

Patient Participation Group Audit Report

May 2018

This report outlines the findings and recommendations following Healthwatch Bexley's (Healthwatch) audit of patient participation groups (PPGs) in Bexley on behalf of Bexley Clinical Commissioning Group (CCG).

Healthwatch would like to thank all Practices, the PPGs and Bexley CCG for their support and engagement throughout this process.

1. Executive Summary

Patient participation groups represent a collaborative relationship between patients, Practices and the GPs. PPGs have a unique position, whereby they are the bilateral link between patients and Practices, ensuring patient experiences are represented in a constructive way, whilst supporting Practices to engage and communicate with the wider patient population.

Patient engagement and participation is an important aspect to ensure good quality care that meets the need of the local patient population. PPGs play a key role in fostering communication between the Practices and its patient population, which contributes to continuous improvement and enhanced patient care. PPGs can also provide practical support for Practices, for example by promoting the flu jab and self-care, and help to implement change.

It is a contractual requirement for Practices to establish a PPG. The majority of Practices in Bexley have an actual PPG (n=22), who meet face to face, and two Practices have a virtual (online) PPG only. Nine Practices have a mixture of actual and virtual PPGs and two Practices in Bexley do not have any form of PPG currently operating.

There is national guidance available to Practices and PPGs, explaining the role of the PPG and how PPGs may choose to operate. The guidance outlines some of the practicalities of running a PPG and what the objectives may be in terms of expectations and opportunities.

The purpose of this audit was to engage with Practices and their PPGs, to identify what type of PPG they have in place and how they operate, drawing on national guidance and background research to inform the audit tool.

Key Findings

The audit demonstrates that overall, the majority of Practices value their PPGs and that PPGs contribute to service improvements and enhanced quality of care. There are good examples of Practices and PPGs working collaboratively in addressing patient feedback and concerns, whilst promoting new initiatives and services amongst the wider patient population. The audit highlights that PPGs and Practices, who have a clear understanding of their roles and objectives, and who have developed reciprocal relationships and joint working, report a higher satisfaction of the partnership. Furthermore, the majority of PPGs stated that they have a clear understanding of their roles. However, when asked about support and guidance to carry out their roles, the majority of PPGs and Practices expressed a need for more guidance and support from Bexley CCG on how to operate. Additionally, some Practices and PPGs expressed not being sure what expectations Bexley CCG have on them and many were not aware of the national guidance to support PPGs in their role.

Key Challenges

The key challenge identified within the audit relates to the recruitment and retention of PPG members. This particularly relates to recruiting younger people and a more diverse group, which represents the wider practice population. An additional challenge relates to ensuring that PPG members have a clear understanding of their remit and that the membership does not lead to preferential treatment or provide a platform for personal agendas.

Key Opportunities

The audit identified a number of opportunities for Practices, PPGs and Bexley CCG. Practices and PPGs offer an excellent opportunity to address health inequalities and to contribute to the wider equality agenda and many PPGs already consider these for their patient population. There is also considerable scope for PPGs to work together to bring about change, as many PPGs may identify similar issues within their Practices. Furthermore, the work of the PPGs is an excellent source of patient experience and insight, from which Bexley CCG can identify themes and trends to inform patient engagement and commissioning.

Key Recommendations

There are a number of recommendations arising from this report aimed at Bexley CCG, PPGs and Practices. The recommendations for the CCG predominately relates to increasing their communication and engagement with PPGs by appointing a dedicated person to support PPGs throughout the process of starting up and performing their roles.

The recommendations for Practices are to encourage and support PPGs to be as independent as possible, as this will support rather than drain Practice resources.

The recommendations for PPGs relates to ensuring members are fully aware of their roles and remit and have good governance in place, coupled with wider patient engagement to ensure their work and feedback to Practices is representative of the patient population.

2. Introduction

Patient and public involvement is recognised as an important aspect for improving care and outcomes for patients. It further enables health inequalities and equality issues to be identified and addressed.

For Commissioners and Primary Care Service providers, in particular General Practice, the introduction and establishment of PPGs within GP Practices offer Practices continuous opportunity for constructive patient feedback. This feedback complements other aspects of patient feedback including Friends and Family Test and the annual GP Patient Survey, thus helping Practices to identify local needs and to explore areas identified as potential concern with a representative group of patients.

In November 2017, Bexley CCG approached Healthwatch for support in undertaking an audit of all PPGs in Bexley. The purpose of the audit was to establish a baseline for the current PPG landscape by identifying which Practices have a PPG, how they operate and what the value is perceived to be by both the Practices and the PPG. The audit further enabled challenges to be highlighted and explored, whilst identifying the support both Practices and the PPG may require from Bexley CCG and other resources to operate their PPG.

