

**THEME 3 – STANDARDISING ACUTE AND SPECIALISED CARE**

**PATIENT AND PUBLIC REFERENCE GROUP**

**INFORMATION PACK**

**September 2018**

*This is the first draft of the patient representative information pack and we welcome additions to this where patient representatives feel it would further aide and support their involvement. Discussion and amendments will be covered at the first session of the Patient and Public Reference Group.*

## **1. Introduction to Theme 3 – Standardising Acute and Specialised Care**

Patient voice and experience has informed and influenced the service reviews of Theme 3, Standardising Acute and Specialised care (for brevity we will use Theme 3 as the term). Patient voice has been achieved using a number of approaches to reach the range of patients, carers, and potential service users of the Theme 3 work streams currently under review which are detailed below:

1. Respiratory
2. Cardiology
3. MSK/Orthopaedics
4. Benign Urology
5. Paediatrics
6. Breast Services
7. Vascular
8. Neuro-Rehabilitation
9. Ophthalmology (to be commenced)

The NHS Transformation Unit has led this engagement via establishing patient representation on design oversight forums (which include doctors, nurses and other healthcare professionals). The design oversight forums role is to review the current service and discuss and consider areas for improving patient outcomes; quality; safety; improving standards; sustaining services for the future, which continues to meets both current and emerging demands for healthcare across Greater Manchester. The result from the review was a Model of Care being designed. However, this is the initial stage one of the review process.

Engaging patients began at the start of the review process by reviewing desktop data from Friends and Family tests and NHS Choices. Alongside this, several work streams established Patient Advisory Groups using patient meetings/focus groups to discuss patient experience in relation to Breast Services, Benign Urology, MSK/Orthopaedics and Vascular services. The Neuro-Rehab service held specific patient and carer workshops style sessions to help inform and shape the models of care. Other work streams are currently still under review and will not be completed until the end of July. However, those involved in patient advisory groups can be limiting, not demographically representative of its users and therefore require a wider range of views to be elicited for improved insight to be achieved.

To respond to this need, wider patient engagement has been sourced directly through targeting patients and their families who have used the services

detailed above via patient experience surveys. The surveys have been shared using a range of areas within hospital settings, e.g. hospitals clinics, out-patients, in-patients, patient discharges, etc., across the GM region to provide insight on current patient experience. The surveys asked for patient experience feedback and views and ideas in regard to positive service changes. The surveys have been customised accordingly to each work stream and have been co-produced with input from doctors, nurses, patient reps, patient led focus groups and input from Greater Manchester Healthwatch.

Locally, CCG's, local authorities, children and young people's services, Healthwatch organisation, MacMillan, and wider GM Voluntary, Community, Social Enterprise partners have circulated information on how to become engaged and also circulated copies of surveys which could be completed on line or via request for alternative, formats, language or hard paper copies.

We want to continue to listen to views of patients in the Options development stage which considers wider issues such as workforce, finance, estates, travel and transport, etc. Therefore, the patient reference group will bring together people who are geographically representative of each Borough who can listen to what information has been gathered, the patients' view/experiences of services, and how Options are developing and what, as local representatives, you feel may be missing. In addition to this, we would like your views on the impact on transport and travel, particularly where a service Option may include a relocation of a service.

Firstly, we want you to help shape how each element can be evaluated from a patient and public perspective before the modelling of Options begin.

## **2. What is the purpose of the patient and public reference group?**

Patient and public reference groups are being established to support public scrutiny in our approach to modelling and Options development for Theme 3 services under review.

## **3. What is a patient/public representative?**

A patient/public representative is someone from one of the 10 local authority areas in Greater Manchester who has an agreed role in representing their CCG, Healthwatch as a work stream patient rep, or as a GM organisational rep from the third sector who has agreed to participate in specified activities at a Greater Manchester level in relation to Theme 3.

For the purpose of Theme 3 activity specifically, patient reference group representatives are made up of people who have knowledge, skills and experience in terms of local health care provision have links and networks

which seek the experiences and views of the public on how services are delivered and what is important to them from a patient and carer perspective when receiving care.

#### **4. How are representatives selected?**

Each respective organisation was asked to share this with their members/group to enable a self-select process to be undertaken which the organisation and the individual feel is acceptable for their locality.

Membership for the patient and public reference group

- 2 reps per CCG covering each locality
- 1 rep per Healthwatch organisation
- 1 rep per Healthwatch involved in Theme 3 workstreams
- 10 reps from GM Voluntary Community Social Enterprise
- 2 GMHSCP communication and engagement lead reps

Relevant leadership team member as required from Theme 3

Where outlying areas are affected this may be extended to additional members of the public.

Where appropriate, membership from outer localities to GM where services may be affected may be extended to include: East Lancs, Chorley and South Ribble, West Lancs, St. Helens, Vale Royal, South Cheshire, North Staffs, North Derby. This will not take place until the Options are known later in the year.

#### **5. Role and Responsibilities:**

The role of a reference group member will be to:

- Inform and influence the evaluation criteria being used to create Options.
- Review and make comment on the draft Options shared from a patient and carer perspective.
- Review travel plans and make comment from a patient and carer perspective.
- Consider and raise any equalities issues.
- Support and enable access to locality groups for further engagement where public consultation may be required.

As paediatric services are also being reviewed it is important that children and young people are involved and are supported appropriately to share their views and experience.

A separate specific children and young people's reference group will be established.

6. **How do representatives claim expenses?**

All travel/transport expenses will be reimbursed on the day of attendance in cash. A copy of parking tickets/rail tickets etc. will be required and we will photograph them on the day and ask for your signature for audit purposes. We will cover this as a return journey expense on the day to reduce waiting times for reimbursement.

7. **How do we ensure appropriate confidentiality?**

As a representative, you may have access to sensitive information about current service performance and plans for the future, some of which may never be used as an Option which becomes public and as such is a draft. **Where a document is marked as a draft this would be considered confidential** and this includes this Patient Information Pack until we collectively agree the final content, and until such time forward circulation is not permitted.

Collectively, we need reference group members to respect this position and ensure that appropriate confidentiality is maintained at all times. The group will be asked to suggest some key principles to support this, which will be collectively signed up to by existing and any new members.

Feedback at each session will be noted but your views will not be recorded in terms of your name or locality to ensure you feel confident in making comments. Where broad consensus is reached on comments this would be reflected in notes to demonstrate this would be a GM wider perspective.

8. **How do we manage potential conflicts of interest?**

Quite often people who are involved in Healthwatch, PPG's etc. are also involved in other activities. Sometimes these cause a **perceived** or actual conflict of interest. GM Health and Social Care Partnership would want to support you and ensure that any potential conflicts of interest are known about, written down and their potential impact is understood. If you feel you may have a conflict of interest please raise this with the Theme 3 Engagement lead Jackie Robinson.

9. **What should you do if you have any questions or concerns?**

We want to ensure you feel well supported if you have any questions or concerns.

If your question is about your role, or the agenda for a meeting, your expenses being paid, or a general query you need answering, contact Jackie Robinson on 07825245378 or email [Jacqueline.robinson7@nhs.net](mailto:Jacqueline.robinson7@nhs.net).

## **10. Next Steps**

We will hold three sessions for reference group members:

- The first session will address how the evaluation criteria will be set – 16<sup>th</sup> August 2018 – 10-12.00 noon. Venue to be confirmed
- The second session will address the draft Options and seek your views. Date, time and venue to be confirmed.
- The third session will address travel and transport plans. Date, time and venue to be confirmed.

**On behalf of Greater Manchester Health and Social Care Partnership, thank you for your support and input into this stage of the process.**