



NHS South East Coast

Clinical **Senate** Strategic Clinical **Networks**

‘Making a Difference – Patient and Public Engagement

**A report from the South East Coast Strategic Clinical
Networks & Clinical Senate & Third Sector Organisations
Patient and Public Engagement Action Learning Set**

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Making a Difference – Patient and Public Engagement

'I know why I've been involved and I know how I've made a difference'

- for patients, carers and the public

and

'I know why I want to involve people and I can tell people how they have made a difference'

- for professionals



South East Coast
Clinical Senate

**WE ARE
MACMILLAN.
CANCER SUPPORT**



South East Coast Strategic Clinical Networks

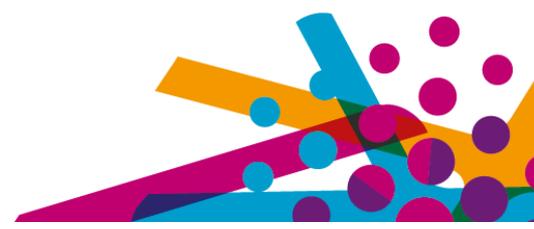


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1. Introduction & Purpose of the Report

This report describes the development of and outcomes from the South East Coast Strategic Clinical Network & Clinical Senate & Third Sector Patient & Public Engagement (PPE) action learning set which met from September 2013 until July 2014. The purpose of this report is to share our learning with other NHS and third sector organisations.

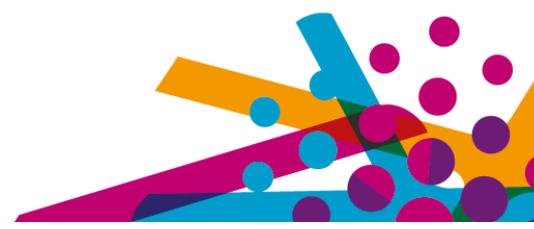
The overall aim of the action learning set was to co-design some collaborative models and processes for Patient & Public Engagement across South East Coast Strategic Clinical Networks and Clinical Senate (covering Kent Surrey & Sussex). The work was funded by Macmillan Cancer Support and the South East Coast Strategic Clinical Networks (SEC SCN) & Clinical Senate.

As part of its work the action learning set offered coaching and consultancy support to the SCN and Clinical Senate Quality Improvement Leads (QILs) as they began to develop PPE within their projects and programmes. This created a unique opportunity for SCN and Clinical Senate staff and third sector organisation representatives to meet together, to learn from each other and begin to build useful networks through which to develop PPE.

2. Why we set up an Action Learning Set for PPE

In the 2013 restructuring in the NHS, which led to the creation of a number of new NHS organisations (NHS England, Strategic Clinical Networks and Clinical Senates, Clinical Commissioning groups, etc) PPE was seen as central to the work of the SEC SCNs and Clinical Senate. So it became important and timely to refine and further develop the well-established and effective systems and processes for user involvement which existed prior to April 2013, such as cancer and cardiac networks in Sussex and to create new ways of working where needed.

The idea for the action learning set was initiated by the PPE leads from Macmillan Cancer Support, Sussex Cancer Network, and the British Heart Foundation who met in 2013 to discuss the challenges for PPE in the proposed new NHS structures which now created networks covering a bigger geographical area (Kent Surrey and Sussex), and which would cover more clinical areas (Mental Health, Dementia and Neurological Conditions, Maternity, Children and Young People, Cardiovascular - including Cardiac, Stroke, Renal and Diabetes, and Cancer) and had a huge agenda for service



transformation.

Key questions at this early stage included:

- How to ensure the *local* experience of patients and carers gets to influence and impact on the strategic development priorities of the Strategic Clinical Networks and Clinical Senate?
- How to retain the existing PPE expertise, and experience and the people who had been involved in user partnership work in managed clinical networks?
- What PPE exists in other clinical areas (Mental Health, Dementia Neurological Conditions and Maternity, Children and Young People)?

It became very apparent at an early stage that there were significant gaps in understanding of how PPE was being developed in other health conditions across the whole of Surrey, Sussex and Kent. And for NHS colleagues there was a lack of detailed understanding about third sector organisations, their priorities and ways of working.

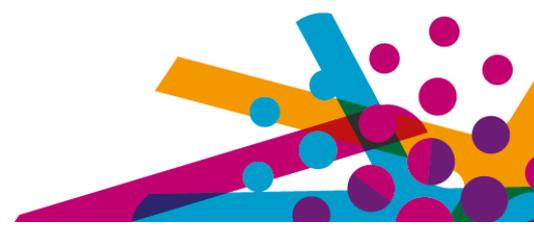
These early discussions highlighted the importance of having active professional networks and professional relationships in order to develop effective systems and processes for PPE. We noted how much of PPE work is *relational rather than transactional*, and saw the building of new relationships within the new organisations and across other health condition areas as central to developing PPE in the new structures. We also saw the potential to avoid duplication of effort by finding ways to actively collaborate, using the specialisms and expertise of different stakeholders.

So bringing together and building relationships between those with an expertise and interest in PPE from the NHS and Third Sector was identified as a helpful starting point and an action learning based programme was seen as a useful approach.