3. About PPGs

Since 2011, having a PPG has been an optional clause in the GP contract, which attracted additional funding of 35 pence per registered patient, which from 1st April 2015 changed to a contractual requirement. However, on 1st April 2016 changes to the GP contract were introduced, which led to specific PPG funding to be incorporated into the standard contract.

There is guidance available online from National voices for patient participation in primary care (NAPP, 2017) and the Patient Association (PA) about setting up a PPG and how these might be operated. PPGs should make efforts to be representative of its patient population with local need and patient population being the key drivers as to how the PPG operate and the focus it takes.

The main objectives for PPG, as suggested by PA (2015) are:

- What does the NHS/our Practices expect from PPGs?
- What do we want to achieve? What is this PPG for?
- What are the challenges and opportunities?
- Will the PPG fundraise?
- Will there be opportunities to get involved at a commissioning/strategic level if we want to?

There are further a number of practicalities to consider such as:

- Who will chair the groups and organise meetings?
- Will we also have a virtual group? Who will set up and support that?
- Will we be working with more than one Practices (some Practices may decide to have a shared group)? If so, how will that work?

- How can we make sure our PPG membership truly reflects the Practices population? What type of recruitment will help us do this?
- How do we make sure that Practices staff know what we are doing?
- How can we make sure one GP is linked to the group and encourage two-way communication?

In general, PPGs are commonly made up of patient, the Practice manager and a GP and/or other key member of staff, who meet on a regular basis to discuss service provision, forthcoming changes and matters arising. The core purpose of the PPGs is to keep the patient at the heart of everything it does and identify how changes may be made to benefit both patient and the Practices.

Having a PPG is further an expectation from the Care Quality Commission during inspection.

4. Methodology

To inform and develop the audit tool (Appendix 1), Healthwatch undertook some background research, which included a review of the literature and current guidelines developed by the PA (2015) and information on the NAPP website (2017). Healthwatch also conducted five interviews; two with Practices Managers (PM) and three with PPG members to learn from their experiences of being part of a PPG.

Additionally, Bexley CCG has developed a set of Quality Indicators, in partnership with the PPG network, which are a set of statements outlining the principles for an effective PPG. The statements relate to patient and practice representation; roles and responsibilities; communication; training and resources (Appendix 2). The Quality Statements are further reflected within the audit tool.

All Practices were informed of the audit by Bexley CCG on 8th January 2018 via e-mail correspondence. This communication was followed up by Healthwatch on 10th January when Practices were invited via e-mail to arrange for a date for the audit to take place. Healthwatch invited the Practice PPG lead, which is often the PM, and the Chairperson of the PPG to attend. The time scale to complete the audit was initially set for 30th March but later postponed until 18th May to accommodate all Practices.

All Practices, including those without a PPG, have participated in the audit and each Practice has been sent a copy of their individual audit report for comments and ratification and the data presented within this report is a summary of all 26 audit reports.

Healthwatch has engaged extensively with Practices throughout the process to secure commitment, time and date of audit. The audits took around 60 to 90 minutes to complete, followed by a write up of the findings for approval by Practices and PPG members.

Key findings have been identified through a thematic analysis and will be supported by quotes where appropriate.

5. Findings

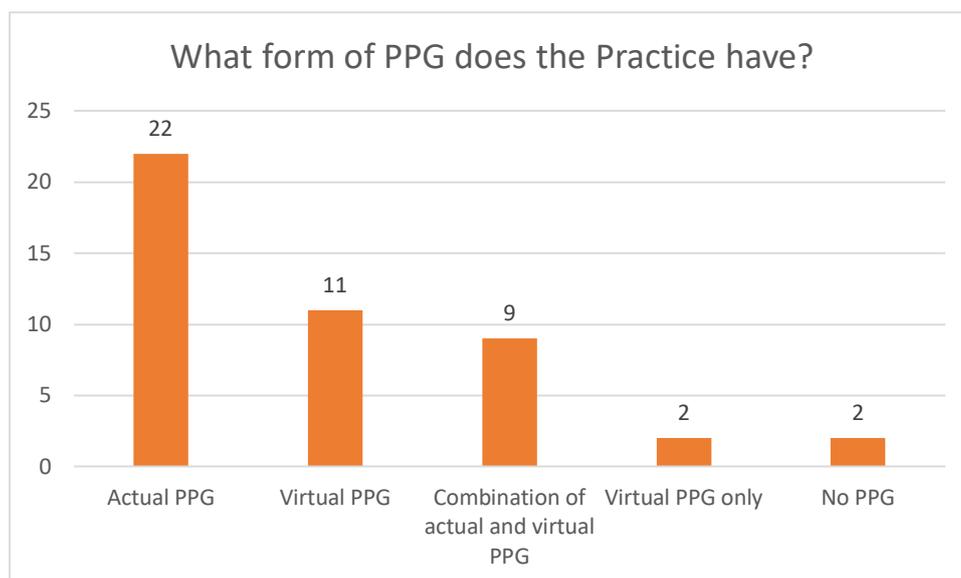
The findings of the audit are presented as per questions outlined within the audit tool.

