

‘Sharing the Power’

A roundtable workshop

Involving the National Voices’ Service User Panel and member organisations



Tuesday 30 March 2010

Workshop Report

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Foreword

After 10 years of steady investment in health and social care we are about to enter a very challenging time financially. As much as £20bn of savings – around 6% of the current NHS budget - will be made between 2011 and 2014. This will have a direct impact on services. More than ever people need to be involved in debates on service changes, to feel confident in feeding back their opinions and to know that decision makers will respond constructively.

National Voices, still a relatively young organisation, has the potential to make this happen. Our 'Sharing the Power' campaign will draw directly on the expertise of our 200 member organisations and on the 150 members of our Service User Panel. This feedback will be incorporated in a National Voices White Paper in November 2010, helping shape priorities for health and social care – from the bottom up, not top down.

The workshop event, held at Glazier's Hall, London on 30 March 2010, involved 50 delegates drawn from our member organisations and Service User Panel. It posed such questions as "What is good in the current system and what needs changing?" "And "How do we make priorities for action for National Voices amidst so many competing demands?"

Despite the challenging agenda, it was an uplifting day, enabling our small core team to tap into rich seams of local expertise and bringing National Voices and its members closer together.

This workshop is just the start of a much wider campaign, involving events and meetings across the country throughout 2010. I would like to thank everyone who took part, and this report aims to represent the main themes and ideas expressed.

Jeremy Taylor, Chief Executive National Voices

Executive Summary

The purpose of this ‘Sharing the Power’ workshop was twofold:

- For National Voices to draw on the expertise of its members to help shape its campaigning agenda
- To bring representatives of the membership together to forge closer links within the National Voices ‘family’

The workshop explored what a health and social care system that really ‘shared the power’ with patients and users would look like. Among the important action points this generated were:

- Communication, or rather the lack of it, is key to all National Voices campaigning. Effective and responsive communication between those working in health and social care and those they serve is seriously lacking in the current system, and needs urgent reform.
- Any National Voices campaign must acknowledge the inherent tension between striving for a more ‘local’ and devolved approach to services, closer to users, and the need to ensure national standards, guaranteeing the same best practice standards of care wherever you live.
- Significant elements in the current health and social care system are working well in terms of involving patients and service users and any campaign should recognise these and highlight how these could be further improved.
- There is potential for much greater collaboration between National Voices and other patient representative groups including LINKs, and Patient Opinion, in such fields as providing case histories and statistics.
- Any campaign organised by National Voices must be firmly grounded in local experience and local case histories.

What would an NHS that ‘shared the power’ look like?

Participants were asked to visualise what a health and social care system that really involved patients and service users in decision making would look like. Working in teams, participants created posters that highlighted such themes as:

- Power devolved from the centre
- Accountability and the patient voice strong at each level
- More responsibility and accountability locally
- Different parts of health and social care talking to each other
- Everyone treated the same but being recognised as individuals
- The patient at the centre of everything (one image represented this as a wheel with the patient as the hub)
- Benevolent but not parental in style (one image of this was encompassing hands - one representing health and social care professionals, the other families and carers)
- Doctors and nurses looking at the whole patient and not just at their immediate condition
- Everyone with a named GP
- A two-way sharing of knowledge and expertise
- A system where as a patient or user you don't get sent round the houses but instead have a single point of access.

If the NHS shared power with you, what would be different and what would stay the same?

What are the practicalities of sharing power, not the abstract policy but on-the-ground realities? Participants were asked to debate not only what they would change, but what to keep - the good elements of health and social care that can be developed further.

Suggestions have been grouped by broad category.

What would be different?

Better communication

- Communication with patients about progress with their treatment needs a lot of improvement. There must be reasonable discussion before action is taken.

“It is unacceptable that there are still examples of people getting a phone call to tell them they have terminal cancer.”

- There needs to be an NHS directive to all practitioners that they must communicate effectively with patients. In every case, patients must feel that they have full answers to what their condition is, how it will be treated, and what might be the consequences of treatment.

“I was having a pacemaker fitted. I was not under general anaesthetic and was talked over whilst it was being fitted. When I asked doctors what they were doing they did not give me an adequate answer.”