3. The Action Learning Set Approach

Action learning was chosen because it is a learning and development process which has a clear structure and format (to be containing – where the context is in flux), focuses on learning and insight gained from doing real pieces of work, can be flexible and responsive to any emerging clarity, and helps build robust and productive relationships within a group. (See appendix 1: Further Information for Action Learning Set Participants)

The emergent nature of the context (the SCN & Clinical Senate still forming and the NHS agenda and priorities still emerging), the need to build new relationships with the Third Sector (where some organisations were also undergoing reorganisations) and a



desire to build on the legacy of relationships and partnership working confirmed action learning as a good choice of development framework.

The action learning set met for 12 x ½ day (4 hour) sessions between Sept 2013 and July 2014. It started or finished each session with lunch – a deliberate decision seen as part of the ongoing process of building relationships and rapport within the group and creating a robust network.

The action learning set was externally facilitated by an experienced facilitator who brought insight and expertise on partnership working across the NHS and third sector, PPE and facilitating change. External facilitation also ensured continuity across the programme when, at times, group membership and participation fluctuated.

4. Action Learning Set Membership

There was a maximum of 12 places on the action learning set and the intention was to recruit a variety of PPE professionals from the third sector who between them would have significant experience and knowledge of:

- one or more of the clinical conditions covered by the SCN;
- involving people from ‘seldom heard from’ communities;
- the voluntary and community sector in South East Coast

and a willingness to help develop PPE at a strategic level.

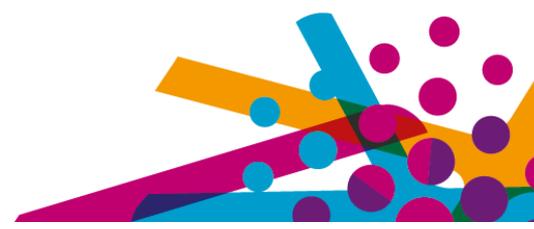
We did not attempt to have representatives of every clinical condition. The process of forming the set and identifying who to invite highlighted significant gaps in our networks and reminded us of the need to keep aware of “those not in the room”.

During the life of the action learning set membership and attendance varied (people changed roles and took on additional commitments) but we maintained a core group of people throughout the duration. (See appendix 2 for membership list).

Access to other PPE Expertise: a Critical Friends Group

Aware that there is considerable expertise about PPE within the wider NHS and third sector communities we established a small ‘Critical Friends Group’ of people who were willing to be an additional resource to our work as and when we needed it.

Group members were chosen because they had particular expertise (e.g. evaluation or patient experience) and/or had access to national PPE networks (NHSIQ, NHS England,



Two Can Associates & Macmillan Cancer Support) and included service user representatives.

Group members met once as a group and then provided insight, knowledge and expertise on an 'as and when' basis and were able to inform us of national and regional developments as well as provide specific input on evaluation.

5. The Four Phases of the Action Learning Set Structure

Over the 12 sessions the action learning set had 4 distinct phases.

Phase 1 – Getting started

Here the focus was on getting to know each other and understanding each other's work context and networks and with building our map of the potential resources (groups, systems and processes) which each organisation and individual could contribute to developing PPE across Kent Surrey and Sussex.

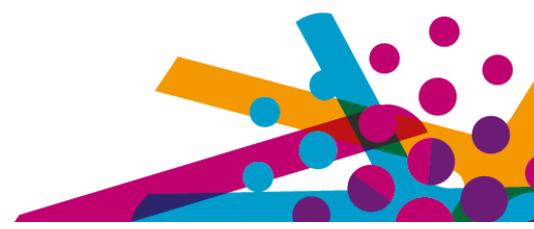
This revealed the extent and richness of the resources of this relatively small group of people and their potential value to the development of PPE across the South East Coast SCN and Clinical Senate.

Key learning in this phase was the recognition that the value of this sort of map/networks lies in *active relationship building* rather than creating a passive database of contacts.

Phase 2 – What do we mean by a 'shared model and processes for PPE' in South East Coast?

Here the focus was on developing shared perspectives of what a model and processes for PPE might look like to assist set members in working together.

In this phase the action learning set developed further the concept of the 'People Bank' for PPE across Kent Surrey and Sussex, helped to shape the emerging PPE Strategy, and supported the creation of a shared opportunities bulletin for PPE which all could contribute to using each other's networks for specific pieces of PPE work. (See appendix 3 The People Bank)



Phase 3 - Collaborative/shared working – testing out some approaches to shared PPE

The focus at this phase became understanding more about what good PPE in the SCN and Clinical Senate should look like. We wanted to develop a dialogue with the SCN Quality Improvement Leads (QIL) to understand their needs and intentions for PPE in their work context, to learn from their successes and challenges, to share ideas, experience and contacts with them. This also provided an opportunity to see how the concept of the People Bank worked in practice.

During this phase, the action learning set members offered coaching and ‘consultancy’ to QILs to support them in this task and to understand more about what makes excellent PPE in the SCN and Clinical Senate. (See appendix 4 for more information about this coaching and consultancy approach).

In addition to this members of the action learning set were also setting up and reflecting on other collaborations such as mapping and identifying a hub of organisations and patients groups interested to work with the Mental Health, Dementia and Neurological Conditions SCN, developing a regional Cancer Forum with the Cancer SCN and Macmillan Cancer Support.