A full breakdown summary of all audits can be found in Appendix 3.

Table 1. Does the Practice have a PPG?

24 out of 26 practices have a form of PPG in place. Out of the 26 Practices in Bexley, 22 have an actual PPG, 2 have a virtual PPG only, with 9 Practices having a combination of virtual and actual PPGs. (See graphs below).

- The average number of members for PPGs is 9, ranging from 2 to 23.
- The median number of members for virtual PPGs is 25, ranging from 4 to 383.



Virtual PPGs are a good way to increase membership and support Practices and PPGs to communicate with a wider patient population. Virtual groups are particularly beneficial when patients are unable to attend meetings. However, there appears to be limited structures and governance in place for virtual groups, with Practice members taking on full responsibility for these, thus increasing their workload.

One Practice, who has a large actual PPG, operate a waiting list through their virtual group and thus gives priority to those who have been part of the virtual group when a place on the actual group becomes available.

Key findings at a glance:

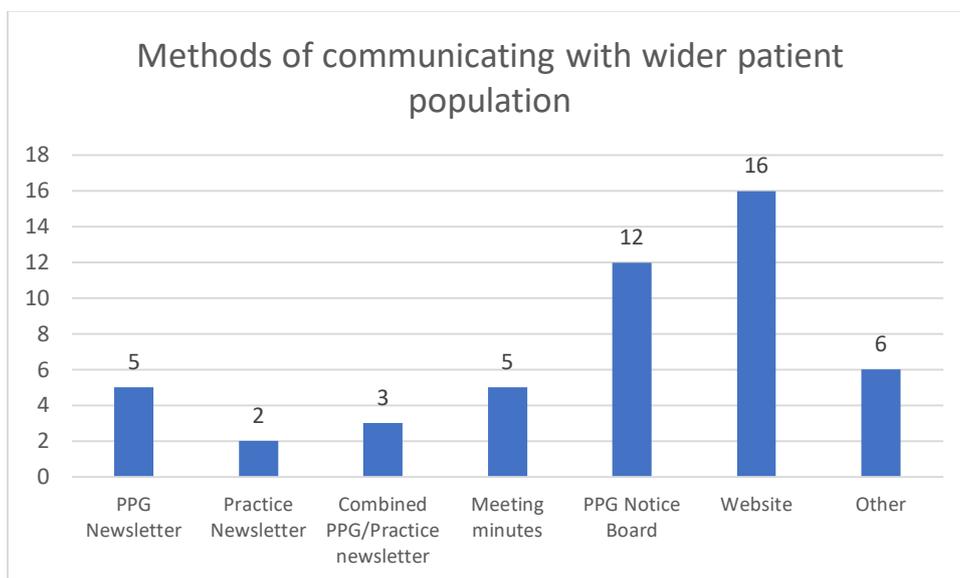
- Practices value their PPG and says it contribute to service improvements
- PPGs offer an excellent opportunity for Bexley CCG to identify common themes to be identified and addressed
- Recruitment and retention of PPG members is identified as a key challenge amongst all PPGs
- The majority of PPGs would like more help and guidance from Bexley CCG on how to operate and what the expectations are of a PPG from a CCG perspective

- PPGs currently operate in silos but there is significant potential and willingness for collaborative working
- The majority of PPGs does not proactively seek views from the wider patient population
- 12 PPGs engage with Bexley CCG regularly, of which 7 also engage with the wider PPG network
- The PPG network forum offer great opportunity for shared learning and networking opportunity
- 13 PPGs engage with the wider PPG network in Bexley and all of those reported good knowledge of what PPGs do in other Practices
- PPGs offer a great opportunity to identify and address health inequalities

Communication and engagement with the wider patient population

A core purpose of a PPG is to represent the wider patient population registered with that Practice. Proactively seeking the views of patients is thus a key element of PPGs in addition to communicating feedback to patients from PPG meetings.

There are a variety of ways in which Practices and PPGs may seek to communicate with patients and to obtain feedback and the various methods and responses obtained through the audit are listed in graph 1.



