Shropshire Patients Group Development Sessions – Final Report

Summer 2014

This report provides an overview of the development process under-gone during 2014 and the findings and recommendations of the Consultant facilitating the sessions.

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1. Introduction

During the summer of 2014 Shropshire Patients Group (SPG) held a series of three development meetings including two structured, facilitated development sessions – which were facilitated by an external facilitator.

The sessions were attended by a round 20 core members of the SPG with members who could not attend on the agreed days being offered the opportunity to meet with; telephone or email the facilitator (or SPG Chair) to share their thoughts and comments prior to the sessions. A number of members took up this opportunity. Names of people who attended one or more of the sessions are attached as Appendix 5.

The development sessions were prompted initially by events that took place at the recent SPG Annual General Meeting – where tensions were running high. It became apparent that there was a need for some form of support to be able to allow SPG members to stand back a little; to reflect on issues and behaviours and to reframe the SPG to move forward on a more positive footing.

The sessions were funded by Shropshire CCG at the request of Caron Morton - Accountable Officer of the CCG.

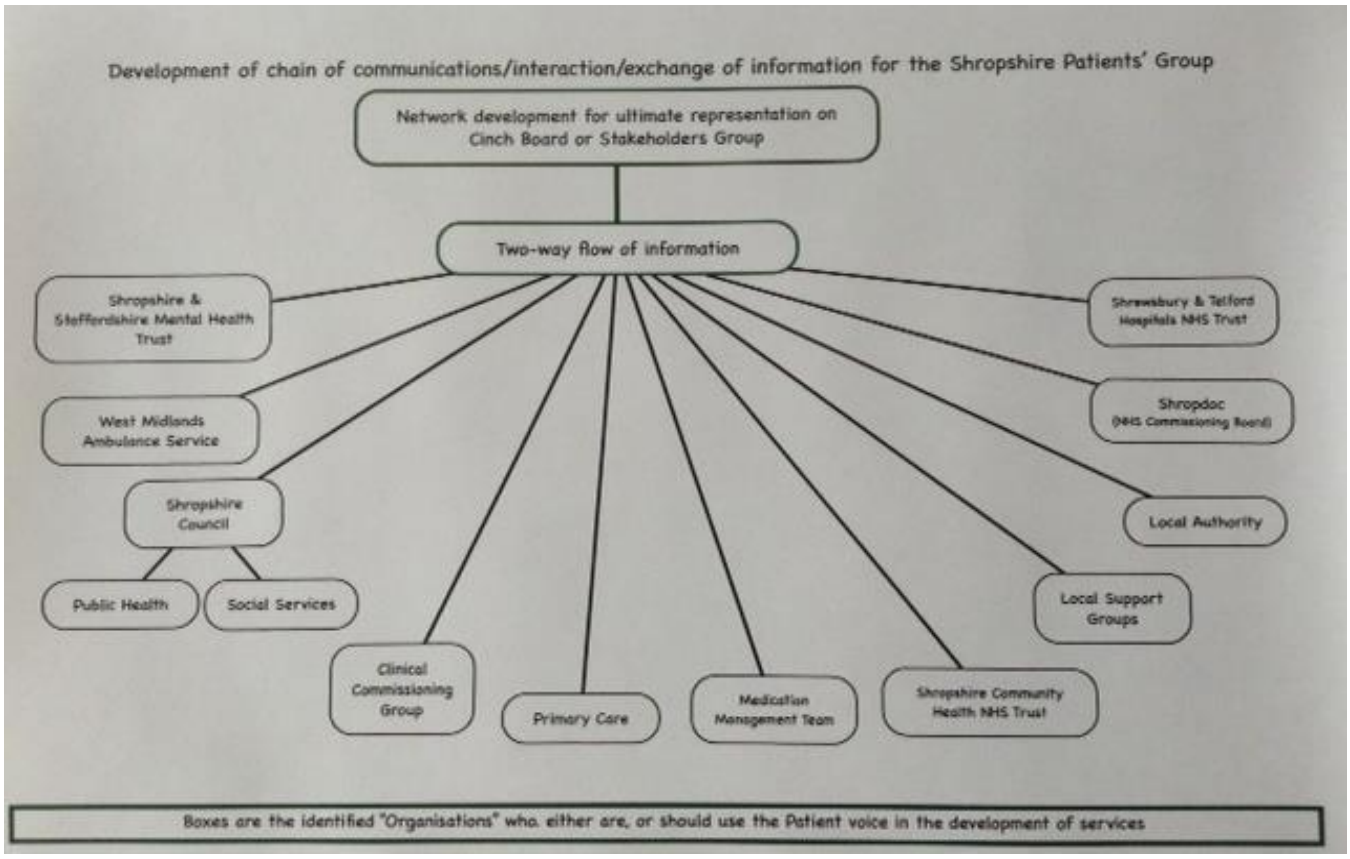
2. Background

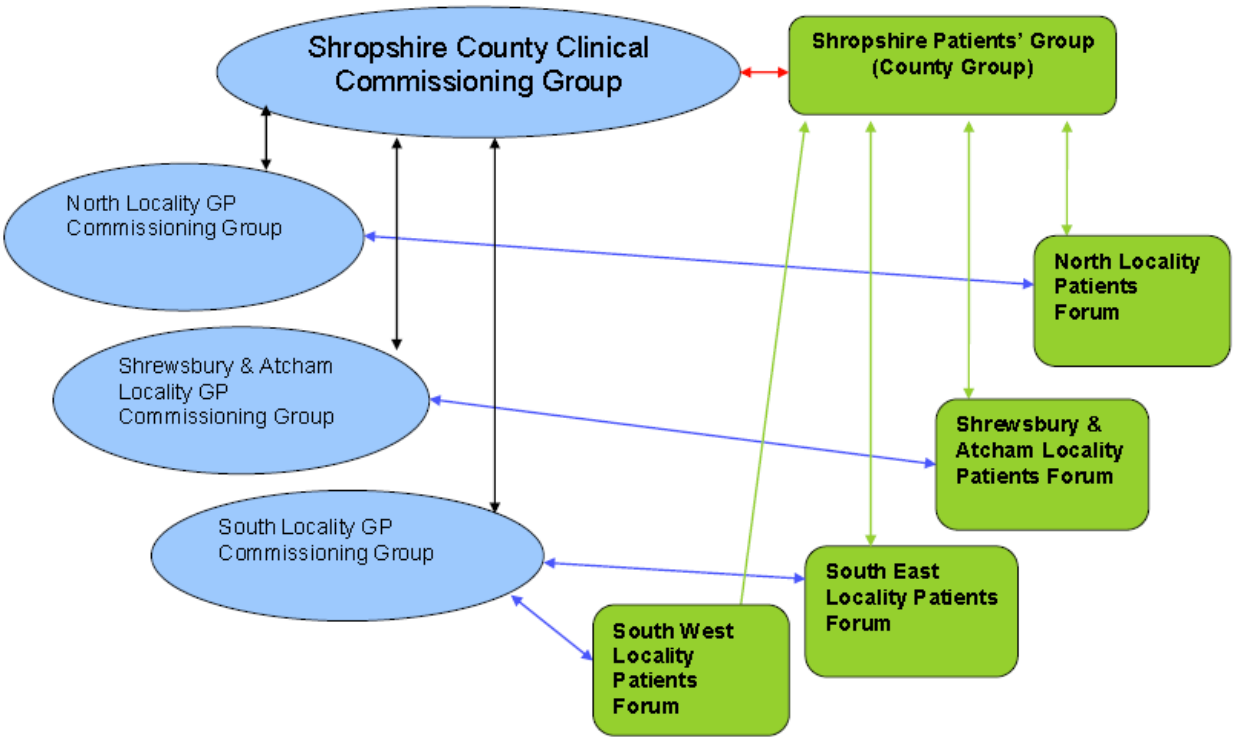
The History

SPG was formed some 5-6 years ago and was envisaged as an over-arching group pulling together the power and the voice of up to 44 Practice Participation Groups (PPGs) linked to Shropshire CCG (then PCT).

Working with the PCT (now CCG) Shropshire Patients Group believed strongly in the principle of "patient involvement from the outset" on local commissioning decisions and based on the ethos of "no decision about me – without me" the group very much saw itself as a conduit for two-way communications between the PPGs and the PCT / CCG and other organisations across Shropshire. Below are two of the diagrams generated by SPG in 2011 to help describe its role.

SPG Interaction Diagrams – 2011





The latter of these diagrams shows the emerging CCG Locality structure for its General Practice Members and the structure for clustering the work of PPGs that SPG intended to develop to dove-tail with and work alongside this.

