

EXTERNAL REVIEW PROGRAMME BOARD

AGENDA

Date: 23rd January 2014
 Time: 10.30am
 Location: Crookall House Boardroom

AGENDA

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| 1. | Apologies for absence | |
| 2. | Notes of the meeting held on 14 th October 2013
(corrections notified already included) | Enclosure 1 |
| 3. | Actions and matters arising from the last meeting | Enclosure 2 |
| 4. | Review Programme – Progress Report | Enclosure 3 |
| 5. | November 2013 Review Visit - Evaluation | Enclosure 4 &
separate Excel file |
| 6. | WMQRS – DH coordinator role | Verbal JM |
| 7. | External peer review reports - action plans | Verbal JM |
| 8. | Future Review Programme | Enclosure 5 |
| 9. | Peer Reviewer Training | Verbal JM |
| 10. | Any other business | |
| 11. | Date of next meeting: 28 th March 2014, 10am – 12pm | |

BOARD MEETING DATES FOR 2014:

26th June 2014 10.30 – 12.00
 27th November 2014 10.30 – 12.00

ENCLOSURE 1

EXTERNAL REVIEW PROGRAMME BOARD

NOTES OF MEETING HELD ON 14TH OCTOBER 2013

Present:

Independent Chair – Ian Thompson
Patient Representative – HSCC John Whitehouse
Patient Representative – SUN Elaine Haynes and Christine Gawne
Deputy Chief Executive – Lesley Keenan
Director of Health Care Delivery - Norman McGregor Edwards
Hospital Manager – Barbara Scott
Director of Nursing, Midwifery and Therapies – Bev Critchlow
Medical Director – Dr Steve Upsdell
Head of Community Services– Cath Quilliam
Head of Mental Health Services – Steve Chell
Director of Public Health – Dr P Kishore
WMQRS Acting Director – Jane Eminson
WMQRS Assistant Director – Sarah Broomhead
Project Coordinator – Jan Mellows

Apologies: Apologies for absence were received from Dr Marius Maska.

Note Item Number

01/13 Ian Thompson welcomed everyone to the meeting and thanked them for agreeing to join the Programme Board.

02/13 Terms of Reference

The membership of the Programme Board was amended to include a GP representative, Dr Marius Maska, and the names of the user and carer representatives, John Whitehouse (HSCC) and Elaine Haines and Christine Gawne (SUN).

Dr Kishore queried whether a social services representative should be a member of the Programme Board. The Board agreed that social services would be able to see papers but should not be members of the Programme Board at present. It may be appropriate for a representative to be co-opted at a later date.

The Board agreed to include an additional sentence at the end of the Terms of Reference: "Action following peer review visits will be monitored through the Department of Health performance and review mechanisms."

The Board agreed that the Terms of Reference would be amended as discussed and re-issued.

If unable to attend, Programme Board members may send a deputy of appropriate seniority.

03/13 Code of Practice

The Programme Board agreed a code of practice:

- a. Notes of the meeting, including actions, were sufficient and that full minutes were not required so long as the notes met the Isle of Man 'Government Standard'. Notes of each meeting will be circulated to members for accuracy and will then be put on the WMQRS website (Isle of Man section). Notes will therefore be publicly available before ratification by the next Programme Board, as waiting for the next meeting would introduce an unhelpful delay.
- b. Papers circulated for Programme Board meetings will be assumed to have been read in advance of the meeting. Papers will be made available to Department of Health staff on the 'shared drive' with members receiving email notification of their availability. User, carer and GP Programme Board members will receive hard copy or emailed meeting papers, according to their preference.
- c. Programme Board papers will be placed on the Isle of Man section of the WMQRS website. The Department of Health (DH) will include a link to this from the DH website.
- d. Comments to the media about the work of the Programme Board will be directed through Chief Executive or Minister's offices.
- e. Contact details for Programme Board members will be circulated so that members can contact each other easily if necessary.
- f. The conclusions and agreements from Programme Board meetings can be communicated after the meeting but the content of discussion leading to these conclusions and agreements would not be divulged outside of the meeting.

04/13 Review Programme

WMQRS presented a first draft of the list of services to be reviewed grouped into nine possible review groups. Abbreviations used in the table were explained. The Programme Board discussed the list of services and concluded that there was some lack of clarity in exactly what services were within each group. The Programme Board agreed that:

- a. Hospital, community and mental health representatives would send a list of their services to be reviewed to Jan Mellows by Friday 18th October.
- b. WMQRS would revise the proposed review groupings and re-circulate to the Programme Board by Friday 25th October.
- c. Programme Board members would respond with their comments by Friday 1st November.
- d. So long as there is no significant disagreement between Members of the Programme Board, the services to be reviewed in Spring 2014 would be recommended to the Chief Executive, Department of Health.