- Everyone from doctors to nurses to receptionists must really listen to patients and service users
- People want empathy not pity when discussing their condition

“For vulnerable patients the power imbalance is the key problem. Communication can be the key to unlocking it.”

- Senior management must consult more with patients and staff by returning to the shop floor. For providers, this should be tied in with requirements under World Class Commissioning
- Patients need to see their consultant not just their team
- There is currently chaos in the health and social care system with staff trying to balance availability of services with profound need. Who gets what is often down to who can talk the loudest

- The NHS can be patronising towards patients and about their conditions

“The NHS can be very patronising. Managers say they are listening but the truth is they are not.”

Improving Local Involvement Networks (LINKs)

- LINKs are welcome but need to be defined and given a proper role. They need to be effectively promoted through the press. *“No one knows they are there”*
- We need to end power struggles between LINKs and their host organisations. The LINKs system needs to look forward and not go over old arguments.

Improved organisation

- Joint budgets for health and social care
- Close the currently huge *‘gap in the pavement’* between health and social care
- Bring PCTs together more to buy drugs in bulk and reduce costs
- Get rid of the bureaucracy in the NHS, so that health professionals can operate freely
- Bringing together a wide range of services in one place in the community such as through polyclinics, is a good idea, but does not always suit all
- Power and money is top-heavy – all at the top of the structure – how to regulate this?
- Clearer and more accessible record keeping – the present systems allow mistakes to be concealed
- There should be greater involvement of voluntary groups in health and social care
- One view was to get rid of Primary Care Trusts (PCTs) and give the health commissioning responsibilities to local authorities – integrating with social care.

Sharing power with patients and service users

- PCTs need to work more with patient groups
- More power transferred from the NHS nationally to local managers, clinicians and patient groups

“The NHS does not delegate power and responsibility easily to local people, neither to local NHS managers nor to patients...”

- People close ranks if you complain. There needs to be a more receptive culture in NHS to complaints. So much can be learnt from them
- Evidently there is an NHS Constitution, but who knows about it?
- Patient Advice and Liaison Services (PALS) units need to have a real, effective, voice – it is currently too controlled by providers. PALS need to be properly resourced, open for longer hours, accessible, with real power to investigate matters and take it to the highest level.

People centred health and social care

- If you want people to attend board meetings or consultations they have to know that they are really being listened to, and that action will result
- Social care for old people needs to respect them as individuals. An example is elderly people being put to bed early because that fits best with social care workers' timetables.

“It unfairly condenses people’s days. However in rural areas you have to take what you can get.”

- Timings of public consultations and locations need to match what is best for people, both where and when they are held
- In France, in contrast to the NHS doctors and nurses come to you – the patient appears to be really at the heart of things
- *“A top UP system rather than top DOWN”*
- The NHS hierarchy takes initiatives on behalf of patients such as the dignity code, but just grafts these onto existing practice
- People must have more choice to be cared for in their own homes
- Health and social care professionals should always remind themselves of how **they** would want to be treated.

Respect for patients, service users and carers ... and staff

“ When relatives are not there in hospital, particularly at night, there are too many nurses who don’t seem to care or have respect”

- Families need to be recognised as a huge resource given increased services and assistance, rather than pushed aside. Listen to them

- It must not be forgotten that patients need to treat staff with respect too
- Don't put labels on people
- Bullying and harassment of patients, particularly the elderly, is unacceptable.

One size does not fit all

- Health and social care must do more to recognise and respond to the clinical needs of marginalised groups, such as black and ethnic minorities. For example, some black women have a particularly aggressive form of breast cancer which begins earlier. It requires a different approach to screening. Another example is refugees awaiting a decision on right to remain being unable to use NHS services
- There should be a set amount in the budget for more specialised needs – recognised and supported by the local community. There needs to be a recognition that specialised and often very expensive drugs have to be paid for

“One size does not fit all. We need more local autonomy in health care. However we have to avoid a postcode lottery, with some areas having care that others elsewhere cannot get. That is the big tension in all this. There have to be national minimum standards of care.”

National and local

- NHS national best practice standards are essential but must have flexibility allowing local interpretation.

What would stay the same?