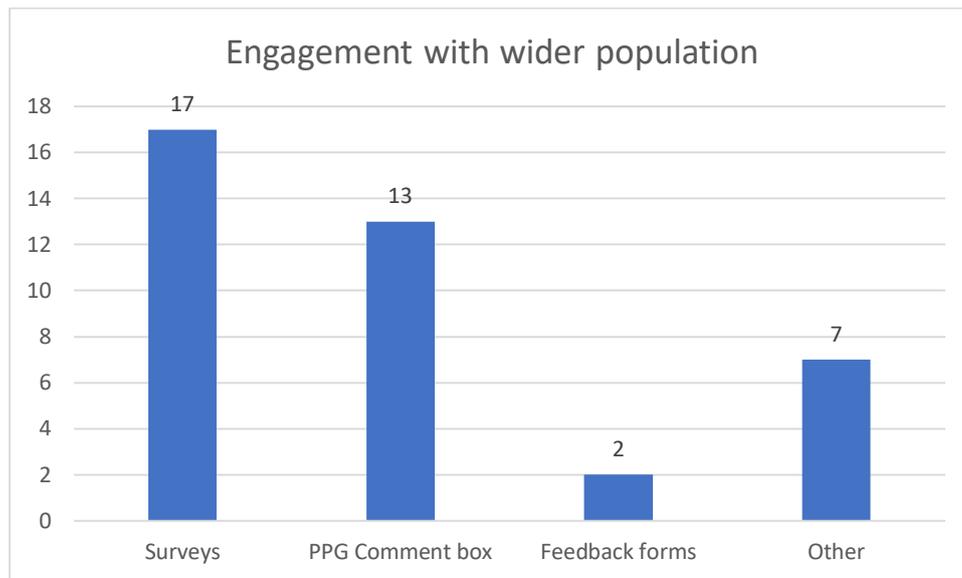
As displayed in the graph, the majority of communication methods are predominately through the website and the PPG board. Some PPGs have a presence in the waiting rooms where they promote the PPG and try and recruit new members. However, this has not been explored by virtual PPGs, whose main method of communication is via e-mail and with one Practice using Facebook to engage with members.

The majority of Practices (n=17) said they had conducted a patient survey at some point, some with input from the PPG but predominately Practice led. The majority stated that undertaking patient surveys was more ad hoc and not a regular occurrence. Some Practices

did not encourage patient surveys as they felt the Friends and Family Test fulfilled this function. However, one PPG who recently undertook a patient survey put forward a number of recommendations to the Practice, which subsequently resulted in positive changes, which demonstrate the positive impact that PPGs can have.

Additional comments and feedback were obtained through PPGs comments box but the majority of PPGs said the boxes were not frequently used by patients. See graph 2.

Graph 2.



However, few PPGs undertake structured methods of engagement with the wider patient population on general or specific issues and the PPG appears to provide the main form of patient feedback to Practices.

Understanding of roles and responsibilities

Having a clear understanding of the role and responsibilities of a PPG is significant to enable PPGs to work effectively, constructively and recruit appropriate members. The majority of PPGs (n=18) stated that they had a clear understanding of their role as a PPG. Of those who responded No to this question, the reasons related to being unsure of their aims and what they should be doing. This corresponds with the majority of PPGs, as 15 PPGs felt that it would be beneficial to have more guidance from Bexley CCG, particularly in relation to how to operate, recruit new members and what the expectations are on PPGs from a CCG perspective.

There were some examples of Practices expressing concerns about members bringing personal agendas to the PPG. Evidence was also obtained that some PPG members did not understand either the constraints in which Practices operate, or the function of the PPG.

It is evident that in some cases, the Practice manager, and in one case the GP, takes on significant responsibility for the PPG in terms of organising meetings, writing up minutes etc. This is likely to influence to what extent Practices engage with PPGs as their work load is under immense pressure. Workload capacity was potentially one of the issues for not

setting up a PPG. In comparison, another Practice said that their PPG organise everything, including food, and that the Practices staff simply had to “turn up”, subsequently leading to a positive experience for the Practice.

Does the PPG make use of national resources such as NAPP and PA?

As outlined above, there is an abundance of online and national resources to support PPGs. The audit shows that there is variation as to what extent PPGs and Practices access these. The majority of PPGs (n=16) said “No” or “Didn’t know” while 10 said “Yes” to accessing national resources. However, some Practices were not aware of this support and welcomed the opportunity to explore these resources.

Some Practices expressed a wish for the national guidance to be localised and adapted for Bexley as they felt there was so much online and that it made it difficult for the PPGs to translate that into practice. One Practice expressed a wish for Bexley CCG to produce general guidance that all PPGs can use instead of directing them to online resources.

Does the PPG engage with Bexley Clinical Commissioning Group?

Engaging with Bexley CCG offers valuable opportunities for PPGs to hear of new initiatives and developments e.g. around self-care and NHS Bexley online, coupled with receiving support and guidance. However, less than half of Practices (n=12) stated that they engage with the CCG and the engagement is predominately through the CCG led PPG network meetings and Patient Council. Of the PPGs who said “No” the main reasons were a lack of communication from the CCG about changes and decisions; limited responses from the CCG on PPG meeting invite requests and not being aware of the PPG network events.

Does the PPG engage with the wider PPG network in Bexley?

Engaging with other PPGs offer valuable opportunities for learning and sharing of ideas and experiences. It may also lead to collaborative partnership in addressing specific issues identified by PPGs. 13 PPGs stated that they engage with the wider PPG network in Bexley, predominately through the CCG led PPG network meetings and the annual event. Importantly, all of those responding “Yes” to this question reported a good understanding of what PPGs do in other Practices, thus highlighting the PPG network as an excellent source of information and network forum.