- e. The rest of the review programme would be circulated to interested groups and individuals for comment. The questions to be asked during this commenting period should be:
- Are all relevant services included? (NB. Detailed scoping of each review will be undertaken prior to the review visit.)
 - Are any services included which do not need to be reviewed?
 - Are the groupings of reviews clinically appropriate?
 - Is the order of reviews appropriate? Should any reviews be earlier? If so, which other review/s should be later?
- f. The Programme Board will consider comments received and will then recommend a provisional programme for the remainder of the three year period. This may be amended should circumstances change.
- g. The Programme Board considered the services for which further discussion was required:
- i. Occupational Health Services: Not to be included as already reviewed.
 - ii. Public health: No firm decision was reached. Lesley Keenan agreed to discuss this with David Killip.
 - iii. General practice and GP out of hours service: The Programme Board did not reach a firm conclusion. Norman McGregor Edwards commented that this review would have to be by agreement. Jane Eminson said that primary care is part of the Quality Standards for many pathways but, to date, reviews of individual general practices have not been undertaken by WMQRS. Jane also said that including reviews of all GP practices may be difficult to fit into the three year programme as it would comprise a full review visit. Lesley Keenan agreed to discuss this with David Killip.
 - iv. Laboratory services: The hospital is working towards Clinical Pathology Accreditation (CPA) and so the Programme Board agreed that a WMQRS review would unnecessarily duplicate this work. The responsiveness of laboratory services' support is part of many pathway reviews.

05/13 Quality Review Process – Guide for Staff

The draft Quality Review Process – Guide for Staff was agreed with the following amendments:

- a. Inclusion of a 'review at a glance' table.
- b. Re-draft section on commissioning standards. The Programme Board agreed that these Quality Standards should be retained.
- c. The sections on user and carer involvement in reviews should be amended to reflect the discussion on public, patient and carer involvement (later in meeting).

The Programme Board agreed that a version of the 'Guide' for the public, patients and carers should also be produced.

The Programme Board agreed that the revised 'Guide for Staff' and the 'Guide for the Public, Patients and Carers' should be circulated to members for sign-off by email and then made available via the WMQRS website.

06/13 Public, Patient and Carer Involvement in Reviews

The Programme Board discussed the most appropriate way to ensure that patient and carer experiences are heard by reviewers at each review visit. The Programme Board agreed that the mechanism for this should be the same as used in other WMQRS reviews, namely:

- a. Questionnaires should be made available electronically and in relevant departments in the weeks prior to the review. Questionnaires should make clear when the respondent used the service. Questionnaires should also make clear that WMQRS reviews are not part of the complaints or Independent Review process, that no action will be taken as a result of issues raised with the reviewing team and that there will be no response to individuals about the issues raised.
- b. Relevant patient and carer groups should be invited to meet reviewers in order to give feedback on the experiences of those who they represent. If no patient and carer representative groups or equivalent are identified, individual patients and carers who have used the service recently may be invited to meet reviewers.

The Programme Board also agreed that:

- c. An additional meeting with politicians should be arranged as part of each review visit so that politicians can give feedback on patient and carer experiences of the services being reviewed.
- d. Individuals who contact WMQRS or the Department of Health because they wish to express their views to reviewers or meet the review team should be directed to the patient and carer questionnaires and, if appropriate, invited to join the patient and carer meeting. It should be made clear to these individuals that this will not be an appropriate forum for taking forward individual complaints.

It was agreed that the Health Services Consultative Committee and Service User Network would advise on the identification of relevant patient and carer representative groups. Bev Critchlow commented that Public and Patient Involvement Leads were already active in the hospital and could contribute the views of patients and carers. Jane Eminson added that the views of people with mental health problems should be considered during the review of the Emergency Department as they are a specific group of users of this service.

It was agreed that the framework for public, patient and carer involvement in the reviews should be circulated to the Programme Board for sign-off by email, possibly as part of the 'Guide for Public, Patients and Carers'.

07/13 Communication Policy

Communication of the work of the Programme Board had already been discussed as part of the Code of Practice.

08/13 Any other business

There were no other items of business

09/13 Date of next meeting

Dates for future meetings will be circulated as soon as possible.

