

# STRATEGIC REVIEW PROCESS

## GUIDE FOR STAFF AND ORGANISATIONS

Version No.	Date	Change from previous version
V1	16.7.2018	N/A

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## INTRODUCTION

- 1 The purpose of this guide is to inform staff in organisations that participate in West Midlands Quality Review Service (WMQRS) strategic review, and their stakeholders, with details of how WMQRS strategic reviews are organised; and with guidance on how best to prepare for the review.
- 2 The aim of the WMQRS programme is to help organisations to improve the quality of clinical services in a developmental and supportive way and in doing so improve outcomes for people who use the services  
The strategic review process will ensure:
  - a. Patients and carers will have a greater understanding of the quality of services they use, also see the progress organisations are making in improving that quality.
  - b. Commissioners will be supported in assessing and meeting the need of their population, improving health outcomes and reducing health inequalities, leading to more robust service specifications.
  - c. Service providers and commissioners will work together to improve service quality.
  - d. Service providers and commissioners will have external assurance of the quality of local services.
  - e. Panel members and stakeholders will learn from taking part in the strategic review.
  - f. Good practice will be shared.
  - g. Service providers and commissioners will have better information to inform the way forward.

The benefit that services and organisations gain from this process depends hugely on the way in which they approach it. Services and organisations which link the strategic review process with their ongoing work to improve service quality and who see the review visit as a useful way of external quality assurance will find the whole process more constructive.

- 3 WMQRS offer a range of approaches to support improvement in quality and outcomes:

### **Development of pathways and quality standards**

WMQRS has a robust programme of developing evidence-based standards with clinicians. WMQRS was the first organisation to achieve UKAS accreditation as a health service inspection body in 2015 (Registration Number: 8831) for the development of Quality Standards. There are already over 35 published and peer reviewed clinical quality standards and associated self-assessment tools on a range of pathways.

### **Peer review visits**

Using a team of clinicians from all relevant disciplines; this process will review a service against agreed set of standards, assess evidence of compliance and evaluate practice. Reviews will highlight both good practice and where change is needed. These reviews provide robust assurance of clinical pathway and delivery.

### **Strategic reviews**

Best used to focus the Health Economy on key challenges. A panel of key stakeholders meets ('takes evidence from') local service users and carers, local services, clinical staff and managers and, if appropriate, external experts and other services where innovative models have been explored.

### **Formative reviews**

Used where important decisions on how services are delivered need to be considered, or where change is planned. A small visiting team meets some staff and patients to discuss a particular issue or to explore specific questions. Formative reviews will provide robust challenge and expert assurance.

### **Facilitated self-assessments**

WMQRS staff meet with a clinical team to work through the Quality Standards and evidence to identify gaps in compliance. Helps staff to understand the standards and show they are being met. Can be used to prepare for peer review visit.