Phase 4 – Sense making and evaluation

The focus in this final phase was to pull together what we had learnt and to articulate our models and processes for sharing with the wider PPE community and third sector and NHS England colleagues.

6. Outcomes that from the Action Learning Set Programme

The action learning set programme stimulated and provided a focus for a number of different PPE activities and collaborations between the SCN and Clinical Senate and the third sector.

Our anticipated and actual outcomes

At the beginning we set a number of outcomes for the statutory and third sector health community as a whole

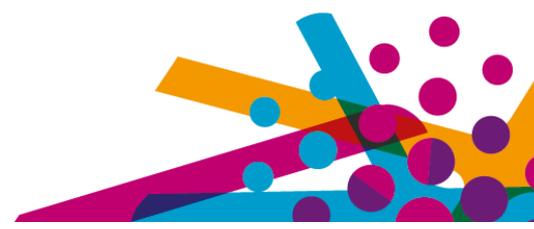
- i. **New model/processes** for PPE across the South East Coast Strategic Clinical Network (SEC SCN & Clinical Senate) area - building on previous learning and



experience and working effectively within the new NHS structures to meet organisational requirements for PPE. From the outset we were keen not to produce a standard structure into which we would shoehorn all PPE but rather create a flexible range of ways of working appropriate to the different health conditions and voluntary sector partners.

For example

- **The 'People Bank'** concept which promotes active ways of working together rather than being merely a database of contact names
 - **A new PPE strategy**, distinguishing between roles of governance and intelligence, and promoting the local people bank for PPE based on collaboration with other organisations in the third sector
 - **Explicit forging of relationships with key third sector organisations**, actively seeking to build collaborations and reduce duplication – the development of regional cancer voices with Macmillan Cancer Support and work with RAISE (the Regional Voices organisation for the south-east) which created an active hub of community organisations interested in working with the SCN and Clinical Senate; both are exemplars which can be repeated in other networks/condition areas
 - **Collaboration with South East Coast Ambulance Service NHS Foundation Trust, using their expertise on inclusion** to widen the range of views which the SCN and Clinical Senate has access to
 - **Integration of PPE more explicitly into QIL roles**, greater awareness of the skills and knowledge needed to do PPE through coaching - as part of ensuring that PPE is everybody's business. The commitment to explore the possibility of an ongoing PPE Academy.
- ii. **An active network** of PPE professionals across Kent Surrey & Sussex with high quality expertise sharing information and local intelligence, supporting and learning from each other.
- The action learning set has created a small core network of people, active and interested in PPE and this group has been able share its contacts informally. Developing an active relationship with the SCN QILs has begun to extend the network PPE expertise and there are plans to explore the possibility of an ongoing PPE Academy for QILs and third sector PPE specialists.
- iii. **A shared resource** for PPE across Kent Surrey and Sussex – aiming to reduce duplication, increase the effectiveness of the peoples' voice and maximise value for money.



This has started to happen informally through sharing information and activities relevant to PPE. For example - PPE Opportunities Bulletin - circulated to patients, members of public and third sector organisations, sharing access to each other's PPE events – for example BHF @Eastbourne Air show and plans to develop formal link with CVS across region

- iv. **For service users** who want to get involved and make a difference - a model and processes which create high profile points of contact locally and, which can direct them to appropriate opportunities for involvement and support them effectively

This is emerging as information about the role of the SCN and Clinical Senate, its people bank and PPE opportunities bulletin spreads. The PPE strategy describes structure, role of PPE in the SCN and what patients and public can expect from their involvement.

- v. **For health and social care professionals** – a model and processes which give easier access to a wider source and potentially a 'People Bank' of patients and carers who are able to get involved, as well as easier access to expertise on PPE across SEC SCN & Clinical Senate area.

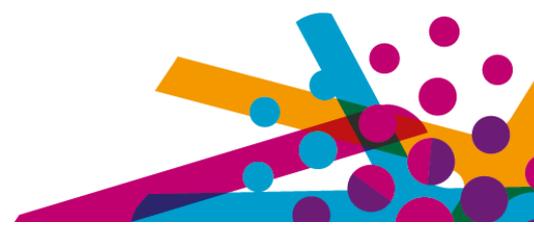
Again this is emerging - the People Bank concept exists now and it can be promoted across wider networks. During the life of the action learning set, Patient Voice South the Regional PPE network was established. This provides a platform for the relationships forged with set members to be cemented and enhanced.

- vi. **For Third Sector organisations** – opportunities to work together to promote and support community engagement, to maximise effort to involve traditionally 'hard to reach' communities, to raise the profile of patient's issues raised by health co-morbidities and to increase the impact of specific group's voice.

This has started and as always there is more to do. Progress has been made directly for those Third sector organisations who have been part of the action learning set and this is helping to create a culture of collaboration. Through the coaching and consultancy support to QILs, more third sector organisations and patient groups are being actively engaged with.