ENCLOSURE 2

ACTIONS & MATTERS ARISING FROM LAST

MEETING

Min.	Action / Matter Arising	Who	Progress
03/13	Send WMQRS the 'government standard' for meeting notes.	Jan Mellows	Completed and actioned
02/13	Brief appropriate person in social services about the review programme, Programme Board and how access to information on WMQRS website.	Jan Mellows	Completed
02/13	Amend Programme Board Terms of Reference and make available on WMQRS website.	WMQRS	Completed
03/13	Ask John Whitehouse, Elaine Haines, Christine Gawne and Dr Marius Maska for their preference for hard copy / emailed papers for meetings and ensure future papers are distributed accordingly.	Jan Mellows	Completed
03/13	Gather contact details for all Programme Board members and circulate.	Jan Mellows	Completed
04/13	Send updated list of services to Jan Mellows by 18 th October.	Hospital, Community & Mental Health Services Representatives	Completed
04/13	Revise proposed three year review programme based on updated list of services and circulate to Programme Board members for consideration by 25 th October.	WMQRS	Completed on 21 st November (reasons given in covering email)
04/13	Consider revised provisional overall review programme by 1 st November and respond to Jan Mellows.	All Board Members	Completed
05/13 06/13	Revise 'Guide for Staff' as agreed. Develop 'Guide for Public, Patients and Carers'. Circulate both Guides to the Programme Board for sign-off by email.	WMQRS	Completed
05/13 06/13	When circulated, consider 'Guide for Staff' and 'Guide for Public, Patients and Carers' and respond to Jan Mellows.	All Board Members	Completed
06/13	Incorporate framework for public, patient and carer involvement in reviews into the 'Guide for Public, Patients and Carers'. Include consultation meeting for Politicians in all review visits.	WMQRS	Completed
09/13	Identify possible dates for future meetings.	WMQRS	Completed

Purpose of Report:

This report updates the Programme Board on progress with the Isle of Man review programme.

Key Points:

- 1 The first peer review visit to services on the Isle of Man took place on 26th November 2013. The evaluation of this visit and related other items are to be discussed under Agenda Items 5, 6 and 7. The draft report of this visit was sent to Jan Mellows late on 12th December 2013 and distributed to lead contacts within Noble's Hospital on 13th December. The deadline for comments on the factual accuracy of the draft report was 10th January 2014. The report will be considered by the WMQRS Quality Assurance Group on 7th February 2014 and will then be finalised. The report will be issued by 28th February at the latest.
- 2 A WMQRS representative briefed Isle of Man politicians about the work on 12th November 2013.
- 3 In total, fifteen members of the public have contacted WMQRS independently with concerns or complaints about the care they received, the complaints process including actions taken in response to complaints and collection of data. As agreed at the last Programme Board meeting (Ref 06/13 (d)) all contacts have had their letter acknowledged and will be notified when the appropriate service review is scheduled so that they can participate.
- 4 As agreed by email since the last Programme Board meeting, the March 2014 peer review visit will cover acute medical admissions to Noble's Hospital and the care of people with long-term conditions. A telephone conference to discuss the scope in more detail is scheduled for 17th January 2014. The outcome of this will be reported verbally to the Programme Board. Briefings with relevant staff will take place on the afternoon of 23rd January 2014. Further support for preparation will be available when a WMQRS representative is on the Isle of Man on February 11th.
- 5 A meeting to undertake initial scoping of the review of cancer services was planned for February 11th involving an external Lead Cancer Clinician and Lead Cancer Nurse / Manager. This meeting has had to be postponed as the Isle of Man Lead Cancer Clinician is no longer available on that date.
- 6 The review programme from summer 2014 onwards is to be discussed under Agenda Item 8.
- 7 The contract between the Isle of Man Department of Health and WMQRS has not yet been finalised and is awaiting action by Sandwell and West Birmingham Hospitals NHS Trust legal advisers.

Financial, Human Resources and Legal Implications	The contract between the Isle of Man Department of Health and WMQRS has financial and legal implications. No other issues are identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.
Recommendation: The Programme Board is recommended to note the contents of this report.	

Purpose of Report:

This report gives feedback and results of the evaluation of the November 2013 peer review visit. Board comments and guidance are invited.