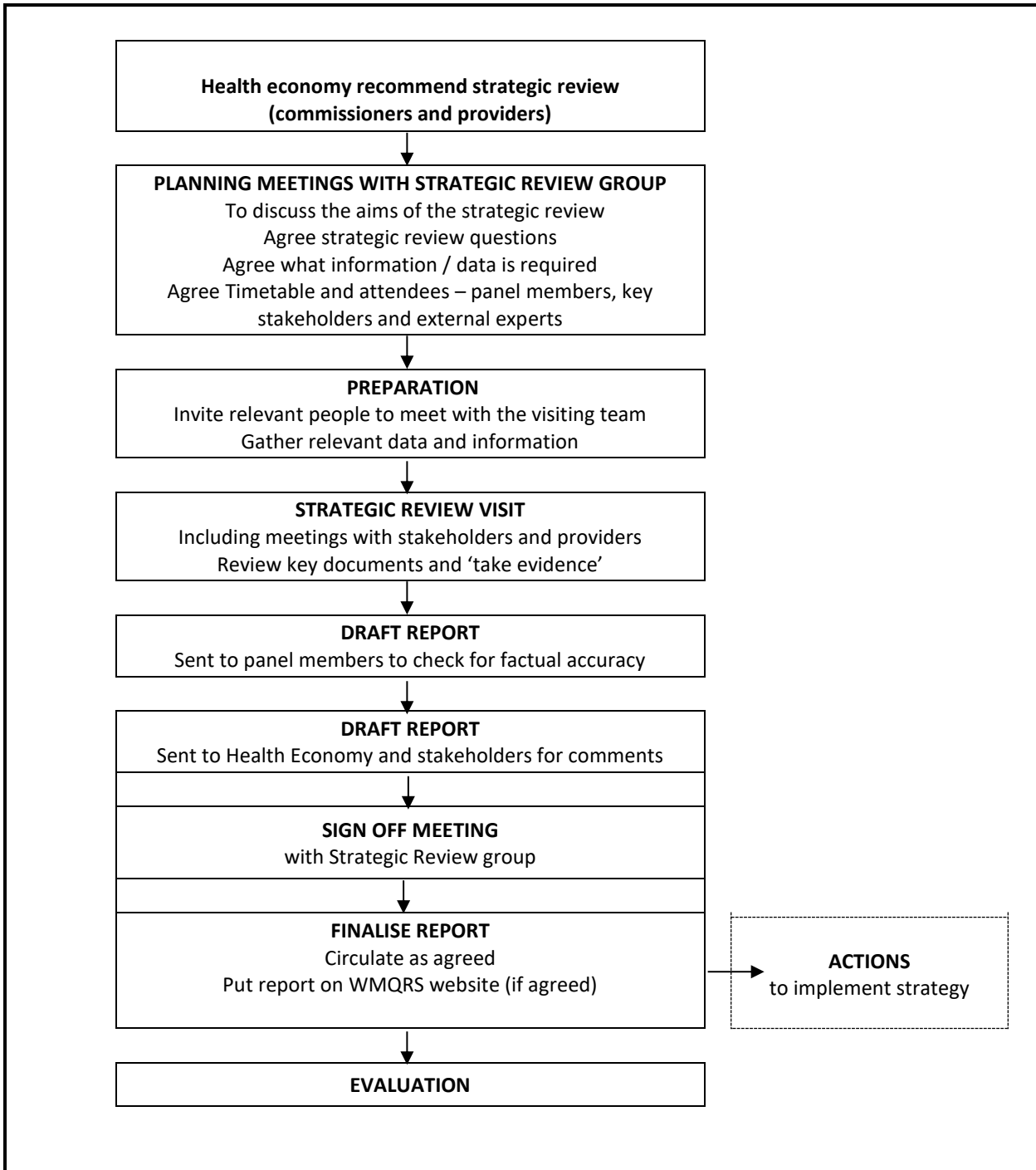
- 4 Further information about WMQRS and its approach is available at [www.wmQRS.nhs.uk](http://www.wmQRS.nhs.uk) . Anyone with queries about the WMQRS strategic review process should contact:
- Tim Cooper, WMQRS Director. [timcooper@nhs.net](mailto:timcooper@nhs.net) Tel: 07940 090128 or
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  - Sarah Broomhead, WMQRS Assistant Director: [sarahbroomhead@nhs.net](mailto:sarahbroomhead@nhs.net) Tel: 07976 499580 or
  - Email WMQRS at [WMQRS@nhs.net](mailto:WMQRS@nhs.net) . Tel: 0121 612 2146