Specific examples include

- **Regional Voices Forum for Cancer** – a partnership with Macmillan Cancer Support bringing together people affected by cancer who wish to get



involved with PPE across Kent Surrey and Sussex and a joint presentation at autumn 2014 Cancer Voices conference;

- **Developing a relationship with the Councils for Voluntary Service** across Kent Surrey and Sussex to improve access to PPE, to get insight from local groups of patients and the public, particularly those who may not easily get involved at a more strategic level;
- **Developing a relationship with RAISE** who as regional support organisation from south-east have extensive networks of community and voluntary organisations that can be easily accessed.

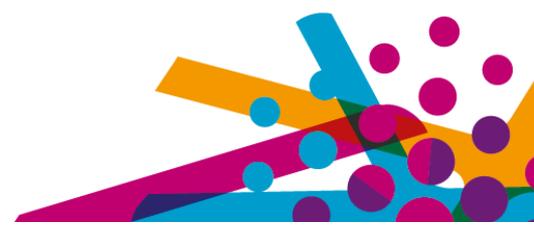
The action learning set work began to have a significant impact in each of the areas prioritised. It created a focus and began to develop ways of working on PPE which have collaboration with the Third sector at the centre. It is still early days and there is much to be done to widen the network of organisations who know about and can work with the SCN and Clinical Senate.

7. So what has been learnt about what works when developing Effective PPE at the SCN & Clinical Senate Level?

Throughout the action learning set programme members regularly reflected on what was being learnt at each stage of the process.

Key insights included

- Building strategic collaborations with Third sector organisations who have access to large populations of patients and the public works for both the NHS (who need access to patient voice and Third sectors (who want their patient voice heard and acted on) – it's a win-win!
- Building strategic collaborations starts with building relationships and establishing trust locally – there is no short cut to getting out and meeting real people!
- Facilitating PPE is skilful and complex work. Non-PPE specialists in the SCN & Clinical Senate (and other NHS Strategic organisations) benefit from learning from and with PPE specialists.
- SCN & Clinical Senate staff benefit from having regular opportunities to get away from the office and out into their communities and talk with their relevant Third sector organisations and patient groups.
- Given the highly relational nature of much PPE work, some SCN & Clinical Senate



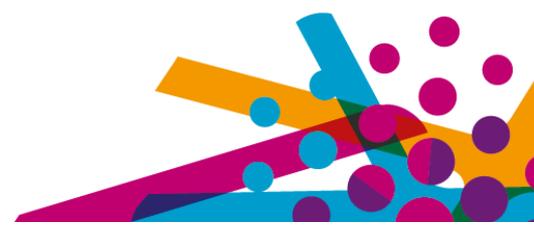
staff may need support to build confidence and develop their own active networks.

- PPE skills need to be part of the person specification for SCN & Clinical Senate project managers.
- As evidenced by the changing action learning set membership – staff and patient representatives in both NHS and Third sector organisations change frequently meaning that new relationships need to be rebuilt regularly – and that means time needs to be made available for this.
- Effective PPE happens both formally and informally and both are valuable. NHS organisations have typically valued formal PPE arrangements -through consultations and specific events - bringing patients and the public to them. By working more with community based organisations such as Active Mob (who are a social enterprise organisation working directly within communities on issues such as attitudes to smoking in pregnancy, depression amongst men), taking opportunities to go out to events and groups organised by community and Third Sector organisations – the SCN and Clinical Senate can generate intelligence from “seldom heard from” communities.
- It is vital that PPE starts with clarity about “for what purpose?” and resists the tendency to start with defining the method – for example - recruiting user representatives into a meeting before really being clear about what needs to be achieved by this. Using the Ladder of Participation tool is helpful here.
- By knowing what already exists in the community and collaborating with people and organisations who have specific expertise the SCN and Clinical Senate can reduce duplication, and get better value for money. For example SEC Ambulance NHS Trust Inclusion Hub and commissioning RAISE - the regional Voices organisation in the South-east.
- Making the culture of the SCN and Clinical Senate more able to collaborate with the Third Sector on PPE and other service development means making time and creating opportunities to meet, understanding each other and building working relationships. In this action learning set the active involvement and leadership from senior staff reinforced the importance of the new ways of working.

8 Maintaining the momentum: next steps

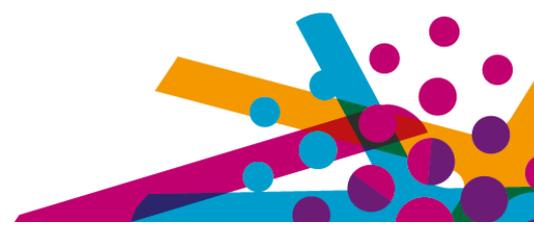
As a result of the impact of bringing QIL together with PPE specialist in a coaching and consultancy capacity the South East Coast Strategic Clinical Networks and Clinical Senate plans to create a QIL academy focusing on PPE.

The intention is to widen the involvement to include a wider range of Third Sector organisations and to meet quarterly.



Appendices

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APPENDIX 1

The Patient & Public Engagement Action Learning Set – South East Coast Strategic Clinical Networks and Clinical Senate

Information for set participants

Our overall aim

The overall aim is to co-design a collaborative model(s) and processes for Patient & Public Engagement (PPE) across the NHS South East Coast Strategic Clinical Senates and Clinical Network area (covering Kent Surrey & Sussex).

By taking an action learning/action research approach to this co-design –participants will be actively developing, working on and reflecting on real pieces of PPE work.