In its Terms of Reference of 2012 SPG set out the following as its Purpose:

- To provide a united voice on matters of concern
- To consider collectively national directives / Government papers
- Take part in County-wide studies
- Bring information to patients
- Provide a vehicle for two way exchange of good practice
- Channel concerns
- Provide a contact point for communication from other groups / organisations
- Consider investigations and studies from the department of health
- Provide access to patients
- Ensuring that the results of any consultation work are fed back satisfactorily to the public – 'You said - we did'

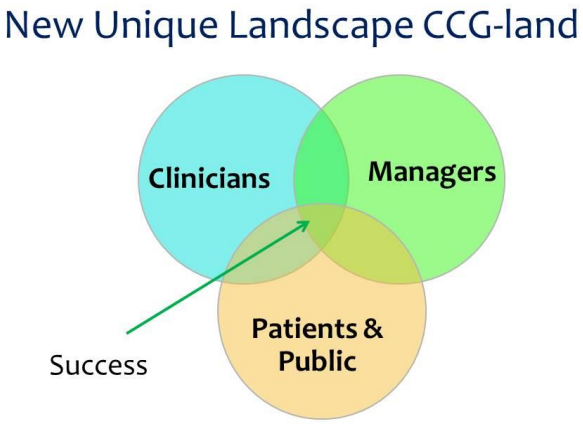
Since these early days the Shropshire Patients Group has made a vital contribution to ensuring that the patient voice is heard in a number of highly important service developments and redesigns across Shropshire, as well as hosting a number of networking events for the wider membership of the GP Patient Participations Groups (PPGs).

SPG had continued to review its Terms of Reference and earlier this year they carried out an exercise to re-affirm what it felt to be its main priorities. However, over the last few years there have been many changes to the NHS landscape around them and this along with changes to the SPG structure (with the addition of a

Support-Committee) and natural turn round of personnel have led to a need to step back and take an new look at the way forward in order to secure the on-going commitment of its members.

Wider NHS Changes – Changing Landscape

In the first development session Dr Caron Morton (Accountable Officer of Shropshire CCG) helped to flesh out the wider NHS context. She talked about the impact of changes that came in to place in 2013. At this time the NHS saw the most major changes in the way that NHS management was structured that has possibly ever been seen, with the abolition of Primary Care Trusts and Strategic Health Authorities.



"CCGs are led directly by family GPs, with support from management professionals, and with direct input from people representing patients and members of the local public"

3. The Development Sessions

Following the unexpected events at the SPG AGM in May 2014 Caron Morton agreed to offer CCG support to hold a short series of meetings. At the first of the sessions she talked about the need for the NHS to be a place where compassion; respect for the individual; dignity and humanity were embedded and spoke of the need for groups such as the CCG and SPG to be setting the tone.

She went on to say that the task ahead of us all sometimes feels over-whelming and it is hardly surprising that with such emotional subjects involved that people will sometimes get carried away and take it out on each other, as was presumably the case at the recent SPG AGM.

Similar to the CCG Governing Body, Shropshire Patients Group is the PPG's elected group and it is most important to keep PPG Members on board. SPG needs its members support more than ever as we go forward to tackle all the challenges ahead.

Dr Morton urged people to capitalise on this opportunity today to reflect of the SPG journey. "Don't let a good crisis go to waste" - use this watershed moment to reframe what you are doing; review what you are here to do; build on your great work so far; learn from what hasn't worked and look forward and focus on both individual and group needs.

4. Ground Rules for the Sessions

At the first session the facilitator set out how the sessions would work, and asked people around the room to work with her to contribute towards a set of Ground Rules the frame how we would work together. It was agreed that the core Ground Rules would be:

- People should show **respect for each other**
- This should be a **'Safe place'** to confide and share what we really feel (without fear of recrimination; or emails flying round between groups of people afterwards)
- People need to be **honest (say what you really think)** if we are to really benefit from this time today
- This is the place to **bring all problems out**
- People should **care for each other** (be sensitive to others feelings)
- The day should be constructive and people should show some **positivity**
- We need to work on getting consensus - **moving forward for the common good**
- **Transparency** is important
- People need to **accept criticism** (and not take things personally)
- **Allow people space to speak – don't interrupt**
- **Be mindful of difference –** we all come at things from a different perspective
- **Don't assume things –** we need a shared understanding – you may have to explain what you mean

5. What people wanted from the Sessions?

At the start of the process attendees were asked to share what they wanted to get out of the day(s)…

The responses were varied, but held some common threads as you will see:

- To have a clear idea for future/direction (x 3 people)
- To move forward (x 2 people)
- To build some Trust (x 2 people)
- To have more clarity regarding ' being representative' (x 2 people)
- To listen to people (x 2 people)
- To Learn (x 2 people)
- To have our Pride in SPG restored (x 2 people)
- That we are still here to do good work by the end of the day! (x 1 person)
- An understanding of accountability -the future model (x 1 person)
- To flesh out some processes – that give us room to develop (x 1 person)
- We have a wide remit – we need focus (x 1 person)
- A mechanism for coping with different views (x 1 person)
- A new beginning (x 1 person)
- To leave valuing our diversity (x 1 person)
- Getting back to person being a force/core objectives (x 1 person)
- Compassion (x 1 person)
- To leave united (x 1 person)

- Motivated about the future (x 1 person)
- To be able to communicate properly (x 1 person)
- To find out what happened (x 1 person)
- To have transparency (x 1 person)
- Crossroads/way forward (x 1 person)
- A model that offers independence from CCG (x 1 person)
- To remind ourselves why we do this – and enjoy it again! (x 1 person)
- To leave without egos and personal agendas (x1 person)
- To share (x 1 person)

6. Reflection on the SPG journey so far and the current position

Much of the first session focussed on reflecting on the highlights of the journey so far trying to uncover the issues that lay behind the lack of trust and respect and poor behaviours demonstrated at the AGM.

The first exercise was aimed at offering people the opportunity to air their thoughts and concerns about the events of the AGM and most importantly considering the underlying causes of what happened. The session saw the facilitator ask people to jot down on post-it notes their individual thoughts (so that no-one felt uncomfortable in expressing their opinions. These were then collected and collated loosely in to themes, with the aim of sharing them across the room and discussing them more fully.

Appendix 2 contains the word for word comments shared on the day; the broad themes that they fall in to and some thoughts from the facilitator (an Organisational Development specialist) about what may need to be done to address such issue if they continue to be a problem in the future.

Next attendees were asked to carry out a SWOT Analysis – to remind themselves of their strengths and weaknesses were currently as well as to review what the opportunities and threats that might lie ahead. The results of this are attached as Appendix 1.

7. The Way Forward – First thoughts

The final exercise of the first session was one which was aimed at using all of the information that we had discussed during the day to start to share in two groups some first thoughts regarding what the new structure / model for the SPG might look like. Some of the thoughts aired are captured in Appendix 3.

From this exercise it was clear at this point that the work of fleshing out the new model would need to take place in a follow-up session.

8. Forming a New Model for SPG

Development session 2 took place two weeks after the first session and saw the group come together to reflect further on the outputs from Session 1 and to frame the task ahead.

Early on in the session it was clear that tensions were still running high and Caron Morton suggested that the group would benefit from an extended break over the summer to allow people to gain further perspective.

The final session took place approximately 8 weeks later, in September 2014. Attendees were sent some preparatory papers prior to the session. These included three potential models to use as tools during the session and frame a conversation about what model might work best going forward.

After hearing thoughts' from attendees, based on the well recognised organisational development model that 'form follows function', the Facilitator asked attendees to set out what they felt were the core functions of SPG. The agreed core functions were as follows:

The Function:

Theme	Explanation
A communications conduit	Upwards (to CCGs / the NHS / and others); downwards and also across PPGs) – ensuring a smooth flow of information and communications
A Networking group	Offering opportunities for PPGs to get together Facilitating the sharing of good practice
A 'representative' group	…of patients within the CCG Having the 'helicopter view' of what is going on across Shropshire (to help focus and scaling)
Facilitating engagement; interaction; involvement	Between patients and the local health economy
To bring focus	To help to prioritise efforts of local groups (ensuring that collectively PPGs are focusing on the 'right things' to have maximum impact

During this session the group also highlighted a series of "must do's" about the role of SPG and how they work:

There MUST BE…	
Accountability	To the wider Membership AND to each-other. If they we are to be credible SPG must demonstrate that they act as one unified group Members representing SPG in local heath forums must formally report back to the wider Membership There must be self-review and assessment annually – to measure progress and report back to Members
Relevant	To maintain the support of the wider SPG Members (i.e. the PPGs across Shropshire) the work / role carried out by SPG must be relevant to PPG Members. This is vital for future sustainability. SPG MUST offer something that PPGs need and want. SPG must continue to focus its efforts on improving patient care (PPGs are not interested in 'the house keeping' and internal arguments)
Inclusive	SPG needs to ensure that it is not an 'exclusive club' Input from PPG members should be welcomed and people should feel their contribution is valued SPG must open its doors wider and try to canvas for new members from the PPGs - representing a broader age band. SPG needs to make new connections i.e. Young Farmers Groups; integrating Young Health

	Champions etc.
Transparent	Making best use of the website and other electronic communications is important – but cannot be the only way. The group must explore how, with limited resources it can support communications and engagement with its Members

The Form:

The last exercise of the final session then saw attendees split in to three groups in order to formulate their collective thoughts on three potential 'models' for the structure going forward. The details of the session are contained in Appendix 4.