Some Practices said they have been in touch directly with other PPGs to share ideas and learning. However, 12 PPGs said they do not engage with the wider PPG network, with two PPGs being unaware of the PPG network meetings taking place. Some Practices and PPGs stated lack of time was an issue to attend meetings, with two Practices not thinking it was a good use of their time.

All Practices and PPGs welcome the opportunity to be more engaged in the future.

Are Practices and PPGs aware of what PPGs do in other Practices?

Connecting with other PPGs is an important aspect of continuing development for PPGs, as it offers opportunities to learn from others and to bring new ideas to the table. Around two thirds of Practice leads and PPGs (n=15) said they are aware of what other PPGs do and how they operate.

Information is shared in a variety of ways including at the PPG network forum, Practice Managers meetings and Locality meetings. However, some had only heard negative feedback in relation to PPGs, such as PPGs complaining about appointment system or lack of parking, which Practices did not feel was appropriate. This again highlights the need for obtaining constructive feedback from the wider patient population.

There are good examples of partnership working amongst some PPGs. One example relates to the Chairperson of an established PPG, who proactively works with and offer his support to other PPGs, by attending their meetings and sharing his experiences of establishing and running a PPG. Peer support is therefore identified as an important factor in supporting PPGs who need support in starting up or who may have had challenges in the past.

10 Practices and PPGs said they are unaware of what other PPGs do and how they work and felt there was limited opportunity to find out. However, only two of the 10 PPGs attend the PPG network meeting, which again demonstrate the benefits of attending this forum.

What support does the PPG require from the Practice?

The type of support required from Practices varied from admin support, such as printing and photocopying, notetaking, to recruitment of new members and representation at meetings.

Some PPGs did not require any additional support from the Practice.

What support does the PPG require from Bexley CCG?

The type of support required from Bexley CCG relates to general guidance on how to operate, e.g. "How to" guides, support with recruitment and establishing PPGs, coupled with a better understanding of what the expectations are for PPGs.

PPGs would like to have more contact and visits from the CCG in relation to their PPGs but also to receive information about new services or changes to services.

Some of the established PPGs, who attend the Patient Council and the PPG network meetings, felt that they would contact the CCG on a need to basis, as attending regular events keeps them informed of changes and developments.

A number of Practices were unaware of who to contact within the CCG for advice, with some Practices stating actively seeking advice from the CCG with limited response. However, 8 Practices/PPG stated they do not require additional guidance and that they would proactively seek help and guidance as and when required.

How does the Practice promote the PPG to patients?

Promoting the PPG within the Practices to the wider patient population is important to encourage active participation from patients and increasing diversity amongst the PPG members. There are a variety of ways that the PPGs are promoted within Practices and they include:

- Promotion by clinical and Practice staff directly with patients
- PPG notice boards
- Information to new patients when they register
- Website and Newsletter
- Information at the bottom of prescription form
- TV screen in waiting room

Queries obtained at the Practice from patients about the PPG are predominately followed up by the PPG chair and the Practice Manager. Moreover, three quarters of PPGs also have a section on the Practice website, which is an additional channel to promote the PPG.

How is Practice staff aware of what the PPG is doing?

Ensuring Practice staff and the wider workforce are aware of PPGs and their work is important to create cohesion within the Practices and to break down barriers. There is variation amongst Practices to what extent the wider workforce is aware of what the PPGs are doing. The majority of Practices have GP representation whilst some Practices have a Practices lead, often the Practices manager who attends. One Practice invites all staff to the PPG meetings.

The majority of Practices said that staff was briefed about the PPG at staff meetings.

Health inequalities

PPGs play an important part in identifying and addressing health inequalities for their patient population. 12 PPGs have identified issues relating to health inequalities and have proactively worked to address these. Some examples include:

- Discussion around lack of community services such as district nurses, sexual health services, social care and phlebotomy services.
- Addressing needs including wheel chair access, improved access for people with a learning disability and hearing loss.
- Organisation of annual Christmas lunch for vulnerable patients including the elderly and socially isolated.
- Concerns raised for patients who are hard of hearing in terms of using the telephone system
- Speakers invited to PPGs to talk about different aspects of health
- PPG members promoting community groups and events such as Men in Sheds and Walking groups.
- Practices share information with PPG about local initiatives such as BEAT project and Re-Instate.

Some PPGs responded that they address health inequalities issues as they arise, whilst others stated that health inequalities was not a concern. This may be due to the terminology used and not being fully aware of the broader aspects of what contributes to health inequalities.

Moreover, the lack of representativeness within PPGs of ethnic minority groups may lead missed opportunities to identify and address health inequalities.

What are the main challenges for the PPG?