## WHAT ARE WMQRS STRATEGIC REVIEWS?

- 5 Strategic reviews are used by health economies and organisations, often in the context of system wide pathway change. Strategic reviews can be used where the response to a particular system concern or change are not yet clear, or where consensus has not been achieved.
- 6 Strategic reviews help unify key stakeholders understanding of the important drivers and issues through a facilitated systematic assessment of evidence.
- 7 Strategic reviews encourage systems to redefine the challenge in a context that allows an evidence-based assessment. This in turn leads to a response that has greater structure. In this way, the outcome is objective and derived by the panel against the predetermined brief.
- 8 WMQRS strategic reviews use a model which involves local service users and carers, providers and commissioners but with challenge from external experts.
- 9 The exact model can be varied to suit the key questions, however the key features of WMQRS strategic reviews are:
  - a. A panel of key local service users and carers, local providers and commissioners along with national clinical and healthcare experts with experience, knowledge and expertise of the subject area
  - b. A detailed background information pack including information about local services, population need, and key guidance and research documents.
  - c. The review starts with the panel identifying themes and questions emerging from the background information. The panel then meets ('takes evidence from') local service users and carers, local services, commissioners and, if appropriate, national experts and other services where innovative models have been explored. (National experts and other services are usually interviewed by telephone.) The panel then draw their conclusions and recommendations. Strategic reviews usually finish with a short presentation of the main recommendations to senior representatives from the organisations involved.
  - d. WMQRS staff organise the review, facilitate discussions and interviews, and write up the findings.
  - e. The panel meets (either virtually or face to face) once more to agree the report.
- 10 The benefits of this approach are:
  - a. Recommendations are developed and agreed during the review. Individuals who are key to implementing these recommendations are part of the review panel and are therefore committed to the recommendations. This saves multiple meetings and an extended timescale.
  - b. All members of the panel see and hear all the relevant evidence. Any differences of opinion about the best way forward are worked through during the course of the review.
  - c. External experts bring challenge and specialist knowledge to the review.
  - d. Recommendations are implemented more easily and quickly because those who have to implement them are involved in agreeing them.
  - e. The process of working together during the review improves networking and coordination between local services and between providers and commissioners.

## THE STRATEGIC REVIEW PROCESS

The table below summarises each stage of the WMQRS strategic review process.



## PLANNING MEETINGS

(3 TO 4 MONTHS BEFORE VISIT)

- 11 A preliminary meeting with the leads for the strategic review or strategic review group will be held three-four months before the strategic review visit. The meeting will define the aims and scope of the review and ensure everyone is clear about arrangements and responsibilities for the review visit. The pre-meeting will agree the days on which the review will take place and the location for the review.
- 12 Agreement will also be needed to identify the key decision-makers who are required to be panel members who will attend the day in order to review available evidence, hear from key local stakeholders and external experts.
- 13 More detail on getting the most from the review process is detailed in **Appendix 1**.

## PREPARATION

(ONGOING PRIOR TO VISIT)

- 14 While preparing for the strategic review visit, leads will have access to WMQRS for advice about the process and organisation of the visit. **Appendix 2** details a checklist for those organising the strategic review
- 15 At **six weeks before the review visit** a member of the WMQRS team will contact the lead for the visit to check that preparation is on track for the visit.
- 16 At least **three weeks before the review visit**, the lead contact for the review will need to provide WMQRS with the background information that has been agreed should be circulated in advance to panel members.
- 17 The amount of work in preparing evidence for strategic reviews is minimal. Further guidance on the presentation of this evidence will be covered in the pre-meetings. All information should be available for panel members at the **start** of the review visit.

## STRATEGIC REVIEW VISIT

- 18 A detailed timetable for the visit will be produced after the pre-visit meeting. A template timetable for a strategic review visit is included at **Appendix 3**. The strategic review visit will consist of:
  - a. Confirmation of scope, aims and objectives
  - b. Review of documentary evidence and identification of questions
  - c. Stakeholder views
  - d. Provider views
  - e. Parallel sessions with other stakeholders
  - f. Drawing conclusions to inform the strategic report.

## DOCUMENTARY INFORMATION

- 19 The Panel will review key documents. The leads for the strategic review will ask key stakeholders to provide documentary evidence in advance of the strategy development day. Information will then be sent to panel members in advance so that key messages can be drawn out at the start of the day.

## VERBAL INFORMATION

- 20 The Panel will have the opportunity to 'take evidence' verbally from individuals and organisations on the day of the review. Relevant people will be invited to attend to meet the review panel and, for some information, panel members will themselves 'give evidence'. These sessions will provide the opportunity for the organisation or individual to say what they think is particularly important and for panel members to ask questions and discuss the suggestions made.

## WRITTEN STATEMENTS

- 21 For some strategic reviews written statements may be requested from stakeholders as part of the evidence to be considered.