Patient Advice and Liaison Services (PALS)

- Can be an excellent service, but it depends on where you are in the country. Some Trusts, for example Dudley Hospital, have a direct link between PALS and the Chief Executive.

Two-Way Communication

- It can already be working well, where the Chief Executive ensures the culture is in place, such as at Dudley Hospital:

"Every day the CEO is seen around the hospital. She goes on the factory floor at the sluice room, outside the operating theatre and in the various wards, seeing if

things are as they should be. Possibly this is what is needed nationwide for CEOs to go down to talk to people and get the information first hand."

NHS Walk-in Centres

- Genuinely accessible to the public. There need to be more of them, of the same high standard wherever you go, and ideally 24 hour opening.

More care closer to home

- Polyclinics can work well, and are appreciated by local people. One example is a new development in Scarborough which is really liked by public. Polyclinics can be a good thing for cities and deprived areas
- Greater use should be made of 'virtual wards' for long-term conditions, using the systems and staffing of a hospital but allowing the patient to stay at home.

Support for Self-Help

- Specialist expert patient groups can work well, encouraging good communication between patients and practitioners
- NHS Direct has an important part to play in delivering a full range of advice and information.

Patient Information leaflets

- Have improved tremendously and are genuinely useful, educating people in taking more control of their condition.

Foundation Trusts

- There are examples of this relatively new model of Trust making real efforts to interact with their local community. Some are making their boards of governors truly representative of the people the Trust serves.

The NHS: free at the point of delivery

- That the NHS is accessible to all and in many instances free at the point of delivery is something to be proud of
- It is good that the NHS is paid for through our taxes
- Prescriptions are still available and free if you are unable to pay.

Individual care planning

- Patients are benefiting from greater emphasis on individual care-planning, with the entire health team involved. Moving us on from 'one-size-fits-all'

Local Involvement Networks (LINKs)

- The LINK network has the potential to be effective with good databases of local health and social care information.

“LINKs are an excellent concept but I fear they will be short-lived. Within two or three years the system will be redesigned again.”

Patient and service user involvement

- Now firmly part of the culture of health and social care and embedded in policy but it still has a long way to develop.

Regulatory framework for health and social care professionals

- Essential and in most cases well enforced.

Role of pharmacists

- The increasing role of pharmacists in community based health services is welcome. It increases accessibility of services, and pharmacists also have particular expertise.

What is the one thing you would really like to see if power was to be shared?

A National Voices' campaign on 'Sharing the Power' needs a shortlist of viable campaigning themes. As the first step in achieving this, participants were asked to suggest the one improvement they would most like to see. These suggestions have been grouped into broad categories:

Communication/ breaking down barriers

- Chief Executives to spend several hours each month with service users to be in touch with views on the ground

“Those at the top need to spend time not just visiting the wards but doing some basic care with patients.”

- Stop decisions being made in isolation. Consult and communicate, so that we can avoid duplication and waste
- Professionals back to the shop floor. Not just on ward visits but to help with basic care
- Reintroducing patient /GP relationship (now it is patient / practice)
- Make all trusts use the patient feedback website *Patient Opinion* and be responsive
- More information should be shared with the patient about how their treatment is progressing
- Patients need an informed, mutually respectful, and trusting relationship with their healthcare professionals
- Every consultant and CEO should attend a course on communication with disparate groups of people
- Decision-makers need to be removed from their 'silos'
- User involvement must be integral to any service from the very outset
- All services need to be 're-engineered' with service users at their heart
- There must be patient involvement in planning commissioning and revising core services
- There must be patient involvement in the education and training of healthcare professionals
- Doctors should have to note in all records what patients views are about their own health

- GPs must be made to treat patients at equals.
“GPs should open up more to patients - removing the barrier of ‘doctor knows best’”
- There should be a single point of contact at all levels between patients and health professionals and managers
- Every healthcare professional should do a minimum of 12 months pre-registration on the shop floor either in acute care or in the community
- There needs to be more readiness amongst GPs to access specialist advice in evaluating and responding to their patients’ needs
- Computerised health records - all details from an individual’s records should be available on request from that individual
- There should be a named GP for every patient
- Patients to be consulted every step of the way
- Access to personal contact when in doubt about illness and procedures

National standards with local sensitivity

- Standardised best practice care across all NHS trusts with an optional add on for specific conditions
- National best practice to be followed by all service providers
- Reduce the influence of performance targets and instead reward commissioners and providers on positive feedback from service users / staff morale
- There should be comprehensive monitoring and evaluation of the quality of GPs.