A number of challenges were discussed and identified during the audit and the key challenge identified for the majority of PPGs relates to recruitment and retention of PPG members. The majority of PPGs expressed a need to recruit younger people and a more diverse group of PPG member as they did not feel the PPGs were representative of their patient population.

The commitment of existing members was further identified as a concern in terms of attending meetings and events, coupled with personal agendas and expectations of preferential treatment as a PPG member. This puts emphasis on ensuring that new members are fully briefed on what the role of the PPG is and what is required of members in terms of commitment and taking part in events or activities. This may further be supported by having a work plan in place for the coming months or year, as PPG members will know what may be required of them and can plan their time accordingly.

What are the main opportunities for the PPG?

The majority of Practices identify that the main opportunities for the PPG is to “be the voice of the patient” and making sure that patients are “getting a good service”. Additional opportunities relate to finding out what is available locally and disseminate this information through the PPG and its activities.

Interestingly, the main opportunities are all linked to improved patient experience and service. Without being made explicit, this is indirectly done by influencing Practices constructively by providing patient feedback that encourages Practices to make positive changes, which in turn will provide opportunities for Practices too. If the value of the PPGs and how they contribute and support Practices were better articulated, documented and translated into benefits for the Practices, it may lead to an increased understanding of how the PPGs bring value to the Practice, in particular for those who do not have a PPG or who have had a previous challenging experience.

An additional opportunity relates to the recognition of skills and assets that PPG members bring to the forum. Learning of and understanding people’s previous experiences, work, academic or otherwise, may increase the capacity of the PPG in relation to the type of activities they undertake. Applying these skills may also lead to empowerment of the PPG and individual members as well as increasing motivation and commitment.

What are the main aspirations for the PPG?

Improving patient experience and increased PPG membership and commitment were amongst the aspirations identified. Some Practices and PPGs have aspirations to explore social media as a means of communication and attracting younger members. Additional aspirations include:

- Recruiting younger and more diverse members
- Increased presence in waiting rooms to promote and increase awareness of PPG
- Working collaboratively with other PPGs
- Effecting change by increasing the patient voice and lead on discussions around Practices changes
- Signposting and promotion of local initiatives such as Community Connect
- Attract members with specific skill sets e.g. IT skills, Social Media
- Guidance and support of how the PPG can influence the Practices constructively
- To have a proactive and self-running PPG that supports the Practices

One PPG was unsure about its aspirations, as they were unsure of the expectations on them.

Another Practice stated they have no aspirations for their PPG and only operate a virtual PPG. The issues related to members not having a clear understanding of the roles and responsibilities of the PPG and what the constraints and limitations are.

What value does the PPG bring to the Practice?

The majority of Practices (n=21) stated that the PPGs are highly valued within the Practices. Some Practices grant PPGs “behind the scene” access to increase their knowledge of how the Practices is run so this can be communicated to patient for greater awareness of why demand for appointments etc. may be high.

The common theme is around PPGs providing constructive feedback to Practices on current service, service development and new ideas, in contrast to the odd e-mail and comment from patients. Practices feel they are able to use the PPGs as a “sounding board” for new ideas and to work proactively with PPGs to improve the service.

One Practices manager stated:

“Delighted to have a committed small proactive PPG, who are motivated and mix well with each other and as a group. They are a critic and friend and work hard to improve the Practices. They have a mixed background of experience, i.e. patient with experience of specific illness, good mix of educational backgrounds”.

Where PPGs are proactive in the surgery’s waiting rooms, Practices felt it helped to create a “good atmosphere” and that PPGs were representing both the patient and the Practices, by being privy to “behind the scenes” knowledge and information. PPGs also help out to promote the flu jab and support patients to use new “check in screens”.

However, the Practices who had a less positive experience of PPGs stated that there is no value in the PPG and felt that PPGs were a “bugbear” and created more work for the Practice manager with little benefit.

Additional challenges influencing Practices manager's perception of PPGs relate to Practice managers taking on full responsibility for the PPG, and working with PPG members with a strong personal agenda.

Practices are keen to have additional support from Bexley CCG to create a functioning PPG.

What would the Practice find harder or not be able to do if they had no PPG? Key opportunities?

The main loss of opportunity relates to lack of patient feedback and the opportunity for Practices to share ideas and suggestion for improvements. Additional feedback relates to fundraising opportunities and organisation of events, such as the annual Christmas lunch.

A few Practices said there was nothing they would not be able to do without the PPG and said they would be able to operate well without one. This may be due to Practices taking on a lot of the responsibilities of running the PPG, thus not recognising the value of autonomous PPGs, who works with and supports the practice.