## REPORTS

(FIRST DRAFT 10 WORKING DAYS POST REVIEW)

- 22 Strategic review reports will identify issues related to the answering/achievement of the agreed strategic review questions.
- 23 The panel will draw its conclusions from multiple sources and the reports will not identify individuals' comments.
- 24 Draft reports will be sent to panel members and to the health economy concerned to check for factual accuracy. They will normally be sent to panel members within **10 working days** and to the health economy concerned within **20 working days** of the visit.

Health Economies will normally be given **15 working days** to comment on factual accuracy.

Reports will be agreed by the relevant Strategic Review Group or WMQRS Quality Assurance Group and then disseminated to the health economy concerned.

- 25 Health economies have the right to appeal on the factual accuracy of all reports. Appeals will be considered by not less than three members of the WMQRS Board (at least one patient member, one clinician and one other).

## ACTION FOLLOWING VISITS

- 26 Most of the issues identified by strategic reviews can be resolved by the services' own governance arrangements. Many can be tackled by using appropriate service improvement approaches. Strategic review will require commissioner input. Individual organisations, working with their lead commissioner, are responsible for taking action and monitoring this through their usual governance mechanism. The lead commissioner for the strategic review is responsible for ensuring any action following the review are implemented, WMQRS is not responsible for agreement of action plans or for monitoring implementation. WMQRS will advise on action plans and may provide support for reviewing progress.

## EVALUATION

- 27 An evaluation of all work and visit programmes will also be undertaken.
- 28 WMQRS operates in a culture of continual review and learning covering all aspects of its work. Feedback from organisations and individuals is highly valued and routinely requested. All feedback is discussed on a regular basis and any learning resulting from feedback is used to improve the quality of the services WMQRS provides.

## VISITING TEAMS

- 29 The panel members will be varied depending on the type of strategic review. Most panel members will be needed for only one day. **Appendix 4** shows an example of an invitation to panel members. The panel composition in the main, will consist of the following disciplines: -
  - a. Consultants and senior nurses relevant to the area being reviewed.
  - b. Users and carers
  - c. Senior managers
  - d. Allied Health Professionals



- e. Voluntary sector representatives
  - f. Social care representatives
  - g. Commissioners
  - h. Others as defined
- 30 All panel members will be required to sign a 'Reviewer Agreement' for their work acting as a panel member with WMQRS. This agreement covers the key responsibilities of being a WMQRS reviewer including the requirement to act impartially at all times, maintain confidentiality and to behave in a professional and responsible manner.
- 31 NHS staff who act as panel members claim travel and subsistence from their employing organisation. Through the WMQRS Establishment Agreement, West Midlands NHS Trusts and CCGs have agreed to fund these costs in return for the Continuing Professional Development achieved as well as the development and learning gained by all who take part. For those expert panel members attending from outside of the West Midlands then travel costs and any overnight accommodation will need to be funded by the sponsoring health economy.
- 32 All panel members will be required sign a 'Reviewer Agreement' for their work acting as a panel member/reviewer with the WMQRS. This agreement covers the key responsibilities of being a WMQRS reviewer, including the requirement to act impartially at all times, maintain confidentiality and to behave in a professional and responsible manner.
- 33 Panel members will have at least six weeks' notice of a review visit. Certificates of attendance at training and reviews will be issued for inclusion in CPD and revalidation portfolios.

#### USEFUL LINKS

- WMQRS website [www.wmqs.nhs.uk](http://www.wmqs.nhs.uk)
- WMQRS 'Principles and Approach' [www.wmqs.nhs.uk/about-wmqs](http://www.wmqs.nhs.uk/about-wmqs)
- NHS England: Serious Incident Framework, Supporting Learning to Prevent Recurrence. March 2015 <http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf>

## APPENDIX 1: GETTING THE MOST OF THE REVIEW PROGRAMME

The benefit that a service gets from a review visit depends a lot on the approach it takes. Services which see the visit as externally imposed and use language such as “We are doing this for the strategic review visit” will get little sustained change. Services which say “This is part of our ongoing work to improve our care” and “The strategic review visit will give us useful information and some external quality assurance” will find the whole process more constructive. It may be useful to remind staff that strategic review was agreed by Health Economy with the aim of improving quality.

