

Service User Network meeting Wednesday 19th October 2016 12.30 – 16.30

Friends House 173-177 Euston Road London NW1 2BJ **Minutes**

Attendees:	Apologies:	Guests:
Kim Rezel (KR)	Jagadish Jha (JJ)	Nicholas Holmes (NH)
Brian Hodges (BH)	Sylvia Bailey (SB)	Saffron Homayoun (SH)
Dave Brown (DB)	Carole Stubbs (CS)	
Mike Dent (MD)	Robert Johnstone (RJ)	
Bren McInerney (BM)	Diana Robinson (DR)	
Christopher Hardy (CH)	Susan Hutchinson (SH)	
Adrian Hardy (AH)	Manoj Mistry (MM)	
Margaret Hughes (MH)	Prisha Shah (PS)	
John Lynch (JL)	Francesco Palmer (FP)	
Ken Elliott (KT)	Jennifer Bostock (JB)	
Joan Lloyd (JLl)		
Carol Munt (CM)		
Paul Davies (PD)		
Tosin Eniade (TE)		
MINUTES		
1. Lunch		
2. Welcome and	BH welcomed everyone; Ken Elliott,	Joan Lloyd, Carol Munt and Paul
introductions	Davies joined the meeting, having b	een involved in the application
	process for the Clinical Outcome Re	view Programme – National
	mortality case record, KR had invited them to attend the SUN	
	meeting. Everyone gave short introductions to make them all feel	
	welcomed.	
3. Minutes of the last		
meeting		
Accuracy	Agreed and approved.	
Matters arising	None that won't be covered throug	hout the meeting.



4. SUN business	
Meetings for 2017	All members are still pleased about the location of the meeting at Friends House so we will continue to have meetings there. There was a discussion about the frequency of the meetings. JL commented that 2 meetings a year is not enough; we need more to be able to help others and make progress. BM suggested we have 3 meetings a year which a majority of people agreed with. By doing this, it gives HQIP staff the opportunity to attend to see what the SUN meeting is all about. MH suggested that we have a SUN newsletter to inform the network of any project updates which will be considered. CM commented that SUN members who are unable to attend upcoming meetings should send a summary of stuff they have been working on. KR agreed that we can increase the meetings to 3 times a year; one in March, one in June/July and one in October, based around HQIP's AGM preferably.
	However, part of SUN's terms of reference is that there is involvement in other HQIP activities and this is still to be confirmed and discussed about this as a priority for the group. (see below)
AGM feedback	BM, MH and DB all commented that the AGM was a success and MH had delivered a great presentation about the Impact Analysis project. BM pointed out that the table top discussions on FFFAP (Falls and Fragility Fracture Audit Programme) were good but time consuming so next time there should be just one question to discuss in depth rather than four questions.
 Project updates from SUN members 	A number of SUN members have been involved in two projects; Impact Analysis and PPI in procurement (now called PPI in Commissioning). These were discussed later on in the meeting.
Terms of reference	There was a discussion about the current terms of reference and whether everyone was still happy with it. There were suggestions that it needs to be reduced as it too long and should have information about new projects SUN are involved.
	KE pointed out that SUN members should branch out into different geographical locations in order to promote and contribute to PPI around the country. BM and MH commented that we would need resources and time available to do so otherwise we should stick to making a local impact – which already happens in many areas thanks to SUN members. CM suggested for new attendees at SUN meetings,



	Improvement
	there could be a feedback table which highlights their views on the
	meeting which may encourage more people to be involved with SUN.
	MH suggested that we provide welcome packs for new members.
	KR reminded everyone of the evaluation form that many members have already completed.
	KR asked for all to consider how to re-write the TOR, adding aspects like the Etiquette rules for example as an appendix or separate document? Roles and responsibilities should be considered as we have a number of long-term members, plus Chair and Vice-Chair roles. This will all help with discussion about frequency of meetings.
	Everyone to send their additional comments to KR by 4 th December with a view to signing off at the next SUN meeting.
	Everyone to complete the evaluation document and for TE to keep an updated spreadsheet, perhaps anonymously that showcases SUN's experience and competency.
5. Projects	
Impact Analysis	AH put together a great report about the impact SUN members have on HQIP. CH commented that the document shows that SUN members are currently doing a lot, but we need to look at HQIP's projects and see where we can we contribute fruitfully and readily. By doing this, it encourages us to be proactive. Everyone was in agreement. KR suggested that quotes should be imbedded throughout the report so it has a better flow. KE commented that this report could create the opportunity to generate more income. It was also suggested that SUN members have a chance to look at HQIP's Board agenda prior to the meeting so they can contribute beforehand. AH will continue to work on the report and send back to KR. Deadline is before the 19 th January 2017.
PPI in Procurement- Commissioning	Much progress has been made with this project since the last SUN meeting. NH attended again to update SUN. KR, NH and a number of the NCAPOP team have been meeting to make changes to the Commissioning process and to ensure PPI. To be clear PPI did exist prior to this albeit in an ad hoc basis and with no consistency. KR has been working with a team from SUN to consult throughout and receive their input.
	A high-level idea has been developed and KR has since received approval from the senior management team at HQIP to proceed. (FIG