This process revealed that there were a number of points that all, or most, participants agreed on and other where a compromise will need to be struck in order to move forward. No one model came out as an overall winner, and it was agreed that a compromise model should be drawn up by the Facilitator to be adopted (and 'tweaked' if necessary) during the next meeting of SPG to be held in October 2014.

On the basis that no one model would ever completely please all SPG Members - the group would need to work within this new model as a framework for at least the next six months after which time it would be reviewed and adjusted if necessary. On this basis the Facilitator agreed to offer an additional free of charge two hour session to SPG in six months' time to help facilitate this if necessary.

The proposed compromise model drawn up by the Facilitator is therefore attached as Appendix 6. It is presented in the format of a diagram with additional notes and is accompanied by a draft Terms of Reference with additional guidance papers to help frame how things might work.

9. Conclusions & Recommendations

Conclusions

Shropshire Patients Group (SPG) has been an extremely important and influential group in the Shropshire Health Economy over the last 6 years. When it originally set out SPG was very clear about its vital and unique role and purpose, for both its members and within the local health economy. Having weathered the storm of the most recent NHS structural changes it has become increasingly clear that SPG would need to review its role and scope and realign its model and activities in line with the current organisational context that it finds itself in.

In the last 12/18 months SPG has seen:

- The closure of the PCT (with its more dedicated supporting role)
- The emergence of the CCG (with its remit to engage more widely with other groups; its facilitative role (Newsletter; providing rooms; copying and distribution etc.)
- Increased call on the services of SPG (to field reps to more and more local health economy events and meetings)
- A change in personnel within SPG (Chair / Vice Chair / others)
- The creation of a SPG sub-committee (with the ensuing confusion or disagreement as to how people were chosen for the committee and its remit)
- Increased tension between SPG Members (manifesting as uncharacteristic behaviours and a break down in trust and respect, and a lack of consistent ability to follow your own written Constitution and hold people to account)
- A reduction year on year in the number of members regularly attending SPG meetings
- A reduction in the support for (and attendance by members of) Networking Meetings – in part at least due to differences in opinion about the relevance of the programme for events to wider members

The abolition of Primary Care Trusts (PCTs) and the emergence of Clinical Commissioning Groups (CCGs) marked a fundamental shift in the way patients and the public are viewed within the commissioning and redesign of services (with more emphasis being placed on wider engagement and involvement) at a time when management levels within CCGs were reduced by unprecedented levels. The full impact of the new model of working in areas such as Shropshire, where many of the actual personnel remained the same through-out this period of change, has often not been fully apparent from the outside. Shropshire CCG has quite rightly moved from a model that helped 'drive' the initial development of its PPGs and SPG to one that 'facilitates' and encourages engagement with many, many more public groups, voluntary bodies and organisations.

SPG has accordingly learned to adapt as it has gone along, establishing mechanisms to become more self-supporting along the way, which included the establishment of a sub-committee to support the SPG Chairman. These changes and adaptations were made with the best of intentions but somewhere along the way they have become the focal point for tensions between members of the Group which eventually lead to the unfortunate turn of events at the AGM.

What seems clear now standing back from the incident at the AGM is that there is a need to take stock and re-focus in the context of the new NHS surroundings. What was also clear from the first of the development sessions was the will to repair broken relationships and to continue the good work of SPG. SPG has a role in the future. (Recommendation 1)

In order to move forward SPG needs to agree on a new shared understanding of where they are currently; where they want to get to and the NHS context that SPG now works within. A new understanding must be reached and a new model must be found. This will entail seeing SPG and its future potential with new eyes, recognising that success for SPG does not lie in somehow "going back" to how things used to be, but moving forward. In the words of Marshall Goldsmith – "What got you here won't get you there". (Recommendation 2)

Nothing in life (or business) ever stays the same. Success means adapting and evolving in the light of the current context, seizing the opportunities that lie ahead and building on the strengths that we have built over the last 6 years.

Next Steps

Throughout the development sessions a number of people have referred back to a need to frame the future structure of SPG in the context of the function that it is aiming to perform. This is recognised organisational development practice in which "form follows function".

During the final session the group took some time to briefly reaffirm their thoughts regarding the function and purpose of SPG (see the tables in Section 8 of this report). Though only brief this does cover the principal over-arching role of SPG. The detail behind that will need to follow, in the form of programmes of work associated with each element but this over-view provides us with enough detail to frame our structure. (Recommendation 3)

The new SPG model needs to be mindful of the following things:

- There are two distinct areas of work for SPG – one which faces the PPGs (internal) and one which faces the CCG and Local Health Economy (external). Roles within the new structure will need to keep activities pertaining to both of these areas in mind when drawing up their work programme
- The need to clarify what the role and purpose of SPG is – in the context of the current NHS landscape
- The need to be 'light touch'. SPG is not a statutory body (and therefore does not need to encumber itself with lots of bureaucratic conventions; rules and processes)
- The need to offer a structure and format that will deliver an agreed set of objectives / outcomes (to be agreed with Members each year)
- The need to be effectively self-supporting (using CCG colleagues where necessary for venue support; copying; distribution etc.)
- The need to communicate with wider Members (and other public groups where appropriate)
- The need to distribute the workload effectively (whilst remaining both accountable and transparent)

What has been clear throughout the development sessions is that there will be no 'one model' that will offer the "golden bullet" and that will fully please ALL of the SPG members at this time. Therefore the attached compromise (and hopefully consensus) model being proposed in this report has been developed having cleared heard and acknowledged all the concerns; suggestions and preferences that have been voiced during the course of the sessions.

The proposed model is therefore offered to SPG as a solution to the current impasse; in order to enable SPG to continue on its journey and evolve further over the next 12 months. (Recommendation 4)

The model should be trialed initially for 6 months – after which time it should be reviewed by SPG in a facilitated session with the original Facilitator (in an offered free of charge 2 hour session) using structured process and refined further if necessary. (Recommendation 5)

The proposed structure contains a series of specific roles within SPG with very brief over-view descriptors which will need fleshing out in more detail at the October SPG meeting. (Recommendation 6)

Once agreed these roles should then all be held open for nominations from members (people can be nominated by colleagues or should be allowed to self-nominate if they wish). The group should hold the voting process during its November meeting (with nominated parties leaving the room when their role of interest is discussed). (Recommendation 7)

Other tools/templates offered in this report (as part of Appendix 6) are given as suggestions only to aid in the management of the new model and its processes. SPG should consider the use of these tools at its meeting in October (Recommendation 8)

Recommendations

Recommendation 1 – That there is still a role for SPG to play in helping to facilitate the Shropshire patients' voice. Both its members and the CCG strongly believe this to be the case.

Recommendation 2 – A new vision for the future and structure to support delivery needs to be agreed and then supported by all members

Recommendation 3 – The outline of role and purpose of SPG as described during the final development session should be used as the basis upon which ti move forward today

Recommendation 4 – That SPG adopt the proposed model in its current form (with only minor 'tweaks' where necessary) in its October meeting

Recommendation 5 – That SPG work within the proposed model for the next 6 months – at which time it should be reviewed by SPG and refined further if necessary.

Recommendation 6 – That the brief over-view descriptors for the specific roles within the SPG structure are fleshed out if necessary at the October SPG meeting

Recommendation 7 – A nomination and voting process should be held for the key specific roles within the new SPG structure with voting culminating at the SPG November meeting.

Recommendation 8 – That SPG Members consider the use of additional tools and templates offered by the external Facilitator in Appendix 6.

