

conversation about NHS CoProduction

looking backwards

- we've come a long way! and we have picked some really hard things to talk about (not least because we have got on with the easier things)
 - though some may feel too slow
 - what have we achieved? : good news stories: beds closed but new IV transfusions / design of cancer centre / Trust debt down from £70m to £40m / what we have now is different from plan of 4 or 5 years ago
 - are we achieving enough? do we need some milestones?

hugely varying commitment to coproduction

- NHS
 - what is the NHS? even people within it don't understand it!
 - CCG – sincere
 - provider – much much bigger so less coherent
 - GPs – independent so varied
 - difficult when managers need to act on decisions and campaigners want to reopen them
 - some deeply hurt by process over past few years (integrity questioned etc)
 - management time and energy taken to deal with the process and especially with the harshest criticism
- community
 - those who don't trust NHS management
 - those “in the middle” who are trying to make things work / feel that their ideas not listened to / feel that they are making sacrifices (eg criticism from those who don't trust)

steering gp

- is it more like ping-pong than working together? are we watching the steps not the overall process? is it high level conversations? should we spend more time in the helicopter / strategic overview
 - where is redesign going on?
 - meetings should not be feedback from on high; but should be a sharing of decisions?
- coproduction always going to involve criticism / readiness to learn
- both NHS and community need to change
 - population health and healthy behaviour : some difficult areas? : eg smoking / obesity / etc are risky behaviours – but are these “blaming the victims”? are these off-limits?
 - how to get more people involved
 - NHS struggles with volunteers though it also asks good questions about what volunteers are offered
 - NHS staff have gone on journey too (eg at Maryport)
- how to build capacity and capability in the wider community : eg to support coproduction in all 8 ICCs
- support and training for both NHS and community? have a day learning event?

- four versions of engagement?
 - outside eyes: people in community : “it looks like this to us”
 - expert by experience : current or recent ex patient
 - look at evidence and come to a conclusion : those who are prepared to do their own research / but can cause NHS experts to bristle
 - democratic accountability : important but this can become politicised

discussion in December

- structures : could have fewer but bigger regular meetings ?
- how we set agendas?
- what milestones & achievements
- how to get more people involved
- the process of discussing these

next steps after that?

Richard Pratt's notes

22 xi 18