	Inprovenier
	1.)
	KR went through the Commissioning process and highlighted the developments and the things that are still to be confirmed (see FIG 2) and NH updated and lent his expertise.
	 SUN members have been involved throughout Next steps include the following: SUN training (21st November) SUN involvement on the FFFAP and SSNAP projects (Falls, Fracture, Fragility Audit Project, Sentinel Stroke National Audit Project) BM acknowledged that this will be a pilot and we will be able to develop the process from the learning of this project. It is a great opportunity for SUN to understand procurement from the PPI side.
	Other upcoming national audit projects include the Rheumatoid and early inflammatory arthritis specification development meeting – KR to link AH with the project team.
6. HQIP Business> New project with clinical fellow	SH gave a presentation on parity of esteem which will be sent out.
7. Any other business	
Sustainable Transformation plans	BM and CM have since contributed the below: The URL link below will take people through to a good description by the Kings Fund on STPs. The attached is the latest I have seen as guidance on engagement with the public on STPs. Sustainability and transformation plans (STPs) explained
	www.kingsfund.org.uk/topics/integrated-care/sustainability Sustainability and transformation plans (STPs) were announced in the
 A brief summary of the National 	NHS planning guidance published in December 2015. Contribution from BM: The event was run by NHS England and held on the 26th of Sept in



Meeting :	Venue – Friends House
8. Date of Next	29 th March 2017
Patient First conference- 22 nd &23 rd November 2016, London	Whoever wishes to attend should let KR know as soon as possible. Two places have been reserved for SUN members. <u>http://www.patientfirstuk.com/</u>
	injury (NCASRI) – lay summary National Bowel and Oesophago-Gastric Cancer audits SUN members were to send their views to KR on the patient leaflet by the 24 th October
 Patient Leaflet 	Two leaflets from: National Clinical Audit of Specialist Rehabilitation following major
	area, this being for the public/patients and professionals. The purpose of the events was to ensure the public and health and care professionals have an opportunity to discuss how health and care information is used and to seek views on the recommendations made in the review. The feedback from the sessions will feed into the consultation findings and will be used to inform plans for how health and care information is used in the future. At the event there was a presentation from the Department of Health Lead, a presentation from Dame Fiona Caldicott, and there were table top discussion on the 8 point model, <u>http://nuffieldbioethics.org/news/2016/national- data-guardian-review-data-security-consent-optouts/</u> of how the data would be used. There were discussions centred around the issues be around collecting, storing and using the national data, the need to look at succinctly communicate this to the public, reaching people and communities who were not always reached/vulnerable groups, and the diversity of the population and engagement approaches to reach the widest audience and gain and maintain trust in collecting and keeping personal data. There were loads more but I have misplaced my notes and so can't remember too much from the vent apart from what I have stated.
Data Guardian event	London. The purpose of the event was to review data security, consent and opt-outs. There were separate sessions around this topic



Commissioning: issues that are important to patients are reflected in the specification as a focus for QI, which includes the involvement of patients in delivery and output

Contract end/recommissioning: learning from NCA informs any re-tender/recommissiong process. how well did the provider embed the patient as part of its work? How has the patient responded to the audit reports?

Procurement: Tenders are reviewed by patients to ensure patient voice is heard and responded to, with clear intentions to involve patients at key stages through the contract life time

Contract management: providers are held accountable for delivery particularly in relation to working with patients to ensure their views are reflected in the governance , structure, and output Contract: PPI deliverables are embedded in the contract. Specific issues of importance to patients are reflected as part of thecontract development as appropriate and methods to involve patients throughtout the project are laid out.

FIGURE 1



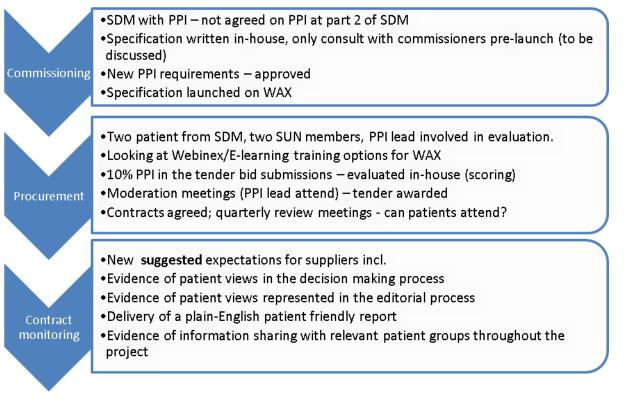


FIGURE 2