Appendix 1 - SPG (Strengths; Weaknesses; Opportunities and Threats)

During Exercise 2 saw attendees split in to two groups. Group A and Group B. Group A was then asked to consider as a group what they thought were the Strengths of SPG (that we must ensure we build upon) and what were the future Opportunities (that the SPG should capitalise on). Group B were asked to consider what they thought were the Weaknesses of SPG at present and what might the future Threats to SPG be. Both Groups were asked to capture their thoughts on to flip charts.

After a set amount of time the groups were asked to swop their flipcharts over with the other group so that they could read through them and add any additional things on the same sheets.

The outputs from this session are contained below (the two colours show comments made by the different groups:

Strengths

What are the strengths of SPG?

- (We mostly have) GP and clinician acceptance – dialogue now available
- Broad range of patient participation
- Broad range of urban and rural representation
- Passionate
- People are committed to the SPG
- Knowledgeable members with various life skills
- Opinionated – strong people (have an opinion and willing to share them)
- We have strength in numbers - a loud patient voice (e.g. GP access)
- Willingness to learn
- Access to all people across the whole of Shropshire CCG
- Respect and acceptance from NHS and associated organisations due to past involvement and outcomes

- We are impartial
- We are a good critical friend to the CCG – Trust
- We do National networking
- The speed of communication to PPGS
- We share good practice/expose bad

Opportunities

What are the opportunities for SPG going forward?

- The ability to influence future direction of healthcare in Shropshire (and social care!)
- The opportunity to go forward in getting the 'message' across to all of Shropshire & educate people & press release
- We don't have an opportunity to go forward in the present format – Review structure (including supporting committee)
- Opportunity to build bridges within the group
- Broaden "communication basis" /press & PR
- Opportunity to carry forward as a democratic group so that decisions made at a meeting are supported by the majority of attending members (all members) even if they did not attend the meeting (collective responsibility)
- Acceptance that SPG makes those decisions in a democratic manner (no 'faffing around')
- Opportunity to change how SPG works in the changing climate
- Opportunity to continue to effect patient (citizen) voice and experience
- Spread wings into (already happening ….. maybe more) wider arena (NHS England)
- Broaden engagement with diverse community
- Opportunity to understand in more detail what CCG is responsible for – and finances

- Have a more defined SPG membership scheme

Weaknesses

What are the weaknesses of SPG at present?

- The Group is too big as it is - But large groups can also be a strength
    - Started off just with 1 rep
    - Make better use of locality
    - Clarify which group?
    - Too frequent norming and storming as different people attend
- Un-representative; unable to get to the other groups
- Communications are hard due to time constraints – poor sharing of expectations/changes
- Very large geographical area to cover – both strength and weakness
- Lack of trust/suspicion
- Delegates appointed by 'default'
- Insufficient volunteers and lack of volunteer time
- Volunteer exhaustion – trying to do too much as a group
- Not feeding back well enough
- Unfair criticism of regular volunteers
- Structure doesn't represent areas of interest i.e. "lead in urgent care"
- Lack of secretarial support and knowledge of process of SPG
- Chair can't make some decisions (which could be delegated?)

- Don’t make use of online communications fully
- Number of PPGs never send representatives
- We never speak to each other as people
- No respect for each other
- No mechanism for creating task and finish groups
- Group has no secretarial support (no volunteers)
- Supporting committee weakness in current format/lack of clarity

Threats

What are the threats to SPG going forward?

- Hidden agendas; lack of trust
- Lack of appreciation and value from SPG and NHS
- Workload – exhaustion
- Political issues of the day (small ‘p’)
- Relying on goodwill of people
- Disillusionment – especially with how quick things change in the NHS
- The SPG doesn’t push back enough (too willing)
- “Threat to ourselves”
- Outside groups using the SPG for their own good/benefit (would need to define which groups to tackle)
- Practice voice may be lost at county level

- GPs setting up their own membership group
- Some GPs use/approach PPGs in different ways (heavy-handed)
- Practice Managers are sometimes a challenge
- Loss of respect by the CCG
- Biggest threat is from within
- Threat of falling apart
- Threat of falling apart because of secretarial support
- CCG may not wish to work with SPG
- Locality vs SPC set up. Get together quarterly
- Acknowledge the distance people have to travel
- No one updates Future Fit
- Website:
    - need to do it so that it is understandable/useful
    - Difficult to navigate
    - Has to be part of a communication system and not the only thing

Once the rotation of the sheets between the groups had been completed these sheets were then pinned to the wall for all attendees to see during the next break prior to the final session.

Appendix 2 - Collated comments given anonymously to the Facilitator

THEME	WORD FOR WORD COMMENTS COLLECTED	First Thoughts on Future Action(s)
"Ego's & Behaviours"	• Lack of respect for each other. But we are all doing good work • Loss of respect to each other and the CCG members. • Poor working (non-existent) relationships • Underlying resentment. • Lack of basic manners and kindness • Lack of trust • Behaviours • Group being led by one or two loud characters. The rest are quite united. • Strong members have 'pushed out' the quieter harder working groups. We (SPG) are too big. • Weak leadership • New members joining group with personal agendas • Lack of feedback/information from members attending meetings and groups in an official capacity. • Unaware of reasons behind actions. Lack of trust of Supporting Committee. Everyone had personal agenda and wanted in followed. • Unwarranted personal attacks and reluctance to raise concerns at more appropriate times. • Too many personal agendas and egos. Some members do not accept any opinion other than their own. Some PPG members appear to want to dominate meetings. • I saw a process unfolding that led to the situation at the AGM. A very abusive e-mail was sent to members prior to the meeting which I personally found deeply shocking because it was a personal attack on the Chair by the Vice Chair. In my view there can never be any justification for abuse in whatever form. The boil needs lancing. • Egos and personal agendas • Perceived lack of transparency • Disparate views and different objectives; people working to different agendas – some of them are about personal ego and stature in their community and not about improving patient care. • Hidden Agendas • Lack of honest communication and appearance of 'egos' • Everyone has their own agenda but individuals were not necessarily open about them. • Therefore no possibility of coming to common resolution	Often we can work with Teams to help them 'get to know each other'; enabling them to work together better. However this is particularly hard with such a large group. Personal behaviours and communication styles are often an issue – we can work with groups to grow a clearer understanding of what is acceptable and what is not (and why). More formal use of ground rules on a regular basis can help. Groups need to understand that everyone has a role to play and is equally accountable for their success or failure – you are mutually accountable. Whilst strong chairing of certain meetings might be needed every one is responsible for the own behaviour. Good strong structures to agendas and meeting etiquette reminders and the use of facilitators 'tricks' for handling a meeting that is less than easy may also help. If the Groups aims and purpose are clearer it leaves little room for individual agendas or egos to take over. Reviewing communication strategies and processes will also help.

	• How did we get here? As a result of people harbouring grievances instead of raising them – (unwillingness or fear of speaking out?) • AGM – reasons? Mistrust of work of Support Committee • There is an underlying bullying culture • No one is any more important than anyone else in the room. • How did we get here? Too many members acting as if they are more important that the rest. • Individuals have to take responsibility to make it work	
"Lack of Clarity of role and purpose"	• Lack of clarity of the role of the group • Lack of clarity around what the SPG is trying to achieve – but good people trying hard to do work • The bureaucracy of the CCG has not realised, yet, how to "facilitate" the running of a 'voluntary group' • Changing NHS landscape blurred the original aims and objectives of the SPG. • Not at the AGM, but I suspect that where a common goal is not present individual agendas fight for supremacy. • Members should be prepared to delegate people to be responsible for certain responsibilities and allow them to make decisions. Run SPG more like a business than a Discussion Group • Volume of change and input required – focus not on nurturing PPGs • Unclear how we help put patients and citizens at the heart. • Representation is patchy; PPGs purposes seem to vary significantly. Relationships with medical practices are not always as we would like. • It seems to be a problem that Founder Members of SPG are resistant to change and are not prepared to move forward. To enable us to influence the shape of the NHS provision in Shropshire. • Breakdown of a good supportive network. Many members have become disengaged. • Lack of trust in supporting group • Feelings of frustration at not knowing what is happening in SPG	Throughout the day it was clear that the role and purpose of the SPG as a whole and the Sub-Committee in particular needed to be clarified as soon as possible. This needs to be addressed as a matter of urgency in order to move forward and to re-engage PPG Members who may have become disillusioned
"Structure; Systems & Processes"	• We got here because Karen Higgins over 3 – 4 years of hard work brought us all together. She held us together. When she moved on we lost the vital energetic co-ordinator. The AGM was the consequence of the loss of that co-ordinator. • Lack of admin. Secretarial and Comms support • Huge amount of varied work to face and not being delegated openly • "Support Group" suddenly changed to a committee that seemed to be making decisions - many SPG members thought they were there to do ground work and report back to the whole group. At this stage ill feeling was not taken up and knocked on the head. We lost a lot of CCG help in the form of Karen. At this point communication deteriorated.	The Sub-Committee had been established 12 months ago and it seems that the remit was either not clear at the time; or is perceived to have crept. Once the current role and purpose are clear a suitable structure for delivery can be agreed. In the current NHS organisational context it is clear that 'support' from the CCG will not return to the level that it was when the PCT first helped to establish the SPG. The CCGs role is to engage with many, many different groups in order to reach as many people as possible and this will mean offering equitable levels of 'support' to all groups. As a