Our anticipated Outcomes

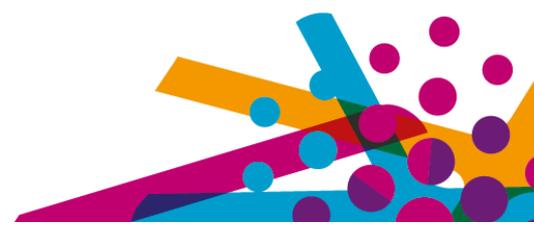
The following describes anticipated outcomes from the work.

For the statutory and third sector health community as a whole

- **A new model/processes** for patient and public engagement across the South East Coast Strategic Clinical Network (SECSCN) area - this will build on previous learning and experience and will work effectively in the new NHS structures and meet organisational requirements for PPE.
- **An active network** of PPE professionals across Kent Surrey & Sussex with high quality expertise sharing information and local intelligence, supporting and learning from each other.
- **A shared resource** for PPE across Kent Surrey and Sussex – aiming to reduce duplication, increase the effectiveness of the user voice and maximise value for money.

And for specific stakeholders

- **For service users** who want to get involved and make a difference - a model and processes which create high profile points of contact locally and, which can direct them to appropriate opportunities for involvement and support them effectively
- **For health and social care professionals** – a model and processes which give easier access to a wider source and potentially a ‘People Bank’ of service users who are able to get involved as well as easier access to expertise on PPE across SECSCN and Clinical Senate area.



- **For Third Sector organisations** – opportunities work together to promote and support community engagement, to maximise effort to involve traditionally ‘hard to reach’ communities, to raise the profile of patient’s issues raised by health co-morbidities and to increase the impact of their specific patient group’s voice.

The action learning set framework and structure

What is action learning?

At its most simple action learning is described as *‘a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done’*. (McGill & Beaty 1992).

Action learning sets are groups of people who meet together regularly and over a period of time to plan pieces of work, who do what they have planned, and who reflect and learn together from these actions in order to develop new ways of working.

In this action learning set we will be identifying a number of pieces of work and projects which will contribute to the development of effective PPI models and processes across Kent Surrey and Sussex. We will be using these pieces of work as a focus for both action and learning both in the set meetings and at the workplace.

Projects may focus on something which is a priority for everyone and there may also be projects which are particular to one organisation or health condition. Both are equally important – and a learning set we will want to support a range of different pieces of work and learning set projects. We will spend time in the early stages of the action learning set clarifying both what is important to each individual as well as priorities for the PPI community. It is important that we choose ‘real’ pieces of work.

Learning set meetings

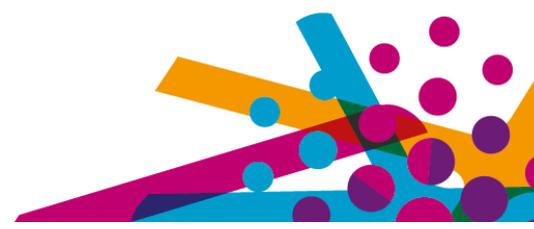
The learning set will meet for 12 x ½ day (4 hour) sessions between Sept 2013 and July 2014. (Dates and venues previously circulated).

We will start or finish each session with lunch – as part of the ongoing process of building relationships and rapport with each other and creating a robust network. (Lunch will be provided for session one and we will need to decide how to do this for future sessions).

The four phases of the action learning set structure

Unlike a traditional development programme – the exact content of the sessions is not prescribed. This will be co-created within the group. However it can be helpful to understand that the action learning set structure will have 4 distinct phases.

Phase 1 – Getting started (Sessions 1- 2)



The emphasis here is on getting to know each other, forming the group as an action learning set, understanding what each member needs and brings, building a shared understanding of the context – what PPI means from the different stakeholder perspectives, sharing previous successes – that can be built on, noting who is not here and how we might share and engage them in our work, beginning to articulate questions, hopes and concerns about shared models and processes of PPE across Kent Surrey Sussex.

Phase 2 – What do we mean by a ‘shared model and processes for PPE’ in KSS?

(Sessions 3-4)

Once we know who we all are and our respective contexts then we can begin to develop our picture(s) of what a shared model and processes for PPE might be. For example we may want to explore the concept of a shared ‘People Bank’, or explore what already exists within our organisations that can be shared (e.g training? recruitment campaigns?) and anything that cannot be shared (user databases??); can we jointly develop KSS ways of doing things – guidelines for best practice/policies on expenses and remuneration?; where will we be most effective working together and where do we need to act separately?; what are the principles/values which will be important when we work together?

Phase 3 - Collaborative/shared working – testing out some approaches to shared PPE

(Sessions 5-10)

Building on what we now know about the context, priorities and our emerging thoughts about shared models and processes, the emphasis in this phase is on identifying real live opportunities for more collaboration and shared working using the action research cycle (plan, act & observe, reflect and re-plan). Group members will be encouraged to find different sorts of opportunities across the whole and/or parts of the stakeholder group’s constituency; so that we can learn from the broadest range experiences. At each set meeting members will feed back their actions and reflections and the group as a whole will reflect on ‘what does this tell us about our model of shared PPE?’ Part of this work is likely to require engagement with a wider group of stakeholders (users and professionals) and so taking action between sets will be necessary.