Treat patients and service users as individuals

- Individual assessment of each patient at each and every interview and appointment - covering everything from health and social issues to cultural and spiritual matters
- No pigeon-holing of patients - patients are people and not just a job for someone to do
- Mental health: more intensive support for patients from the professionals on a practical as well as emotional level

- Patients with long-term conditions to stay within a specialist care pathway and have a key worker and personal care plan.

Equal access to health and social care for all

- Equal access to health and social care for everyone. Addressing inequality of care remains a top priority.

A single point of contact for patient concerns

- A single point of contact for two way exchanges of information and decision-taking.

“We need to have an NHS where we are not continually sent round the houses, trying to get help and information.”

Health and social care as an integrated service

- To have health and social care provided as an integrated care community
- To have a more holistic approach to care generally.

Championing a voice for patients

- Giving patients more influence by involving them in clinical discussions.
- Give more power locally so that patients can identify deficits in responsibility and accountability
- Who speaks for patients? Carers’ voice needs to be recognised. Remove the middle man so that patients can talk direct to decision-makers
- Recording the patient experience is essential. The power of the story is immense
- PCT non-executive directors to be selected by registered patients. Parents to get an extra vote for children
- Clearly identifiable user involvement champions for patients, service users and carers (one nationally and one for each region).

Stop continually reinventing the NHS and social care structures

- The NHS should stop reinventing itself every 5 years.

“First we had CHCs then patient forums, now LINKs. What are we going to do next I ask myself? When are we going to have a chance to really use the systems we have?”

Achievable goals

- Achievable goals for health and social care services. Deducting funds if they fail to reach a target is a futile response. We must use other means to encourage improvement.

Improved organisation

- Less waste on management, with more efficiency in NHS hospitals
- There should be a focus on leadership and developing effective organisational culture
- Money for particular strategies must be ring fenced for local use

“For their dementia strategy, the Government offered £10m over two years. This has been fed out to PCTs but it was not ring fenced and PCTs used the money to deal with their bottom line.”

- SHA board non-executives should select two of their number per region to form a committee to advise the Department of Health
- Technology can be a key to opening up the NHS to everyone
- We must ensure that care systems avoid becoming self serving
- Local authorities should be given more power, perhaps removing Primary Care Trusts, but there is a danger of less health emphasis
- More effective collaboration between local authorities and health services – it is beginning
- We need to end the games played between PCTs and Foundation Trusts
- End the wasteful private finance initiative
- Keep community hospitals particularly in rural areas.

Prioritising campaign action for National Voices

Grouping the single most important priorities listed by participants produced a shortlist of six which could be integrated into the National Voices' 'Share the Power' campaign.

- Professionals back to the shop floor and closer to patients
- Reconfiguring services with service users at their heart
- Local focus, national practice
- A single point of access to the health and social care system
- Who speaks for patients?
- Integrating health and social care

Participants were asked to gather by the flip chart displaying the priority they would most like National Voices to take forward. Interestingly, the numbers supporting each priority were almost equal – around 6 people for each.

Why did we choose the priorities we did?

Participants were asked to explain why they made the choices they did. The key reasons given for supporting a particular priority were:

- A priority that is simple and will engage with the most people
- Cost-effective and achievable in the current economic climate
- A priority that will benefit the most people
- A priority that is winnable and most likely to raise National Voices' credibility and profile as a national influencer
- A compelling solution which will be attractive to a cash-strapped new government
- A campaign that is well supported with case histories
- A campaign that works regardless of political philosophy.

How can every Voice be part of National Voices' campaigning?

Participants discussed in their groups the actions National Voices should take to get the patient and service user voice heard effectively. They also discussed what local members could do too.

The power of case histories

- For all the issues National Voices chooses to campaign on, ensure they are backed up by convincing case histories for media use etc.
- Research 'Days in the Life' for patients with particular conditions.