	• Meetings not chaired effectively • Agendas over ambitious so meetings do not fulfil expectations. • Supporting group self-selected and secretive. Lack of transparency and accountability. • Lots of really good work being done by individuals but not cohesive and often not accountable. • Some people co-opted but don't have a constituency of patients – so not representative. • No leadership – need a strong leader. • Leader needs to accept help from others. • Too much secret discussion by the Support Committee • Poor Chairmanship • Structure not accepted • The SC have no delegated powers, but are now making decisions without involving SPG Committee • SC is very active, but is not seen as doing what they were set up to do (the 'Nitty Gritty' stuff). Now they are debating issues which are the most serious for our health needs in future. These issues need to be debated by the full SPG committee. They do not report back to the SPG committee. They should put an update on the website every month – nothing on this year. • We need to communicate our activities better and we need scope to develop our own ideas – not just be CCG led. • Poor communication between key members of the group – apparent absence of consultation between meetings. • Communication - minutes of meetings available 1 -2 days prior to next meeting. Direction – type of meeting balance of agenda. • My first SPG meeting was AGM (!) so no history. It seemed like there was a lack of shared model of accountability/delegation – no common understanding. Internalised – complaints about process – not issues • Nature of organisation not accepted - are we a network? An organisation? • Lack of formal and agreed structure for all meetings.	consequence the SPG new model needs to use most effectively what is already in place at SPG and locality level in order to get the very best from what is already there. A better communications strategy would also help with many of these comments

Appendix 3 – First thoughts – future points to be considered (Session 1-July 2014)

- Questions to be answered by the new model - Is the SPG part of the system? Should it be independent?
- It works well at present when supporting CCG
- Patient Voice and experience listened to by Managers and Clinicians - results in good practice
- Working groups that do not duplicate research under our overarching group would be and are effective
- Role:
    - Two way information flow between patient and CCG using SPG & Patient Groups as a conduit
    - Feeding in Experience info from patients
    - Large base for data collection
    - Information dissemination

OR

- SPG - Just to oversee the locality. Then Locality Groups and then PPGS

OR

- PPG feeds into locality Group. No SPG. Just an umbrella that has a business meeting 6 monthly. Social networking event 6 monthly:
    - Benefits: Drs know the patient reps
    - GP rep works with the Patient Locality Group
    - Easier to get access to GP/Patient reps
    - Split work to the localities
    - Not everyone has to do everything
    - Easier to build good working relationships
    - Less travelling for volunteers
    - Fewer meetings???
    - Use the Patient Locality Groups for what they were intended. Engage more Practices – may be more likely to attend locality.

OR

- Smaller Admin Committee to support Main SPG – then Task & Finish Groups (perhaps clustered around the six priority areas)
- Responsibility of SPG members to report back (i.e. minutes)
- Get rid of the 'business element'
- Accountability would come with the reporting process

Appendix 4 – Group Review of Three Potential Models

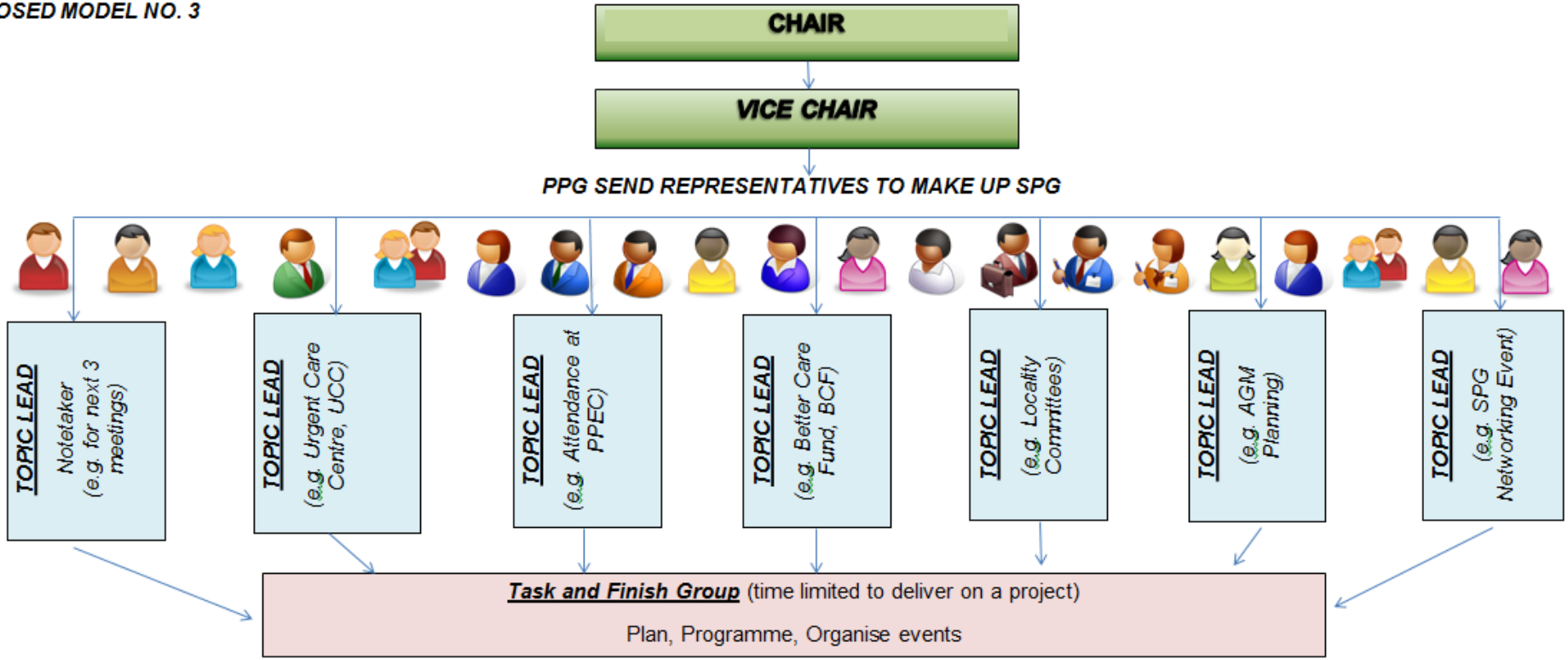
Proposed Model 1

Management Structure	Replace the Supporting Committee with officers who have more explicit responsibilities.
Chair	Acts as focal point for SPG – effectively Chief Operating Officer
Deputy Chair (PPG)	Priority is supporting and encouraging PPGs/PGs and members
Deputy Chair (CCG)	Faces the CCG. Priority to ensure patient voices are heard by the CCG
Deputy Chair (NHS England)	Faces NHS England. Priority is to ensure patient voices are heard by NHS England
Secretarial/Admin	One or more people who take minutes and provide admin support, perhaps remuneration via an honoraria.
Membership	We need a membership that is as representative as possible and allows the voices of the patients and citizens of Shropshire to be heard. All PPG/PG group members of member medical practices are assumed to be members and are welcome at Networking Events and can join the web site. Patient Groups that are not from member medical practices may be affiliated to SPG.
Management Committee	A smaller group meeting monthly. Perhaps 2 per locality plus officers and secretary.
Wider Group	Meets perhaps 4 times a year - all PPG/PG's send 1 (perhaps 2) reps, officers and service leads (see below). Held in K2 Theatre style? Focus on communications, presentations and sharing ideas.
Networking Event	2 or 3 a year – all member events.
Service Leads	Members who provide a focal point and patient leadership in a particular service area. They are the first port of call for involvement and input relating to relevant services. They involve other members in task and finish groups; they work with commissioners and providers in the Local Health Economy and communicate with interested members. They provide updates to the membership as a whole via the website.
Annual Member Survey	I believe SPG should seek feedback from its members each year. I propose an annual survey which identifies: • What do we need to do better? • What do we need to continue to do? • What should we do more of?
Ground Rules	We should have ground rules on the wall for every meeting and work to them!