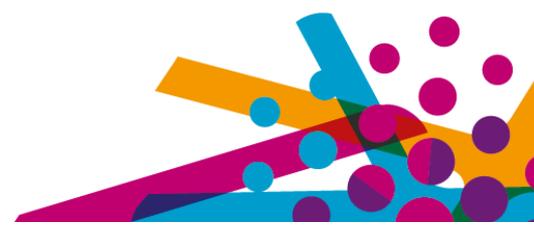
Phase 4 – Sense making and evaluation

(Sessions 11-12)

In this final phase we will pull together what we have learnt and articulate our models and processes for sharing with the wider community. We will review how we have worked together and what we have learnt about working together in this way. In addition to a final report – it will be important to share the learning with the wider PPE community so group members will be encouraged to write about the experience for publication.

Sharing our learning

As part of our contribution to the development of PPE in Kent Surrey and Sussex and across the NHS and Third Sector as a whole we have committed to writing up our work and to having it published. To achieve this we will record our activities and learning as we go.

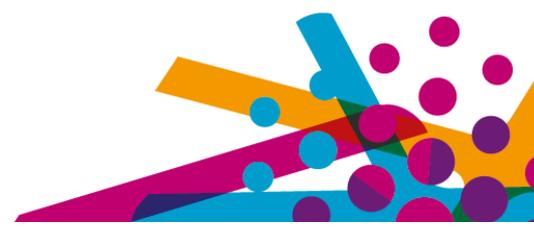


Appendix 2

Action Learning Set Membership

Membership changed during the course of the action learning set programme. Below is the list of all those who were involved some stage.

1	Maxine Bullen	Independent PPI Facilitator	South East Coast Strategic Clinical Networks & Clinical Senate	
2	Deepa Doshi	Macmillan Development Manager (Surrey)	Macmillan Cancer Support	Joined in January 2014 -replacing Jill Corbin
3	Suzanna Mc Greggor	Area Development Manager	British Heart Foundation	
4	Deborah Tomalin	Associate Director	South East Coast Strategic Clinical Networks & Clinical Senate	
5	Angela Rayner	Inclusion Manager	South East Coast Ambulance Service NHS Foundation Trust	
6	Julie Van Ruykevelt	Senior Associate, Communications, Engagement & Public Affairs (Participation & Insight)	Kent Medway Commissioning Support Unit	Joined November 2013 attended two meetings left - because of work commitments
7	Helen Rowland	Partnerships Manager	RAISE	
8	Arlene Wilkie	Chief Executive	Neurological Alliance	Joined November, attended two meetings - left because of work commitments
9	Jill Corbin	Macmillan involvement coordinator	Macmillan Cancer support	Left Macmillan January 2014
10	Richard Longrigg	Macmillan involvement coordinator	Macmillan Cancer support	Joined Macmillan May
11	Caroline Hooper	Director	Active mob	Left Dec – social enterprise not funded to attend
12	Chris Wyatt	Regional Development Manager	Alzheimer’s Society	Changed jobs Nov 2013



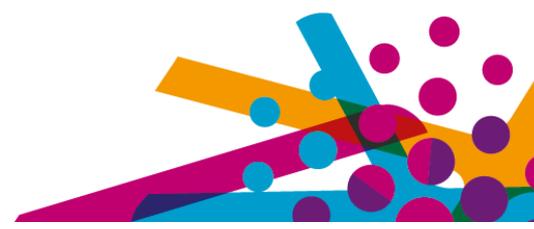
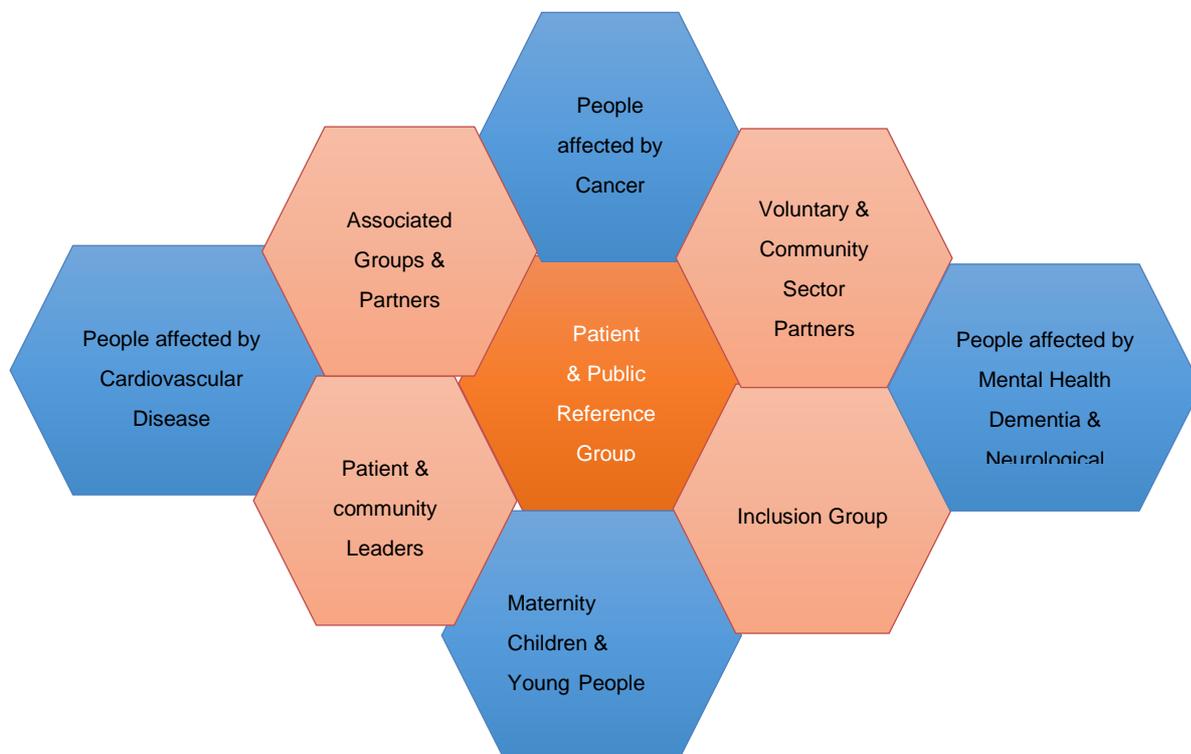
Appendix 3

