Everybody learn + can change so plug away
- Pick your battles/issues
- Adapt to people/audience

We tried out some role plays to explore how we can influence. Here are some of the key points

Scenario 1: A PPV group not reflecting the community well enough

- Approach with diplomacy
- Non-confrontational start, great way to introduce something
- Difficult to change things up, especially people who are invested. May not want to step down
- Evidence base is important
- Building allies
- Carrot and stick, don't want to be left behind and want to be ahead of the curve
- Massage egos but be true to yourself

Scenario 2: Member's of an advisory group work out where get support

- Make point of view known in the meeting
- More tactful
- Find allies within the clinicians
- Explain a bit about why you are there and the importance – use other PPV partners to help you
- Networks of support
- Always info and data out there to support your points
- Use PPV partners as a reflection of yourself
- Acknowledgement that you aren't going to win every battle
- Recognise that there is a power-dynamic

Scenario 3: An ongoing issue on procurement panel where papers do not arrive far enough advance

- Need a really good chair who keeps things to the way things have been agreed
- Work out other ways to present/discuss/engage with complicated parts of data
- Summary page so that the key points are there as often people don't read everything and in full detail
- Give people a chance to actually engage
- PPV partners struggle with amount of info
- Don't need to read everything, read the bit that you are commenting on

Scenario 4: A member of a committee not agreeing with a previous decision made

- Go to meeting second time, have someone there to give you the support
- Relate back to evidence or things have happened before

Tackling common challenges

We ran a solutions surgery where people got advice on an issue or concern from others in the group. On reflection the following points where made:

- Find an ally and a way in
- Concrete stuff about specific apps e.g. video options to participate
- If you are limited with time it makes you be more direct
- Very perceptive people

Action Planning

To follow up from the training everyone has taken an action plan home with them to work out their next steps and put what they have learnt into practice

Reflections

Some of our final reflections from the two days included:

- Useful to be stepping back in a difficult situation and seeing a different way of doing things
- Life better when you laugh and try to be humorous. There are always things that we can learn from each other
- Stuck by how generous the group has been and the levels of solidarity
- Enjoyed the passion and knowledge of the group
- Great to have practical and organised people to get ideas from
- Real appreciation of the course and each other for being in the room
- Recognising that you are not alone and that others are on the same journey
- Making us thoughtful and consider what it gives us and other people
  'I wonder what the conversation will be like if I wasn't in the room'

Appendix 1 : Useful links from the day

There were the links recommended by participants during the training

How to make a complaint:

https://www.citizensadvice.org.uk/health/nhs-and-social-care-complaints/complaining-about-the-nhs/who-you-can-go-to-when-you-have-a-problem-with-the-nhs/organisations-that-can-help-you-make-a-complaint-about-health-services/

ADD and Loving it!

https://vimeo.com/212082926/3159890ebc

Appendix 2 : Drivers of Change

Amneet's drivers of change

- Using feedback / being proactive
- Reaching out and inviting community member
- Using MVP role in reviewing services
- Staff training
- Willing to change
- Develop partnerships with public services
- Share with others – nationally / other PPV
- Story of change
- Networking

Simeon's Drivers of Change

- Theatre of the oppressed is a performance piece
- Performed different places Bulling/racism
- Anchors for change
- Linking community/public sector with team (out of silo)
- Creativity
- Giving voice – valuing
- Facilitating others – bring change and networking

Derrick's Drivers of Change

- Food in health service
- Audit of food in hospitals
- Evidence meal time to ensure not interrupted
- Protected meals
- Report – talked to trust
- Using a stat requirement as needed – added weight
- National Action protected meal times
- Positive relationship
- Negotiation

Ros Drivers of Change

- CCG 70 Years NHS Thanks ceremony
- Physio services
- Patient rep widening agenda
- Enabling commissioners to widen focus
- Relationships
- Feedback revitalising – keep momentum
- Pathway mapping / site of project plan

Sheena drivers of change

- Asserting needs
- Advocacy
- Challenging
- Broader issues r.e. meds access
- Research – repeat their language, reflect back

Suzanne drivers of Change

- Bringing in example from other places
- Using voice on committee to inform strategy
- NHS England staff pushing each area nationally coordinated
- Local, regional and national
- Brave and round table
- NICE evidence
- Allies, champions and networking

Appendix 3: Thoughts on NHS Values
Sent for inclusion by

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