Proposed Model 2

Chair	This person would be the main focal point for SPG with ultimate responsibility for the working of the group. The Chair must be in a strong enough position to delegate, not to be the one who feels that they must attempt to do everything.
Deputy Chair(s)	There is an option to have more than one deputy, one perhaps to concentrate on facing CCG and NHS England, the other with responsibility for pure PPG matters. Clear and defined responsibilities needed for each post, this is not just cover for the Chair, they are to have defined roles of their own] It would perhaps be preferable if the Chair and deputies were from different PPG's and perhaps from different locality areas.
Secretary	To provide secretarial and minute taking support, possibly to attract a remuneration. A particularly important role which would help SPG run far more smoothly, not a basic admin role, far more important]
Management Committee	A small group meeting monthly (or more if needed) with <u>delegated and agreed</u> decision making responsibilities to assist the Chair/CEO and Deputies with the running of the SPG on a daily basis, to handle matters as they arise. Full and clear remit would need to be in place. Would need to regularly report back to the full SPG in the regular meetings but also would need an agreed method of more regular feedback, perhaps via web site, on a monthly basis Could have two reps from each on the Locality Groups below, as well as the Chair, Deputies, Secretary.
Membership Meeting	This would be the equivalent of today's SPG meeting. To comprise of two reps from each PPG, meeting to be held every two/three months. Focus will be to bring all up to date re CCG/NHS England matters and to hear from the PPG Localities re PPG specific matters/concerns
Locality Group x 3(?)	Similar idea to the GP Locality Meetings, open to all PPG's in the locality area, main focus to be the further development, inclusion and support for the PPG's in the locality. It is hoped that those PPG's who do not attend the SPG would, with some encouragement, join these groups and get any support that they need in developing further.
PPG's x 44	These are the individual PPG's, the grassroots of the SPG, these are the SPG main link to all the thousands of patients of Shropshire who SPG needs to represent, PPG's come in different shapes and sizes but the main aims are very similar.

PROPOSED MODEL NO. 3



NOTES

Topic Leads:

- Individuals that are interested in specific topics
- Liaise directly with co-ordinating organisation
- Report to SPG by exception unless it is their turn to feedback i.e. through the involvement of SPG have we improved services for communities in Shropshire/what was the measure
- Only seeks Chair's advice again by exception

Interface with Clinical Commissioning Group (CCG):

- Topic Leads with relevant Directors
- Chair meet with Accountable Officer/Bharti Patel-Smith with rotating SPG member
- Annual meeting with CCG Board

Refresh 7 Principles of Working:

- Not constitution – not statutory organisation

Flat Structure/Minimum bureaucracy/inclusive:

Meeting Structure:

First 45 minutes business of SPG:

- Apologies
- Welcome
- Action Notes
- Topic – UCC & BCF

Followed by 45 minutes informal networking:

- Topic Lead exception reports
- Future pieces of 7 principles of working - some of this already on website
- Networking

Work Group Responses to Suggested Models – 16 September 2014

	Model 1		Model 2		Model 3	
	Positives	Negatives	Positives	Negatives	Positives	Negatives
Group 1	• Spreads the load more • Fewer meetings for a wider group • Similar to status quo with a few tweaks • Annual Survey should be on-line	• Should have a deputy Chair for specialist group • Should have a PR focus group • No ground rules per se • Secretarial support could be a problem	• Similar to status quo • Similar to Model 1 • Fewer meetings	• Too similar to existing model	• Nothing!	• Not workable • Too many full time jobs • There should be a management committee
Group 2	• Sharing of the load by deputies (but they do not need to be called deputies – just responsibilities within the managerial committee • Secretary is vital – but leads in to more functions than just note taking • Annual Members Survey • Ground Rules	• Managerial Committee – difficulty with reps from Locality Groups (may not exist) – no point basing a structure on non-existent groups • Wider group meeting not less frequent than 2 months (3 months is too long)	• Similar to Model 1 • Delegated agreed decision making • Locality groups should not be exclusive to the model – more 'other' input needed too	• Locality groups – not necessarily based on SCCG GP Locality structure • They should reflect the needs of the local PPGs in that area	• Increasing role of the topic leads e.g. AGM planning could be incorporated in to a management committee	• No management committee – accountability unclear • 'Topic Leads' unfortunate confusion with present TLs
Group 3	• Ground rules • Chair and Vice-Chair • Annual Members Survey possibly – but only within the SPG Reps • May be an annual report "Did we do	• Too many chiefs • Don't want a management committee • If Deputy Chairs are based by the Locality's it may work • Too many layers • Too complicated	• Chair, Vice-Chair • Secretary required • Members Locality Meetings possibly but not based on the GP groupings (might need more than 3) • Flatter but needs to	• No Management Committee	• No Management Committee • Chair & Vice Chair • Flatter Structure • Minimal bureaucracy • Meeting structure good • Chair & Vice Chair	• Looks complicated • Not sure what 'Topic Leads' means • Task & Finish possibly too much work

	what we said we would"? • At a more public meeting – accountability • 2x networking meetings • Wider group meets quarterly		be simpler		to meet with BSP and SPG Members – but must report back	

Additional Notes

Additional notes were also provided by two of the Working Groups. These are as follows:

GROUP3

- Form has to follow function
- Need a simpler structure than these models
- Allow more than two reps (particularly if it is a subject of interest) perhaps non-voting, but welcomed
- "On your Doorstep" is useful, but takes too much time
- Could reps submit 3 sentences on your door step to be added to the minutes?
- Website is too complicated for many
- Some prefer a weekly update – it was simpler
- Accountability and openness – more transparency
- No Management Committee at all!
- Need objectives and outcomes to check at the end of the year
- No going off to other regional meetings without real accountability and transparency. Must have consent of the whole group and a written report afterwards

GROUP 1

Positives:

- SPG should continue
- Locality Groups provide a talking shop in an informal setting without a structure

- Effort very admirable
- Pool of county-wide volunteers to help the CCG etc.

Negatives:

- Too much formality
- Too many targets
- Too wide a remit
- Not always managed well
- Urgent review of IT communications

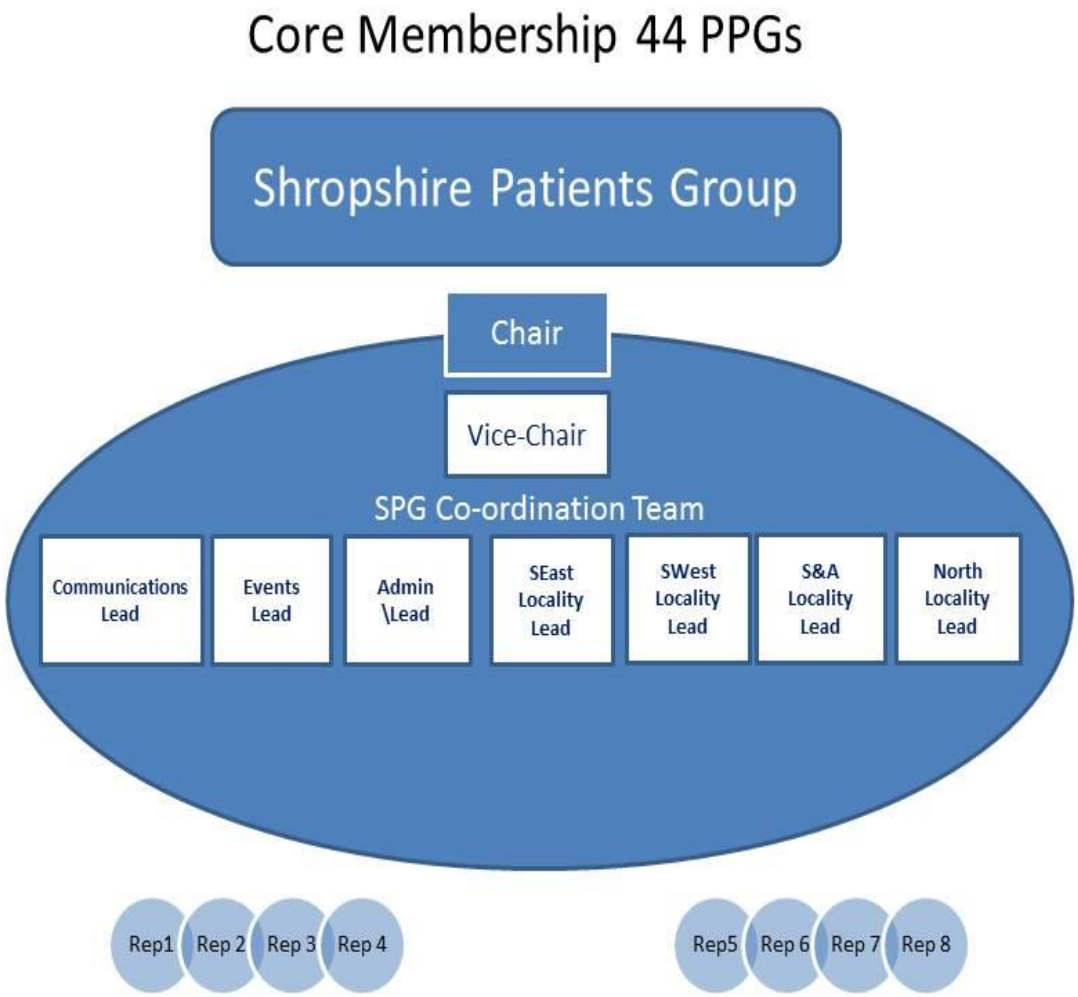
Wish List – “Dignity, respect and trust for all”

Appendix 5 – Development Session Attendance List

A core of attendees remained constant across the three development sessions. The list below contains the names of people who attended one or more of the sessions.