The 'People Bank' Framework for PPE in South East Coast Strategic Clinical Networks & Clinical Senate

The 'People Bank' represents ways of working and relationships; it is driven by as and when conversations rather than formal processes or regular meetings.

It is NOT merely a database of contacts.

The action learning set developed a 'beehive' metaphor for the 'People Bank'. So through networking conversations across professionals, with service users, patient groups, the wider public, Third Sector organisations etc, the SCN and Clinical Senate 'picks up' insight and those in the people bank find influence – both in the service of creating pictures of what good needs to look like in services. Everyone in the SCN and Clinical Senate has responsibility for creating and maintaining contacts and conversations – it is not merely the responsibility of the PPE lead.



Appendix 4

Building relationships between Strategic Clinical Network Quality Improvement Leads and Patient & Public Engagement specialists in the Third Sector

This short paper describes how a coaching and consultancy relationship developed between the Quality Improvement Leads (QILs) from South East Coast Strategic Clinical Networks (SEC SCN) & Clinical Senate and Third Sector Patient & Public Engagement (PPE) specialists who were members of an action learning set. The Action learning set focused on developing collaborative processes for PPE across the SEC SCN & Clinical Senate area covering Kent Surrey and Sussex.

The relationship which has developed has provided the QILs with information, contacts and support to enable them to work more confidently and effectively on patient and public engagement within their work programmes and projects.

There are plans to create an ongoing 'PPE Academy' for the QILs and third sector PPE specialists.

1. Background

In September 2013 SEC SCN & Clinical Senate and a number of Third Sector organisations began to work together in an action learning set format in order to co-design processes for PPE in the new SCNs & Clinical Senate. (A report of the action learning set work is available from Maxine Bullen, Independent PPE Facilitator) Email: maxine.bullen@nhs.net.

Given the large geographical remit of the SCN & Clinical Senate the rationale for this work was to find ways to ensure that the local experience could influence and impact on strategic development and priorities and not to lose the expertise, experience, and people who were influential in previous networks and other NHS structures. Third sector organisations have access to large numbers of people who are experts by experience of health conditions and consequently have insight and knowledge of value to the NHS.

In the early stages of the action learning set, as group members were getting to know each other's organisations, priorities and ways of working on PPE it became very apparent that within the group there was a very rich resource of professional experience about PPE, the potential for access to varied and informed networks of service users and other professionals, and a willingness to share.

It also became apparent that much of this rich resource is held informally within the working relationships and the conversations which experienced PPE professionals have with each other, with service users and members of the public and that it loses its impact when it becomes a mere database or a set of tools.

So the learning set members were interested in exploring how to extend the richness of a mapping exercise which they undertook early on in the life of the action learning set and to engage other SCN & Clinical Senate staff in their PPE conversations. They were also keen to understand the QIL's plans for PPE and were willing to share their expertise and contacts to assist and support the QIL in their new roles.



The QIL in each Strategic Clinical Network were developing their plans for PPE in their programmes and projects. Some of the QIL, particularly those who had worked in previous managed clinical networks where there were well-developed processes for PPE, were confident about this aspect of their role. For others this dimension of their role was new and they were less confident.

2. The Coaching and consultancy opportunity

Initially the QIL were invited, at one of the action learning set meetings, to present their thoughts and early plans on how to implement PPE in their network projects and programmes. The purpose of this was to offer support and share expertise, and to better understand the challenges of embedding PPE at a strategic level. For members of the action learning set many of the challenges faced by both the QIL and the Third sector became much clearer.

In particular:

1. Defining clarity of purpose for PPE:

How difficult it can be to get really clear about the purpose of PPE at this strategic level - particularly in a new organisation as the policies and priorities are forming and there is a need to carefully manage expectations. There was an overall sense that PPE was important and the right thing to do, but it was harder for many to answer specific questions - *PPE for what purpose? What difference do you anticipate your PPE activities will make?*

2. NHS changing structures and process:

Changing structures, changing roles makes it hard for third sector organisations (and for NHS staff) to develop and maintain relationships. It also makes it difficult for NHS staff taking on new roles to develop skills and confidence with PPE if they have no previous experience.