Social media

- Create a *Facebook* page to create a buzz about National Voices generally and any campaigns specifically.

Create a dynamic website

- Work at creating a more attractive and higher profile website
- Increased opportunities for interactivity.

Collaborative working

- Combine with LINks and *Patient Opinion* to gather information and case histories.

Involving local members

- Send all press releases to Service User Panel members, so every national campaign can be made local. Keep members up to date with campaigns
- Regular bulletins for National Voices' members – email alerts – a dialogue
- Could there be local National Voices groups? Draw on them for case histories which can be used in lobbying MPs on select committees, Government Ministers, plus provide story 'pegs' for the media
- Database of Service User Panel skills to draw on for different things
- More face to face briefings and short email briefs for Service User Panel members.

Choose issues with a wide public resonance

- Issues chosen for campaigning need to have maximum relevance to as many as possible in population
- National Voices has a potential role providing guidance for patients in how to get around NHS structures effectively and get their voice heard.

Effective timing of campaigns

- Be aware of timings of school holidays, bank holidays and other dates, in any campaign launch
- Get the timing right to coincide with particular political events.

Organisation

- A National Voices steering group is needed to formulate a national campaign strategy
- Good research and evidence is essential
- Test out campaigns and messages with stakeholders as you go along
- A single issue approach can be particularly powerful, e.g. hand washing success in the fight against hospital acquired infection
- Campaigns must be realistic and achievable from the outset.

Opinion formers and decision makers

- Get some politicians on board – both MPs and Peers - for any campaign
- There are other more sophisticated means than just lobbying the House of Commons, such as questions in the House, finding out sympathetic MPs, and so on
- Get a National Voices presence on the board of local trusts and PCTs
- Find effective opinion formers and brief them with evidence from the campaign
- Find ways to reach out to those people who do not engage, such as marginalised and BME groups
- Recognise the widening gap between the articulate white middle class voice and the marginalised.

Appendix 1 – Event Agenda

‘Sharing the Power’

Roundtable event for National Voices’ Service User Panel & member organisations

Tuesday 30 March 2010, Glazier’s Hall, 9 Montague Close, London Bridge, SE1 9DD

Objectives for the day

- To provide an update on National Voices’ priorities
- To involve attendees in shaping our influencing agenda
- For Service User Panel members to discuss their priorities and to help shape the Panel work programme
- To share and network

Agenda

10.30	Arrivals, Registration & Coffee
11.00	Welcome and introducing National Voices campaigning
11.15	What would an NHS which shared the power look like? <ul style="list-style-type: none">• Creative exercise
12.00	If the NHS shared the power with you, what would be different and what would stay the same? <ul style="list-style-type: none">• Facilitated roundtable session 1• Feedback
13.00	Lunch & Networking
13.45	Prioritisation Exercise <ul style="list-style-type: none">• Facilitated roundtable session 2
14.45	Comfort break <ul style="list-style-type: none">• Refreshments
15.00	How can every Voice be part of National Voices’ campaigning? <ul style="list-style-type: none">• Facilitated roundtable session 3
15.30	Summing up and next steps
16.00	Close

Appendix 2 – List of delegates

Name	Organisation linked to	Role
Andrea Darrington	Scarborough, Ryedale & Ryedale Cancer Patient Involvement Group	Service User Panel member
Barbara Jayson	The Foundation for Mother & Child Health	Service User Panel member
Bonnel Jones	Croydon LINK & Croydon Sickle Cell And Thalassaemia Support Group	Service User Panel member
Chris Salter	The Encephalitis Society	Service User Panel member
Christine Harrison	Blue Ribbon for the Awareness of ME (BRAME)	Service User Panel member
Corinne McCrum	Diabetes UK	Project Manager - User Involvement in Local Diabetes Care
David Orme	Black Country Cardiovascular Network	Service User Panel member
Dean Marskell		Accompanying Donna Akuffo
Derek Nicholls	British Cardiovascular Society	Service User Panel member
Diana Dempster	Cavernoma Alliance	Trustee
Donna Akuffo	Arthritis Care	Service User Panel member
Doreen Marsden	The Lee Spark NF Foundation	Founder
Elaine Ellison	Breakthrough Breast cancer	Service User Panel member
Faizal Samsuddin		Service User Panel member
Ian Shannon	The Stroke Association	Service User Panel member
Janet Grant	Croydon LINK & National Association of LINKs Members (NALM)	Service User Panel member
Jeremy Taylor	National Voices	Chief Executive
Joanne Rule		Facilitator
Joyce Ridings	Breast Cancer Care	Service User Panel member
Lara Bloom	Ehlers-Danlos Support Group	Representative
Laurence Whittle	National Voices	Membership Officer
Liz Wander	National Voices	Office Manager
Lizzy Allen	National Voices	Involvement Co-ordinator
Lyn Mynott	Thyroid UK	Chair
Margaret Pope	Polycystic Kidney Disease (PKD) Charity	Trustee. Service User Panel member
Marian Shaw	Diabetes UK	Service User Panel member
Mark Platt	National Voices	Director of Policy & Research
Mark Wilkinson		Accompanying Penny Roberts
Martin Prestage		Facilitator / Report Writer
Maxine Sandler		Service User Panel member