There are some excellent examples of where the PPG works collaboratively with the Practice to address specific concerns. One example relates to a PPG, who carried out a patient survey that demonstrated that patients could not get appointments as easily as they wanted. The PPGs subsequently put a number of activities in place to support the Practice and one activity is for members to spend time in the waiting room, on a rota basis, to show patients, on iPads, how to use online patient services and download the app, in addition to working with the Practice to address patients who did not attend (DNA) their appointments and how to get this message out to patients.

What does the Practice expect from the PPG?

Practices have a number of expectations of their PPGs ranging from flagging up issues and concerns and being "the voice of the surgery", to promoting the surgery and "educate patients about online services". Some Practices would like practical help with the PPGs being in charge of the notice board and keep it up to date.

Specifically, some of the key expectations identified include:

- Hold regular meetings
- Provide constructive patient feedback
- Engagement with wider patient population
- Proactive, engaged and committed members
- Professional conduct without personal agenda

What value does the PPG bring to the local NHS in Bexley and the wider health economy?

This question relates to how clear Practices and PPGs are about how they fit together with other pieces of public and patient involvement including Healthwatch, Bexley CCG, the Friends and Family Test, GP patient survey and NHS Choices reviews.

There were mixed responses to this question but a key value identified relates to sharing ideas and best Practices through the collective voice of all PPGs to influence and improve

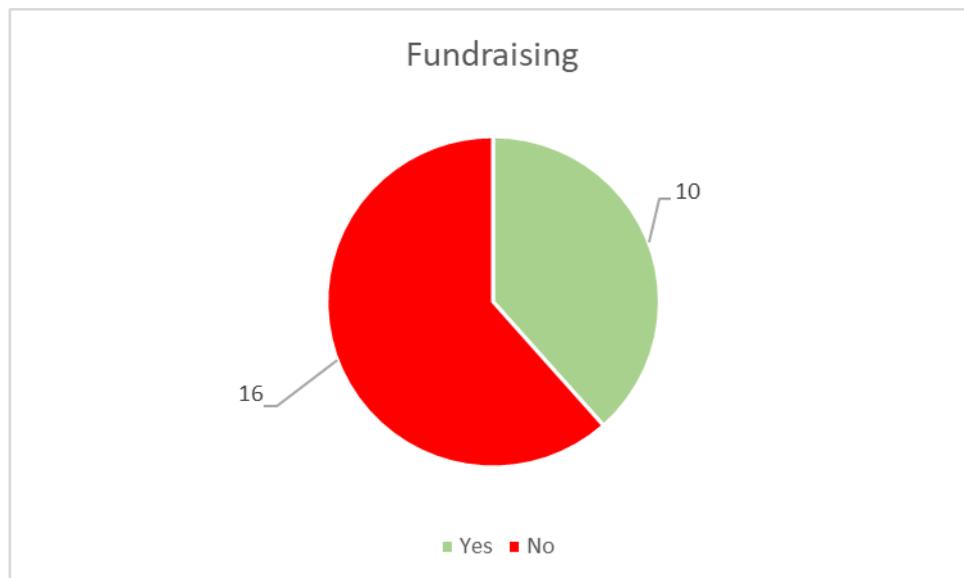
services for all. This requires PPGs to work collaboratively and in partnership and identifying common themes that can be addressed through a collective voice. However, concerns were raised around PPGs working in silos, thus missing out on learning opportunities and wider issues.

Comments relating to Bexley CCG identify the importance of the CCG to be engaged with PPGs and have an oversight of key issues raised at all PPG meeting, to identify common themes. Moreover, patient concerns and issues identified by PPGs should proactively inform and complement the CCGs work, through a bottom up approach, with evidence of how this forms part of patient engagement within the CCG.

One Practice said that if all Practices had a functioning PPG then communication on important issues e.g. self-care, GP online consultations and screening services, would be more broadly shared and promoted to all patients equally.

Does the PPG fundraise?

The question about fundraising as an activity for PPGs attracted mixed responses. 10 PPGs do fundraise whilst 16 do not. The types of activities for fundraising ranges from raffles, cake sale, coffee mornings and book sales. The money was spent on a range of items such as furniture, defibrillator and TV/Monitors for waiting rooms. The Practices and PPGs who do not fundraise felt that it was not appropriate to ask patients for money for items they felt the Practice should provide and some cited capacity issues.



Additional audit information

The audit covered a number of questions relating to governance and operational issues.

- All meetings but one takes place at the surgery and no PPG stated there were any issues with access.

- The majority of PPGs (n=17) have action plans in place which outlines their priorities for the year ahead.
- The majority of PPGs (n=17) have Terms of reference in place but recognise that they may need updating.
- About half of PPGs (n=11) have a code of conduct in place but recognise that they may need updating.
- The majority of PPGs (n=20) minute their meetings but minutes are not always shared with the wider patient population.
- The majority of meetings are bi-monthly, followed by quarterly. One PPG meets annually.
- The majority of practices (n=21) does not hold an Annual General Meeting.