Key Points:

- 1 The peer review visit to the Emergency Department, Theatres and Anaesthetics, and Critical Care services at Noble's Hospital took place on 26th November 2013.
- 2 After the review visit Isle of Man staff and patients who took part were sent an email inviting them to evaluate the organisation of the visit. Nineteen responses were received.
- 3 This report also includes WMQRS comments on the organisation of the visit.
- 4 The main learning points for future review visits are:
 - a. Future visit timetables will be clearer about the start times of meetings.
 - b. The 'Guide for Staff' will be amended to make it clearer that staff need only to attend one meeting. Use of the Guide will be emphasised in preparation for future reviews.
 - c. Future briefings for leads in services being reviewed will include:
 - i. Stressing that it is their responsibility to invite relevant people to meet reviewers (**not** the responsibility of the Department of Health WMQRS Lead).
 - ii. Reminding them of their responsibility to brief those who will meet reviewers about the scope and purpose of the review and of particular meetings. This is covered in the 'Guide for Staff' but service leads may not have fully appreciated this at the first visit.
 - d. Better arrangements for meeting patient representatives on arrival and offering them refreshments will be put in place for future visits.

Implications:

Financial, Human Resources and Legal	No specific issues are identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Board is recommended to note the contents of this report and agree any changes which should be made to the organisation of future peer review visits.

NOVEMBER 2013 REVIEW VISIT – EVALUATION

EVALUATION SURVEY

- 1 Staff involved in the review were sent an email inviting them to evaluate the visit. Isle of Man staff could not open the electronic survey link and so the survey was put into a revised form which was made available on the Isle of Man Department of Health website. Nineteen responses have been received to date by WMQRS (10.1.14).
- 2 The evaluation form invited a 'tick box' response to the following questions:

Question		Very helpful	Helpful	Not helpful	Total
The pre-visit preparation was:	No.	0	9	10	19
	%	0	47	53	100
The visiting team was:	No.	3	10	6	19
	%	16	53	32	100

- 3 The themes from the free text comments made are given below. The number of comments is given in brackets. Some of the respondents made several comments about similar, related issues.
 - a. The question about preparation before the visit highlighted problems with:
 - i. Respondents were not clear about the individual sessions, who was going to be invited, who was doing the inviting. Some services were invited to meetings which were not highly relevant to the services being reviewed. (9)
 - ii. Information about the visit was disseminated only a week beforehand. (2)
 - iii. Some respondents were invited to multiple meetings and /or did not understand why they had been invited. (3)
 - b. Completion of the self-assessment was seen as helpful. (2)
 - c. Visiting team:
 - i. Comments about the visiting team were mainly positive with references to a pleasant team who asked appropriate questions and understood problems facing services on the Isle of Man. (7)
 - ii. Feedback on the day was appreciated. (2)
 - iii. The visiting team was seen as knowledgeable and experienced. (5)
 - iv. Two respondents commented that the visiting team did not appreciate that the expected Quality Standards were not appropriate for the Isle of Man. (2)
 - v. Two respondents said that the visiting team did not understand the issues facing Isle of Man services. (2)
 - d. One person said that the patient questionnaires were good and valuable. (1)

e. Organisation of the visit:

- i. Two respondents were happy with the organisation of the visit, including the following comment: "I had the opportunity to discuss the service, how we operated, what worked well and what didn't. We reflected on our strengths, weaknesses and our thoughts for the future". (2)
- ii. Time available for discussion with reviewers was seen as too short and meetings were therefore rushed. One person queried whether one day was sufficient. (6)
- iii. Air ambulance staff were clearly unhappy with the way the visit was organised. (2)
- iv. The visit timetable was read differently by Isle of Man staff and WMQRS which resulted in people waiting for reviewers for 15 minutes. (5)
- v. The early afternoon meeting was a problem "All staff I spoke after the meeting left feeling valueless and angry as they could not see how these meetings could lead to a meaningful report." (2)
- vi. Some respondents said that key stakeholders were not interviewed. (6)
- vii. Some respondents expressed concerns that what they said in group meetings was not treated confidentially, despite being given assurances about this, and that their comments were conveyed to 'management' very quickly. One respondent thought that 'management' were following the reviewers and so they could not speak freely. (3)
- viii. Some staff appreciated that their concerns were being listened to and valued the fact that the visit was taking place and issues were being addressed. (4)