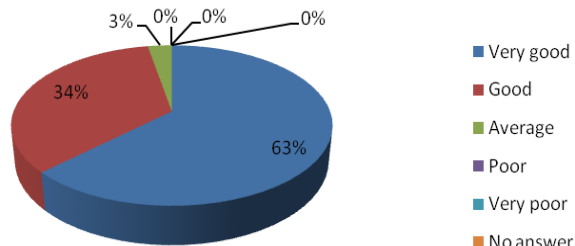
Mel Clark	British Heart Foundation	Service User Panel member
Melvyn Sandler	Manchester LINK	Service User Panel member
Michael English	Lambeth LINK	Service User Panel member
Miriam Long	Lewisham LINK	Co-ordinator. Service User Panel member
Mohammed Qureshi	Waltham Forest LINK	Service User Panel member
Monica Quartey	Newham LINK	Service User Panel member
Nick Westbrook	HAP UK Ltd.	Chief Executive. Service User Panel member
Nilofer Siddiqui		Service User Panel member
Noreen Chaudhry		Service User Panel member
Pam Stewart MBE	Fibromyalgia Association UK	Chair
Penny Roberts	Disabled Parents Network	Service User Panel member
Pete Webster		Photographer
Peter Ashley	Alzheimer's Society	Service User Panel member
Robin McIlroy	York LINK	Service User Panel member
Sally Brearley		Chair –Health Link. Lay member – National Quality Board
Salma Samsuddin		Service User Panel member
Satish Patel	The Stroke Association	Service User Panel member
Susan Tirbutt	Lambeth LINK	Service User Panel member
Tina Funnell	Patient Opinion	Patient Engagement Officer. Service User Panel member
Tina Walker	Parkinson's UK	Service User Panel member
Tony Carter	Arthritis Care	Service User Panel member

Appendix 3 - Evaluation

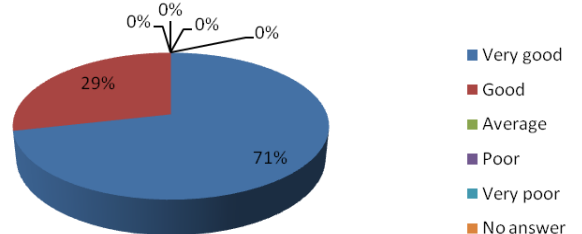
35 delegates returned feedback forms

Summary of evaluation form responses:

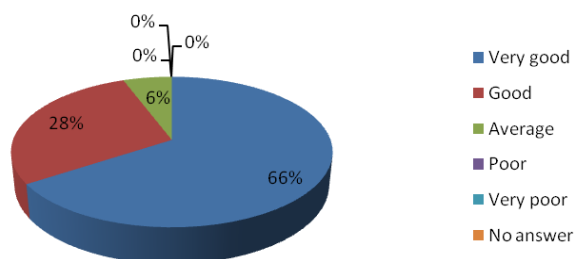
Overall, how would you rate the event?