6. Conclusion

The audit demonstrates that there is a good understanding of PPGs and their role within General Practice. The majority of Practices view PPGs positively and where PPGs are working well, they are a highly valued asset. Despite this, a significant number of Practices and PPGs felt they require more guidance and assistance from the CCG, particularly in terms of expectations and what activities are required of them.

The audit further identifies that Practices and PPGs may require significant support when starting up, followed by continuous support as members resign and staff changes. However, a key challenge relates to the recruitment and commitment of PPG members to increase and extend the current work programme.

Recruitment of diverse PPG members, who are representative of the Practice population, particularly in relation to age and ethnicity, but also in terms of disability, is a significant challenge for all Practices and PPGs. This may lead to missed opportunities within Practices to identify and address health inequalities for vulnerable patient groups, thus an effort to engage with this cohort should be made.

Communication with the CCG and the wider PPG network was identified as a concern for the majority of PPGs and Practices. Lack of information and sharing of ideas and best practice leads to PPGs working in silos and not being aware of the wider health economy in Bexley, in terms of developments, activities and engagement for instance, with Healthwatch Bexley and the wider voluntary sector.

The PPG network in Bexley has a unique position in capturing patient feedback and influencing services. This position can only be made more powerful by collaborative working, where common themes and issues are identified on a practice, locality and borough level, and brought to service providers and commissioners collectively to be addressed.

7. Recommendations:

There are a number of recommendations arising from this audit, some of which are aimed at the CCG and some which are aimed at Practices and PPGs.

Recommendations for Bexley CCG:

- 1) To appoint a dedicated person within the CCG as a point of contact and whom will work proactively with the PPG network to support PPGs in setting up, advice on recruitment, general guidance and regular visits
- 2) To proactively obtain patient feedback from PPGs to identify common themes and to create feedback loop to ensure accountability
- 3) Create communication channels with all PPGs to ensure information is shared on regular basis, e.g. regular PPG bulleting, show casing work etc.
- 4) Exit interview with PPG members who resign
- 5) Implement a Peer support model for the PPG network
- 6) Develop common Terms of Reference and Code of Conduct that may be adapted by individual PPGs
- 7) Create an Induction Pack for new PPG members

Recommendations for Practices and PPGs:

- 1) Encourage PPGs to be as independent and proactive as possible e.g. appoint a Chair person, secretary etc.
- 2) Identify recruitment needs and explore strategies to meet those needs
- 3) Hold induction meetings with new members and ensure Code of Conduct is in place
- 4) Ensure Terms of Reference/Constitution is in place
- 5) Proactive engagement with the wider patient population – this is even more important when the PPG is not representative of patient population
- 6) Interact with other PPGs to share ideas and best practice
- 7) Review membership annually to identify need for recruitment etc.
- 8) Escalate issues arising requiring support to the CCG

8. Reflections on the audit

Healthwatch is delighted to have been part of this audit and we are grateful to Bexley CCG for providing this opportunity to be involved. The audit has supported Healthwatch wider agenda, in terms of raising awareness of Healthwatch within primary care and building on

our existing relationship with Practices that we have created through the Enter and View programme.

The audit has further enabled Healthwatch to establish relationships with PPGs directly, which has resulted in a number of invitations and visits for Healthwatch to attend PPG meetings. This has provided an invaluable opportunity to meet the wider PPG members and to see how PPGs operate. It has further enable us to promote the work of Healthwatch and, importantly, to identify how Healthwatch and PPGs can work together to improve services for patients in Bexley.

The audits undertaken for each Practice is a useful benchmark tool that Practices and PPGs can use going forward, either as a self-assessment or through a peer-review. The audit tool may also be a helpful resource in preparation for CQC inspections, to demonstrate how Practices engage with patients and acts on feedback via the PPG.

The audit tool may further be used by the CCG to follow up on progress, identify challenges and continuous review of how they can support Practices in developing their PPGs.

Healthwatch is keen to continue to work with Bexley CCG and Practices to support the development of PPGs in Bexley, particularly in relation to undertaking patient engagement and how to develop PPGs from a volunteer perspective.

Healthwatch will continue to promote the work of PPGs during our community engagement programme to ensure patients and residents are aware of how they can be involved, influence and shape services in the future. We are particularly keen to promote the PPGs with our trained Bexley Mencap “Look and Listen” volunteers, who are a great asset to any service provider and patient forum.

Healthwatch further proposes to share this report with Healthwatch England and our colleagues at the CQC to showcase the positive actions taken in Bexley to promote patient engagement and involvement (with permission from the CCG)

9. References

National voices for patient participation in primary care (2017) *Healthy PPGs, Building Better Participation*. Available from: <https://www.napp.org.uk/healthyppgs.html> (Accessed 25 April 2018).

The Patients Association (2015) *Patient and Participation Group Information and Support Pack*. Available from: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/09/ppg-introduction.pdf> (Accessed 25 April 2018).