WMQRS COMMENTS

- 4 In general the visit went as planned. Reviewers considered that they met the staff who they needed to meet and had sufficient time to explore relevant issues.
- 5 As this was the first peer review visit of this sort, it is not surprising that there were some operational problems. There was a particular problem in the early afternoon:
 - a. Isle of Man staff invited to attend the early afternoon meetings had been given times 15 minutes before the times on the reviewers' timetables. This problem arose because the review visit timetable was read differently from the way WMQRS had intended. This meant that several staff were kept waiting for 15 minutes before reviewers arrived. In future timetables will be made clearer so that this problem does not arise again.
 - b. Approximately 25 people who attended the 'linked services' meeting in the early afternoon. This was too large a number to allow meaningful discussion with reviewers. Some of these people were also due to attend other meetings (such as the meetings with surgeons or the allied health professionals meeting). When some surgeons left to go to the surgeons meeting this was interpreted by some other staff as 'leaving in disgust'. On realising that the meeting was too large, the WMQRS Director asked those who were due to attend other meetings to wait, and split the remaining group into two. For one half of the group this resulted, however, in a further delay of five minutes until additional reviewers arrived. The learning from this is:

- i. The 'Guide for Staff' has been amended to make it clearer that staff need only to attend one meeting.
 - ii. It would have been helpful to know the approximate number of people expected at each meeting so that reviewers' time can be allocated accordingly.
- c. There was nowhere where patients who came to meet the visiting team could wait until their interview and no-one to greet patients. Reviewers were not aware of some patients who had been invited. The allocated time was taken up by the first two patients who arrived and the visit timetable was delayed while reviewers met with the later arrivals. This aspect can be improved for subsequent visits.
- 6 Some staff contacted WMQRS in the days after the review to express concern that their views had not been heard. The WMQRS response to these people was a) an apology for the problems in the early afternoon, b) an offer that any additional points could be conveyed verbally or in writing to either WMQRS staff or reviewers and c) a reminder that staff would have the chance to comment on the draft report and so any omissions or inaccuracies could be corrected at that stage.
- 7 The 'Guide for Staff' was available but could have been used more. This is not surprising since this was the first visit. Greater use of this Guide would have clarified many of the issues about which respondents to the evaluation commented.
- 8 There is a balance between having peers as reviewers and providing as much time as staff would like to discuss their issues. It is difficult to get clinical staff to act as reviewers for more than one day. One of WMQRS principles is to minimise the impact of reviews on clinical time (for reviewers and Isle of Man staff). The important question is whether the reviewers' findings and the report would have been significantly different if more time was allocated to the review visit. The WMQRS experience is that additional time would not materially affect the content of the report.

COMMON ISSUES

- 9 The staff response to the evaluation, some comments made to WMQRS staff during the course of the visit and some of the comments on the draft report show that some staff were not clear what services were being reviewed during the visit. For example, it had previously been agreed that the air ambulance service would not be reviewed at this visit but links with this service would be included. Staff providing this service expected reviewers to look at their equipment in detail which was not appropriate for this review. The discussions about this delayed reviewers and was one reason why the start of the afternoon meetings was delayed. Another example is that this review was about the care of adults but several of the comments received were that the care of children was not given sufficient attention. This problem should reduce as staff become more used to and confident in the WMQRS approach, and more aware of the full three year review programme.

SUMMARY

- 10 There is clear dissonance between the perception of some Isle of Man staff that 'the visit was a shambles' and the WMQRS view that the visit went as planned with a slight problem in the early afternoon and that a few operational problems were not surprising given that this was the first visit of this sort.
- 11 The learning from the visit and changes made so far include:

- a. Future visit timetables will be clearer about the start times of meetings.
- b. The 'Guide for Staff' will be amended to make it clearer that staff need only to attend one meeting. Use of the Guide will be emphasised in preparation for future reviews.
- c. Future briefings for leads in services being reviewed will include:
 - i. Stressing that it is their responsibility to invite relevant people to meet reviewers (**not** the responsibility of the Department of Health WMQRS Lead).
 - ii. Reminding them of their responsibility to brief those who will meet reviewers about the scope and purpose of the review and of particular meetings. This is covered in the 'Guide for Staff' but service leads may not have fully appreciated this at the first visit.
- d. Better arrangements for meeting patient representatives on arrival and offering them refreshments will be put in place for future visits.

Purpose of Report:

This report presents the future review programme for the Programme Board's consideration.

Key Points:

- 1 Appendix 1 gives the covering paper circulated to Programme Board members on 21st November 2013.
- 2 A separate Excel file includes the outline review programme. This is the same as that circulated in November apart from some changes of terminology, addition of the specialist health visitor for vulnerable adults and exclusion of the salaried dental service (see Appendix 2 Cath Quilliam response).
- 3 Responses received are summarised in Appendix 2. These responses supported recommending acute medical admissions and care of people with long-term conditions in March 2014 but with further detailed discussion about the scope of this review.
- 4 Responses indicated the need for further Programme Board discussion of the overall programme.
- 5 The Programme Board decided at its last meeting to support consultation on the proposed three year review programme, including offering presentations to relevant groups. The arrangements for this also need to be considered.