‘CALIPSO’- suggestions for getting the most out of the process:

<b>C</b>	<b>Communicate</b>	Make sure everyone knows that the visit is happening, including all staff in the services being reviewed, senior managers, governance and communications teams and public and patient involvement groups. Keep on communicating about the arrangements. Continue the communication after the visit so everyone knows about the findings and the actions that are planned.
<b>A</b>	<b>Approach</b>	Keep emphasising that this is not a separate exercise but links with existing quality improvement and governance processes. Make sure that it does link with these processes. All services on a ‘quality improvement journey’; the strategic review visit is just one point on this journey.
<b>L</b>	<b>Leadership</b>	You will need to identify lead/s for the strategic review. These people will need to provide real leadership in communicating with staff, preparing for and organising the visit and continuing the quality improvement work afterwards.
<b>I</b>	<b>Involve</b>	Preparing for the review visit can be a very good opportunity to involve a wide range of staff.
<b>P</b>	<b>Prepare</b>	Preparing for the review visit has three distinct parts: A Ensuring that the aim of the strategic review questions are clear, as these are the basis for the visit and will determine whether the report is useful and meets the intended aims. B Ensuring that the right people meet with the visiting team as the report will be based on what information is gained from these meetings. C Organising the visit: This will be additional work for someone. Unfortunately, you cannot have the benefits of the strategic review process without the focus of the visit.
<b>S</b>	<b>Support</b>	We aim to make WMQRS strategic reviews as supportive and developmental as possible but being reviewed is always a stressful experience. Supporting the leads and the person with overall responsibility for organising the visit can turn the experience into a positive team-building exercise.
<b>O</b>	<b>Onward</b>	The strategic review visit is one point on your quality improvement journey. It is not an end in itself. A ‘good visit’ is when the visiting team confirms the health economy’s own views of its strength and mean for improvement. Continuing work to implement the outcomes of the strategic review are essential to building lasting improvement.

## NOTES:

### ORGANISING THE VISIT

- 1 **Booking Rooms:** A base room for the visiting team for the visit will need to be booked. **The base room should not be used for other meetings.** Other rooms will be needed for the meetings shown on the timetable. The visiting team will be flexible and specific rooms may not be needed for small meetings.
- 2 **Access to electronic information:** If you wish panel members to view evidence electronically then please arrange for this at the beginning of the day. When organising electronic access please note that **no more than three panel members** can adequately and comfortably review evidence via each computer and therefore access to multiple computers may be required.
- 3 **Car parking:** If it is possible to arrange car parking for panel members this makes their day much less stressful. This is especially useful if panel members are travelling to other sites during the day.
- 4 **Refreshments:** Refreshments for the panel members will be needed including: tea/coffee on arrival and then during the day, water or juice throughout, some biscuits or fruit throughout the day (panel members often start very early) and lunch. Refreshments do not need to be elaborate. Ideally refreshments are provided in the panel members' base room.
- 5 **DBS Checks:** NHS employees who are panel members are DBS checked as part of their employment arrangements. Patient and carer panel members will have been DBS checked either by their nominating organisation or by WMQRS.
- 6 **Expenses:** WMQRS does not fund expenses of any GPs, staff or patients and carers who come to meet the visiting team. Some Trusts/CCGs have a policy for User and Carer Involvement which covers these arrangements.

### PEOPLE MEETING THE PANEL

The visit timetable will identify who should meet the panel. People should only attend one meeting during the review visit. In some cases this is a general heading and **it will be for each the strategic review planning group/leads for the strategic review to decide who are the most appropriate people to invite and allocate to one meeting only.** Please make sure that people attending these meetings are briefed beforehand on the purpose of the strategic review and that you know who is likely to attend. **Appendix 5** gives a short paragraph you may wish to circulate to individuals and organisation attending these meetings.

Please make sure that those people/ organisations or teams who the panel will need to talk to by telephone or who have been invited to submit comments and views in writing to the panel are briefed beforehand on the purpose of the strategic review. You will also need to know who is likely to submit comments and make sure you have contact numbers to give to the panel members for those who need to be contacted by telephone.