Daphne Lewis	Roland Brown	Jenny Birch	Karen Higgins
Ian Webb	Graham Spencer	Nikki Critchlow	Bharti Patel-Smith
Eleanor Minihane	Malcolm Glover	Robin Harvey	Caron Morton
Rob Gough	John Crowe	Ian Hulme	Matthew James
Pete Gillard	Jean Rice	Malcolm Souter	Sian Sansum
Richard Chanter	Nick Hutchinson	Mike Teague	
Sue Gerrard	Gill Sower	Chris Noble	
Christine Morrison	Graham Shepherd	Susan Daykin	
Sylvia Pledger	Suzanne Hutchinson	Judith Rice	

Appendix 6 – Proposed SPG Model October 2014 (and associated tools)



- Each of the 44 PPGs have two potential slots on SPG and one vote
- The full Group will hold a meeting every 6 weeks
- The Chair / Vice-Chair and other supporting roles are voted positions that run for 2 years (people can serve a second and third term, but not a fourth)
- The Coordination Team will meet every six weeks (mid way between the larger SPG meetings)
- There will be roles of the main SPG meeting and the Coordinating Team will be clarified from the start
- The roles of individual Leads will be outlined from the start
- SPG will run no more than two Networking events per year - intended for the wider PPG Membership and also involving / inviting other wider public groups (such as Youth Champions etc.)
- Meetings of the main SPG should consider the potential to rotate venue around the four locality areas
- Meetings of the Coordinating Team will be open to attendance by any SPG Members (on request to the Chair)
- Other SPG Reps (engaged in various LHE work / meetings etc.) will report back using a standard one page report format to the next SPG Meeting

Draft Terms of Reference

1	**TITLE**	Shropshire Patients' Group (SPG)
2	**MISSION STATEMENT**	To represent, support and encourage a consolidated patient voice and, to help to secure the best health care within the Shropshire Clinical Commissioning Group (SCCG) area.
3	**MEMBERSHIP**	Each PPG/PG has membership of the SPG and can send up to 2 representatives to SPG meetings. Each PPG/PG will be entitled to one vote.
4	**CHAIR**	The Chair will be elected to serve for 2 years by a majority vote at an SPG Meeting.
	VICE-CHAIR	The Vice-chair will be elected to serve for 2 years by a majority vote at an SPG Meeting
	Other Coordinating Team roles	Other Coordinating Team members will be elected to serve for 2 years by a majority vote at an SPG Meeting.
5	**CO-OPTING**	Individuals can be co-opted to the SPG to fulfil a task for a specified duration, where a majority vote at an SPG meeting agrees that their co-option would be beneficial to the group. Co-optees have no voting rights and cannot take on roles within the Coordination Team.
6	**VISITORS**	Visitors may attend full SPG or Coordinating Team meetings as observers by prior arrangement with the Chair
7	**VOTING**	Each PPG/PG will be entitled to one vote to be cast in person by one PPG/PG representative.
8	**MEETINGS**	• SPG will meet approximately every 6 weeks, in venues that rotate around the four PPG Localities. • 'Networking' meetings (aimed at encouraging and involving wider attendance from PPG members) will be held each Spring and Autumn. Part of the spring meeting agenda will include • There will be NO formal SPG Annual General Meeting (AGM) – The programme for the Spring Networking Meeting will include an element of review of the activities of SPG over the previous year. It will also include an element for feeding in to plans for the SPG Work Programme for the year ahead.
9	**COMMUNICATIONS**	The SPG will undertake to communicate with all registered PPG/PGs using the email address that is supplied by the PPG/PG. Other mechanism for communication will be explored and developed to ensure maximum involvement.
10	**PURPOSE OF SPG**	SPG is not a statutory organisation – but is a volunteer body working with, and alongside, the NHS and other Public Sector and voluntary organisations.

<table>
<tr><td></td><td></td><td>
<table>
<tr><th>Theme</th><th>Explanation</th></tr>
<tr><td>A communications conduit</td><td>Upwards (to CCGs / the NHS / and others); downwards and also across PPGs) – ensuring a smooth flow of information and communications</td></tr>
<tr><td>A Networking group</td><td>Offering opportunities for PPGs to get together
Facilitating the sharing of good practice</td></tr>
<tr><td>A ‘representative’ group</td><td>…of patients within the CCG
Having the ‘helicopter view’ of what is going on across Shropshire (to help focus and scaling)</td></tr>
<tr><td>Facilitating engagement; interaction; involvement</td><td>Between patients and the local health economy</td></tr>
<tr><td>To bring focus</td><td>To help to prioritise efforts of local groups (ensuring that collectively PPGs are focusing on the ‘right things’ to have maximum impact)</td></tr>
</table>
</td></tr>
<tr><td>11</td><td>CODE OF CONDUCT</td><td>

The SPG is not a forum for individual complaints or issues.
SPG members and co-optees will be flexible, listen, ask for help and support each other.
We advocate open and honest and civil communication and challenge between individuals.
All views are valid and will be listened to.
The SPG acknowledges that it is unrealistic to speak for all patients within Shropshire but will endeavour to seek views of patients and others and to bring these views forward.
We will communicate information which is of potential interest to patients within our communities.

</td></tr>
<tr><td>12</td><td>AMENDMENTS / REVIEW</td><td>Terms of reference to be reviewed in the first instance in 6 months</td></tr>
<tr><td></td><td>SIGNED BY</td><td>Signed:

Date:</td></tr>
<tr><td></td><td>DATE OF REVIEW</td><td>April 2015</td></tr>
</table>

ADDITIONAL NOTES, TOOLS & TEMPLATES

Shropshire Patients Group (SPG) - Full Meeting

- The full meetings of SPG will take place every 6 weeks and will be held where possible at venues that rotate around the four PPG Localities, in order to make them more accessible to a wider group of people.
- Whilst all PPGs are members of SPG the core membership of the SPG full meetings will be made up on no more than 2 reps from each PPG. There will be only one vote per PPG.
- SPG will also aim to widen its membership over the coming years (if appropriate) and engage with groups other than PPGs in order to try to broaden the demographic of its membership over time.
- The SPG full meeting will schedule in a slot on its agenda for reporting back highlights from the four PPG Localities; feedback from each of the Coordinating Committee Leads and other Representative Leads who have attended external meetings; and should have an element of time set aside to focus on detailed discussion and debate around subjects of interest from the existing or future work programme (this may involve guest speakers; reviewing local strategy documents; service developments etc.)
- **The October full meeting of SPG will need to:**
    - Receive this report
    - Review the recommendations
    - Agree on and adopt the model (tweaking where necessary)
    - Agree (tweak if necessary) the TOR
    - Agree the broad outline descriptor for each role (fleshing out with additional detail relating to specific duties if necessary)
    - Agree the detail of the appointment process for all the roles outlined in the model (nominations to the current Chair prior to the next meeting; voting on each role individually (with interested parties being asked to leave the room as appropriate) at the November SPG meeting;

- **The November meeting would** start with the Voting process after which the new Chair would take over the running of the meeting and continue through normal business which might include some group thinking about reviewing communication mechanisms or advanced thinking for the event to be held in April 2015 (so that leads can start to get underway with their roles)
- **A typical SPG full meeting Agenda might look like this:**

Agenda

- Welcome & Apologies
- Minutes of the last meeting
- Matters arising (not elsewhere on the agenda)
- Local highlights (Verbal update from Locality Leads) (5mins each)
- Updates from Coordinating Team (Chairman's Report; Vice-Chair; Communications; Events; Admin) (5mins each)
- Updates from 'Clinical Group' Reps (short written report on simple template provided) (5 mins each)
- Workshop Session: (approx. 60mins)
  - Focussing on one or possibly two subjects. Perhaps with guest speakers or work on specific items from the SPG Work Programme i.e. planning the next Networking Event or revamping the communications strategy for SPG; of FutureFit
- Any Other Business (max 5 mins each)
- Review of agreed actions from today (5 mins)
- Close

The Coordinating Team

- The role of the Coordinating Team is to work together to drive forward key elements of the SPG Work Programme. The roles have been chosen to cover the key elements that relate to the themes that were agreed for the purpose and function of SPG during the recent development sessions.
- The Coordinating Team will take instruction and guidance relating to the work they each need to carry out from the full SPG meeting and will report back progress to that meeting accordingly.
- People will be nominated either by themselves or colleagues and voted on to each of these roles with tenure of 2 years. People can remain in these roles if successful in subsequent years voting processes for no more than three term of 2 years (i.e. 6 years maximum)

- The Coordinating Team will meet approximately every six weeks (mid-way between full SPG meetings) in order to review actions from the last meeting update each other on progress in their Lead area and to start to work with the Chair to flesh out the content of the next SPG full meeting agenda and/or the next Networking Event etc.