Implications:

Financial, Human Resources and Legal	No specific issues are identified.
Equality impact	WMQRS review programmes improve quality of health services and reduce inequalities in access to and quality of care.

Recommendations:

The Programme Board is asked to:

- a. Discuss and agree a proposed overall review programme
- b. Discuss and agree arrangements for consultation on the proposed programme, including distribution, offering presentations to staff and relevant public and patient groups and communication arrangements, including with the media

APPENDIX 1 COVERING PAPER CIRCULATED TO PROGRAMME BOARD ON 21ST NOVEMBER 2013

- 1 This paper summarises further work on the overall work on the WMQRS review programme for the Isle of Man.
- 2 The original list submitted to Tynwald has now been combined with the lists supplied by service managers. Most services were on both lists, some were on one but not the other and WMQRS has added some queries relating to services or pathways which did not appear on either list.
- 3 This exercise has resulted in a more detailed list than considered by the Programme Board at its last meeting.
- 4 The level of detail now proposed is difficult to fit within nine visits with three or four pathway 'streams' and 10 to 12 reviewers. The Programme Board faces crucial questions about the extent to which services are combined for the review visits. This crucially relates to the level of detailed expertise of peers. If services are grouped together too much then the peers will not have training and experience in all aspects of the service they are reviewing. This is particularly relevant to acute medical and surgical specialties where 'general physicians' and 'general surgeons' are rapidly disappearing and consultants' work is becoming increasingly specialised.
- 5 The attached Excel file gives an outline programme which goes over four years (ie 12 visits rather than nine). Review visits five and six are still very large but this could probably be accommodated by extending these visit to two days. Members of the Programme Board may have other suggestions for grouping review topics which would complete the programme within nine visits.
- 6 When looking at the Excel file please note:
 - a. Reviews will include all aspects of a particular service or pathway, for example, medical and nursing care, in-patient and out-patient care.
 - b. English guidance on mental health services is now that services for adults should be age-independent. WMQRS would therefore suggest running a separate dementia review. This can be discussed further when scoping this review.
 - c. We have assumed that all reviews will cover all aspects of relevant services, for example, the governance review will cover acute, mental health and community services.
- 7 In order to use the Excel spreadsheet:
 - a. **Filtering** on column C 'Review' will allow you to select the topics suggested for each review.
 - b. **Sorting** by column A 'Ref' will put the spreadsheet back into 'service' order.
 - c. **Sorting** by column C 'Review' will give you a list of services for all reviews. Headings and queries will appear at the bottom of this list and can be ignored.
- 8 **Programme Board members are asked:**
 - a. To comment on the proposed review programme and specifically on whether it is better to:
 - i. Group the topics more closely together or exclude some topics OR
 - ii. Recommend that the review programme is extended to four years.

- b. To comment on the order of the review programme
- c. To recommend that the next review programme will cover acute medical admissions and care of people with long-term conditions, in particular, those with diabetes, COPD, heart failure, chronic neurological conditions or multiple long-term conditions. NB. This decision is needed before the next Programme Board meeting.
- d. To advise on whether the full review programme should be circulated for public consultation before the next Programme Board (as we initially envisaged) or should await discussion at the next Programme Board meeting.

APPENDIX 2 RESPONSES TO DRAFT REVIEW PROGRAMME

Responses to the draft programme were received from Norman McGregor-Edwards, Barbara Scott, Cath Quilliam, Steve Chell and John Whitehouse. The responses (summarised) were:

1 Should topics be grouped more closely together or should the review programme be extended to four years?

Norman McGregor-Edwards: Group topics more closely together – four years is too long.

Barbara Scott: Extend the programme – it is wrong to rush the reviews.

John Whitehouse: Support more visits within a three year period.

2 Order of the Programme: All responses positive about this.

3 March 2014 Review Programme: Supported although some concerns about the extent of the scope (Barbara Scott)

4 Other Comments:

a. **Cath Quilliam**

Detailed comments on the terminology and inclusion / exclusion of specific services. All comments are reflected in the revised version

b. **Steve Chell**

Comments on terminology and a request for clarification on the timing of the proposed reviews of mental health services