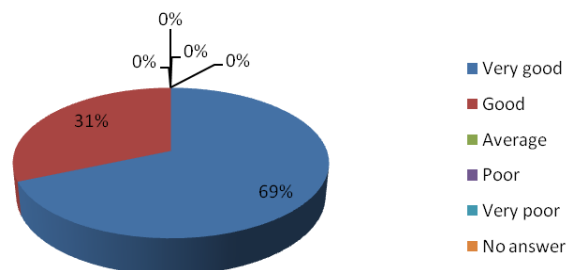
Pre-event Information & Administration



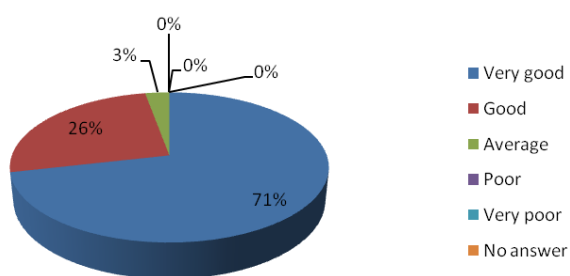
Programme & Structure of Event



Venue & Catering



Facilitation of the Event



Overall, how would you rate the event?

- Very educational and encouraging for those of us who want the NHS to succeed in more ways than one

- Very welcoming, engaging
- My first NV event. So I was a little apprehensive. But unnecessarily as well organised and there were some familiar faces
- Very informative with excellent ideas for me to work on in my role as Service User Panel member
- Well facilitated. Brought to the fore many issues that had not been at the top of my agenda. Good that a way forward was outlined
- Networking very valuable. Opportunity for sharing information
- Very good to be involved. Our beneficiaries also like that we are involved
- I really enjoyed the meeting. I felt I was able to voice my opinions freely and listen to the other 'voices'
- Productive, good ideas, interesting to hear other points of view
- It'll get a very good tick if we get feedback that indicates we have spent our day usefully for NV
- I wasn't sure in which direction we were going – but in the last session it all came together – thank you

Some comments on pre-event information and administration

- Good communication
- I felt I had all I needed for the meeting
- Well informed
- I've never had any difficulties with NV HQ
- Plenty – liked the examples of good practice

Some comments on venue and catering

- Lovely venue, very calming
- Venue staff very friendly and helpful. Food excellent – quality and selection. Toilets not easily found.
- Easy directions, lovely venue and beautiful food and fruit
- Just hot drink at lunch time would have been appreciated
- Enjoyed the meal – like the variety
- Delicious catering - best ever. Venue easy to locate

Some comments on the programme and structure of the event

- Action packed! So enjoyed the discussions
- Well kept to time without a feeling of rushing
- More challenging than I thought but good
- Object to be revealed was not entirely clear
- The programme was clear and followed a logical path. I was happy with the structure of the event
- Timekeeping spot on yet we never felt pushed for time. Structure well balanced

- Varied with adequate breaks

Facilitation of the event, and participation by National Voices staff

- Laurence kept our focus but without pressurising us. Thanks to him and all staff. Initial welcome well received
- Generally very good especially excellent facilitator Joanne
- Our facilitator was very good and managed to write down a lot of our concerns in a most constructive manner
- Well done you seemed to make everyone personally welcome
- There were times when maybe everyone could not be as involved as the others in the discussions as one or two people dominated discussions
- They are all STARS – they work incredibly hard behind the scenes (and on the day, of course!)
- They listened and challenged and networked well

Any other comments

- As the organisation matures, focus on specifics of how individuals/groups can be helpful, and use us accordingly
- Lots of energy and a good process
- Hope our feedback helps to promote your/our work
- Good to have face to face event. Far more effective and good interaction and feedback
- More of these events please!
- I think I enjoyed the day partly because my table was very interactive and members very informative
- Very nice event. Hope we see ideas being established in long term
- A lovely day, paving the way forward for continued success for NV
- The whole event was very good and encouraging to take part in future events. The staff were brilliant. Provided good facilities for prayers
- National Voices could work with LINKs to support local campaigns, identify local/national issues/national best practice
- Thank you for an interesting and fruitful day. New to NV – impressed!
- It was helpful to meet up with others who share some of our views and concerns about the NHS. It is most beneficial for us to be able to work together in an informal manner
- As usual for this type of event a good opportunity to network

Appendix 4 – Creative Exercise (photos)