In addition the tight timescales and the processes of project management can prevent the simple action of getting out of the office into the community and talking to patients and carers and third sector partners.

3. Professional development needs:

Making PPE everybody's business in the NHS means development needs for staff new to PPE. There are core skills, knowledge and ways of working which PPE specialists and Third Sector organisations have which it can be helpful to share with non-PPE specialists.

4. Perceptions of the third sector

Early on in discussions it became clear that the different roles of the third sector was not fully understood by NHS Professionals. It was helpful to make distinctions about the roles that the voluntary sector could fulfil. A single third sector organisation such as Macmillan Cancer Support or British Heart Foundation could at the same time be;

- A service provider
- A lobby organisation
- Patients advocate
- Conduit to access the voice of patients and carers

From this meeting the action learning set members decided to make their expertise, support and access to their networks more readily available to the QIL by creating a regular slot at their set meetings for any QIL who wished to bring their PPE questions and plans for discussion.



3. The structure

Over four action learning set meetings a total of 9 QIL brought their questions and thinking about PPE for discussion. Each slot was 30 minutes long and the discussion was facilitated to help it stay focused.

Typically the structure for each 30 minute slot was

1. QIL to give an overview of where they were in planning PPE – and to identify what they wanted from this session
2. Coaching questions to enable QIL to think through what exactly they wanted from the PPE they were planning, (i.e. what was the purpose of their PPE and what difference did they intend it to make?), what resources (existing groups and networks and contacts etc) they could access. Discussion and sharing of ideas, information, contacts and networks.
3. Confirmation of proposed actions and next steps.

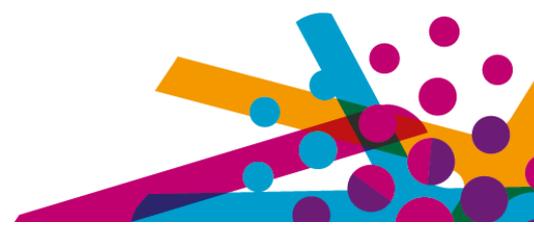
Many of the QIL found it helpful to listen into each other's presentations in terms of learning about approaches and possible shared networks.

4. What outcomes?

These sessions took place as the SCN & Clinical Senate were making their plans and beginning their processes for PPE but it is clear that the work to build relationships between the third sector organisations and the SCN & Clinical Senate is beginning to bear fruit. The action learning set members were creating working relationships with the QIL and specific pieces of work were being implemented.

Outcomes included;

- **An extensive mapping and engagement exercise** of voluntary organisations and patients groups willing to engage with the SCN & Clinical Senate which was completed by RAISE (Regional Voices support organisation for the voluntary and community sector) on behalf of the mental health, dementia and neurological conditions SCN. This has created a potentially active network of patient groups and service users and voluntary sector organisations with whom QILs can develop and co – produce PPE activities. This work could be used as an exemplar and repeated in other networks. (For more information contact Maxine Bullen, Independent PPE Facilitator; maxine.bullen@nhs.net or Helen Rowland, Partnerships Manager; helen@raise-networks.org.uk).
- **The development of a regional Cancer voices forum for Kent Surrey and Sussex** as a piece of partnership working between Macmillan Cancer support and the Cancer SCN. This builds on the legacy work from the cancer networks era - enabling experience and expertise not to be lost. This will also create a profile for people affected by cancer who wish to become involved with PPE at the SCN. This work will be promoted via the Macmillan Cancer Support national Cancer Voices conference in the autumn and a detailed project bid has been submitted to Macmillan Cancer Support.



- **The development of a framework and memorandum of understanding with the Councils for Voluntary Service in Kent Surrey and Sussex.** This will enable the QIL to work more strategically with the third sector on PPE. The memorandum of understanding will be brokered through RAISE.
- **The integration of PPE tools into systems and processes to make PPE a part of normal business in the SCNs & Clinical Senate.** For example including explicit reference to PPE in project initiation documents, existing work templates, meeting agenda template and the steering group terms of reference. Also agreed to ensure that any external contractors used by the SCN & Clinical Senate are fully inducted into PPE.
- **Identification of the core skills, knowledge, learning and development opportunities needed by non-PPE specialists in SCN roles, which can be included in the person specifications.**

These include:

- excellent 'plain English' written and oral communication skills,
- the ability to talk to and listen to a range of people from a variety of professional and nonprofessional backgrounds,
- ability to step into the shoes of others and to understand things from a different perspective,
- ability to think logically and question things critically -thinking through carefully the purpose of PPE and linking the method to the purpose (using the ladder of participation),
- willingness to work with and through others/in partnership to achieve clearly articulated goals,
- good understanding of and working relationships with third sector organisations and patient groups.

Next steps

As a result of the impact of bringing QIL together with PPE specialist in a coaching and consultancy capacity the South East Coast Strategic Clinical Networks and Clinical Senate plans to create a QIL academy focusing on PPE. The intention is to widen the involvement to include a wider range of Third Sector organisations and to meet quarterly.

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