**Appendix 5** provides some text that you may wish to circulate to individuals and organisations attending these meetings. If in doubt, please ask WMQRS for advice. Sometimes people are not available for the 'slot' identified on the timetable. We can be flexible within the 10.30am to 2.00 pm period, so long as the panel members are not supposed to be elsewhere. It is important that there is communication with WMQRS about any changes to the timetable. Flexibility outside this time period is more difficult and **must** be discussed with WMQRS.

### PRESENTATIONS

The timetable includes a presentation, the purpose of which is to orientate the panel to the background of the strategic review to the pathway and service/s they are reviewing. Presentations should be a maximum of 15 minutes and should cover:

- 1 Progress made over recent years

- 2 Short description of the pathway and services available
- 3 Presentation of two or three 'patient journeys'
- 4 Challenges ahead and outline of plans for addressing these.

#### INVOLVING PATIENTS AND CARER REPRESENTATIVES

The timetable will usually include a meeting with representatives of patients and carers:

- 1 For example, patient or service user groups, patient support groups or public and patient involvement leads. If no relevant groups are identified, then the service lead should invite some individual patients and carers who have used the service recently.
- 2 The panel members will also ask patients and carers about their general experience of using the services being reviewed and the process for user and carer feedback and involvement. **Appendix 5** gives a short paragraph you may wish to circulate to patients and carers attending these meetings. If carers would like to meet panel members separately from patients then this should be discussed with WMQRS.

#### FEEDBACK

Initial feedback is given at the end of the visit. The written report and compliance will include more detail and may differ from the initial feedback because further information has become available.

## APPENDIX 2: CHECKLIST FOR STRATEGIC REVIEW

Action		When
<b>Identify service lead</b>	Decide who will coordinate preparation for the visit.	Immediately
<b>Communicate</b>	Make sure everyone knows that the visit is happening, including all staff in the services being reviewed, senior managers, governance and communications teams and public and patient involvement groups.	Immediately
<b>Agree date</b>	Following confirmation of the visit date, please inform all those involved of the date.	ASAP
<b>Book Rooms</b>	After the pre-meeting, please book a base room for panel members at the agreed location. The base room should not be used for other meetings.	Following pre-meeting
	Other rooms will be needed for the meetings shown on the timetable. The panel members will be flexible and specific rooms may not be needed for small meetings.	Following pre-visit
<b>Plan with teams</b>	Decide who will meet with the panel members, which meeting is most appropriate and let them know. Evidence will be needed three weeks before the visit date to send to panel members. As described in <b>Appendix 1</b> , services will get the most from the visit if they are involved early on in the preparation for it.	Ongoing throughout the preparation period (see <b>Appendix 1</b> )
<b>Book Refreshments</b>	Please make sure there is plenty of tea, coffee and water and some fruit/biscuits available throughout the day. (Panel members often need plenty of coffee whilst preparing). Please book lunch.	In accordance with organisational policy
<b>Timetable</b>	Discuss the timetable with all those involved and make sure everyone knows when they are needed.	Following pre-meeting
<b>Documentary Evidence</b>	Please make sure that any evidence is available for panel members to look at first thing on the day of the visit as panel members will not have time to look at evidence later in the day. If you wish panel members to look at any electronic evidence, then please make sure access is arranged and sufficient IT equipment is available for the panel to do this.	Following pre-visit
<b>Submit information to WMQRS</b>	Each visit: <ul style="list-style-type: none"> <li>• Evidence to be sent to panel members in advance of the visit</li> <li>• Directions including car parking advice</li> <li>• Name and location of base room</li> <li>• Emergency contact</li> </ul>	Three weeks before the visit. <i>This information is required to send to panel members in advance of the visit.</i>

Action		When
<b>Remind</b>	<p>A week before the visit it is helpful to confirm arrangements, including:</p> <ul style="list-style-type: none"> <li>• Who is doing the presentation/s</li> <li>• Who is expected at each meeting</li> <li>• Who is expected to come to the feedback sessions</li> </ul>	One week before the visit
<b>Comments</b>	When you receive the draft report, please circulate to those involved and coordinate their responses	20 working days after the visit at the latest.