Roles Overview

- **Chairman**

  The Chairman must ensure that the SPG functions properly, that there is full participation during meetings; that all relevant matters are discussed and that effective decisions are made and carried out.

  The role of a Chairman is time consuming, with work between meetings, external representation of the organisation, and work with the Coordinating Team. Chairing requires diplomatic and leadership skills of a high level.

  Main duties of the Chairman:

  The responsibilities of a Chairman of SPG can be summarised under areas:

  1. To ensure the Shropshire Patients Group functions properly.

  Ensuring that each meeting is planned effectively, conducted according to the agreed Terms of Reference and that matters are dealt with in an orderly, efficient manner. The Chairman must make the most of all his/her Coordinating Team members and 'lead the team'. This also involves regularly reviewing the SPG Coordinating Team's performance and identifying and managing the process for renewal of the Coordinating Team through recruitment of new members.

  2. To ensure SPG is managed effectively.

  The Chairman must co-ordinate the activities of SPG to ensure that appropriate mechanisms are in place for the effective management of the organisation.

  3. To represent the SPG as its figurehead.

  The Chairman may from time to time be called upon to represent the organisation and sometimes be its spokesperson at, for example, functions or meetings.

- **Vice Chairman**

The role of the Vice-Chairman is to act as a direct support to the Chairman. Carrying out duties to assist the Chairman in performing the latter's duties and responsibilities. This may involve deputising for the Chairman when they cannot attend certain meetings or carry out specific duties.

- **Communications Lead**

The Communications Lead is the person responsible for leading the planning and creation of marketing and communications for a Group. Communication for SPG would include having a strategy for both internal and external communications, such as emails, advertisements, manuals, letters, website content and other verbal and written forms of communication. The Communications Lead will act as the owner of the Communication Plan and the driver of all of the forms of communication for SPG.

One of the primary roles of a Communication Lead is to meet with the other SPG Leads in order to identify the communication needs of the each key area of SPG work / interest. The Communications Lead will also evaluate existing SPG communications for consistency and effectiveness (including inclusivity). The Lead would be able to suggest changes or tweaks to improve or replace the current communication strategy.

After all SPG meetings, the Communications Lead would ensure that all new actions regarding communications are noted and added to the Communications Work Programme. The Work Programme will include which communications need to be developed and created, the distribution of the communications and a timeline for distribution. The Communication Lead will use the Work Programme as a guide for implementation.

- **Events Planning Lead**

The role of the Events Lead will vary somewhat depending on the nature and detail of the event(s) that are currently being planned, but generally, planners are in charge of ensuring events are organised and coordinated in such a way that everything runs smoothly on the day and that attendees have a positive experience.

Typically, the Events Lead will either attend full SPG meetings where new events and activities are suggested and discussed or call specific meetings in order to lead the work needed to deliver a successful event. SPG members will lay out the need for an event / activity, and discuss and agree the details including preferred dates, location, number of attendees / stalls etc. and other specifics. The Events Lead will help to collect the details and flesh-out the detail of the event, formulating a Work Programme relating to each event individually.

The Events Lead will then identify the manpower / and other help needed; equipment; venues etc. and enlist the aid of a small number of SPG colleagues to work on a short-life working group to deliver each agreed event. This would include enlisting helpers to assist in the hands-on delivery of the event on the day. It is not the Events Leads role to literally do all the work (!) but to coordinate activities to deliver SPG events. The most obvious of these would be the twice yearly SPG Members Networking Events.

- **Admin Lead**

  The role of the Admin Lead will be to work alongside colleagues on the Coordinating Team to support the delivery and distribution of agendas and papers for meetings and events (in a timely manner); to edit and prepare content for leaflets, the website etc. and to record the meetings of the full SPG and the Coordinating Team in the form of minutes or actions notes (as agreed). This role will link closely with colleagues within the CCG to make best use of their support where possible for the copying of papers, distribution of papers and assistance with room bookings etc.

- **Locality Leads**

  The role of the Locality Lead is to act as the direct communications conduit between the SPG and the PPG Locality that they are attached to. To act as an 'ambassador' for SPG promoting its activities in Localities and bringing direct feedback and news from the Localities in to the full SPG meeting and the Coordinating Team. Locality Leads will have a key role to play in helping to ensure that the SPG Work Programme and agendas are focused on things that are of interest to the work of their respective Localities. They will also have a role to play in leading on specific projects initiated by SPG that may only initially be targeted at one or two Localities.

SPG Work Programme

Throughout this document I have talked about the SPG 'Work Programme'. If SPG is going to succeed in its aims we must begin to think and plan ahead, scheduling in future meetings well in advance; planning the workload and agendas for meetings based upon when key expected event s (such as the planned twice yearly Networking Events) are going to happen.

SPG should start to maintain an annual diary for its activities, and schedule in at what time planning should start; when Localities should be canvassed for content/ideas; when speakers should be booked etc. The Coordinating Team would be the keepers of the 'Work Programme' and would flesh out the detail, which would go down to the levels of what tasks were due as what time from each of the Coordinating Team Leads. The Work Programme would be used as an active prompt during full SPG meetings and people attending SPG full meetings would be part of helping to compile and agree the Work Programme. In essence it's a bit like the next stage on from you identifying your priorities earlier this year – it is the schedule of activities that will need to take place to actually deliver against your priorities.

Delivery of the Work Programme gives you something to clearly measure yourself against – both for your own benefit and for the wider membership.

Your Work Programme template might look like this:

Example Work Programme Template																		
No	**Item / Activity**	**Who Leads**	**Completion By When**	**Nov 2014**	**Dec 2014**	**Jan 2015**	**Feb 2015**	**Mar 2015**	**Apr 2015**	**May 2015**	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sep 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**
1	SGP Christmas lunch!!	All	25/12/2014														
1.1	Design and create the invitations	Admin Lead		1st													
1.2	Arrange the Venue & timings	Events Lead		1st													
1.3	Agree the final invitation	SPG Full		12th													
1.4	Send out the Invitations	Comms Lead		15th													
1.5	Collate the responses	Admin Lead			10th												
1.6	Agree the menu	SPG Full			1st												
1.7	Type up the menu	Admin Lead			15th												
1.8	Choose the caterer	Events Lead		15th													
1.9	Confirm Final numbers	Events Lead			15th												

This is only a worked example – but you begin to see what I mean.

Format for Reports back from SPG Reps attending external meetings

It is important that we start a consistent practice of always reporting back from meetings that have been attended whilst wearing an 'SPG hat' so to speak. This does not need to be a huge tome, but rather a brief overview of things for other SPG Members to note. With this in mind I have included a simple one page template for you to consider (which people can extend if necessary). For those not proficient in typing, or without access to a PC they could jot down the relevant points on a printed version of this template and a system should be established where these are typed up by the Admin Lead (or other agreed party).

Shropshire Patients Group – External Meeting Attendance Report	
Date of Meeting	
SPG Member in Attendance:	
Title of Meeting:	
Meeting Organiser / Owner:	
Which one of the SPG Work Programmes / Priorities does this relate to?	
Will this work help us deliver one of our Priorities?	
Main points of interest or concern to report back to SPG:	
Actions for SPG arising from this Meeting:	
Did our attendance have an impact for Shropshire Patients?	
Should we continue to attend if invited?	

These sheets can be used in the full SPG meeting and can also be loaded directly on to the SPG Website in order to provide feedback to the wider membership.