### APPENDIX 3: WMQRS STRATEGIC REVIEW – EXAMPLE TIMETABLE

- 8.30 Welcome and introductions:
- 8.45 Confirmation of scope, aims and objectives
- 9.00 Review of documentation information and identification of questions
- 10.15 Break
- 10.30 Stakeholder views:**
- 10.50 Provider views:**
- 11.10 CCG and Local Authority Views:**
- 11.30 Break**
- 11.40 Parallel sessions:**
  - a. **XXX:**
  - b. **XXX**
- 12.00 Parallel sessions:**
  - c. **XXX:**
  - d. **XXX**
- 12. 20 Parallel sessions:**
  - e. **XXX:**
  - f. **XXX**
- 12.40 Parallel sessions:**
  - g. **XXX:**
  - h. **XXX**
- 13.00 Lunch
- 13.40 Commissioning and Quality views:**
  - i. **XXX:**
  - j. **XXX**
- 14.00 Drawing Conclusions: Developing the Strategy
- 16.45 Next Steps
- 17.15 Close

#### APPENDIX 4: EXAMPLE INVITATION TO PANEL MEMBERS

Dear Colleagues

As you will be aware, developing a strategy for *[insert title]*, and for care of families of those who have *[xx]*, is a priority for *[insert organisations involved]* for this year. We are proposing to work with the West Midlands Quality Review Service (WMQRS) on this, using their 'strategic review' approach. This involves a panel of key decision-makers spending a day together in order to review available evidence, hear from key local stakeholders and national experts and develop the strategy. As someone who is key to the commissioning or implementation of this strategy, we would like to invite you to be a Panel Member. This will involve the following commitment:

Preparation meeting:     insert date

Strategy workshop:     insert date

Sign-off meeting:       insert date

**Could you please let *[name of lead contact]* know as soon as possible if you are willing to be a Panel Member and if you are available on these dates?** Further details of the proposed scope and approach will follow



## APPENDIX 5: BRIEFING INDIVIDUALS AND SERVICES WHO WILL MEET THE PANEL

The following text may be helpful to send to individuals and other services who have been invited to meet the panel.

### **Patients' and Carers' Representatives:**

A strategic review of our services is taking place as part of a drive to improve care for people with *[insert programme]*. The review is looking particularly at pathways of care for people [with **xxxx** or who use **xxxx**]. A team of patients, carers and healthcare professionals will look at the care offered here, identify things we do well and areas where we could improve.

The visiting team would like to meet with patients and carers [either with **xxxx** or who use **xxxx**]. The meeting will last about an hour. The panel members will ask you about your general experience of care, how you access services and the process for user and carer feedback. They will ask about information and support that is available for you, how care is planned and monitored, and arrangements for 'self-care'. Panel members will have seen some information earlier in the visit but will be interested in exploring these issues with you in the meeting. The panel will draw its conclusions from multiple sources and the reports will not identify individuals' comments.

Thank you very much for agreeing to come to this meeting. The review will help us to improve the care we offer, and your ideas and suggestions may help people in other areas as well.

### **Provider and Stakeholder Meetings**

A strategic review of our services is taking place as part of a drive to improve care for people with *[insert programme]*. The review is looking particularly at pathways of care for people [with **xxxx** or who use **xxxx**]. A team of patients, carers and healthcare professionals will look at the care offered here, identify things we do well and areas where we could improve.

The visiting team would like to meet representatives of other services and statutory and voluntary organisations which link closely with the pathways being reviewed. The meetings will last between 30 and 45 minutes. You only need to attend one meeting with the reviewing team, so let your lead know if you have been invited to more than one meeting so that you can be allocated to the most appropriate session. Panel members will already have seen some written information before the meeting. The visiting team will ask general questions about the service/pathway, communication and liaison with the service being reviewed. This session will give you the opportunity to comment on good aspects and mention any difficulties which you experience. The review team will draw its conclusions from multiple sources and the reports will not identify individuals' comments.

More information about the review process is available on the WMQRS website: [www.wmqrns.nhs.uk](http://www.wmqrns.nhs.uk).

Thank you very much for agreeing to come to this meeting. The review will help us to improve the care we offer and your ideas and suggestions may help people in other areas as well.