

Norfolk & Waveney PPG Evaluation

How can the ICB further support PPGs and Practices to
achieve success – September 2022

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Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: enquiries@healthwatchnorfolk.co.uk | Telephone: 0808 168 9669

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

1. At Healthwatch Norfolk we have five main objectives:
2. Gather your views and experiences (good and bad)
3. Pay particular attention to underrepresented groups
4. Show how we contribute to making services better
5. Contribute to better signposting of services
6. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

Why and How we looked at this

Healthwatch Norfolk was commissioned by the Norfolk and Waveney Integrated Care Board (ICB) to conduct an evaluation of Patient Participation Groups (PPGs) across Norfolk and Waveney and gather feedback to develop an understanding of what additional support the ICB can provide to help PPGs and practices be the most successful and develop further. We did this by conducting interviews with members of PPGs as well as members of staff at GP surgeries. Additionally, we conducted a public survey to gather feedback on general awareness of PPGs in Norfolk and Waveney and public opinion of what more they would like to see from PPGs.

Healthwatch Norfolk discussed the interview sample size with the Norfolk and Waveney ICB, with an aim to gather feedback from at least two GP practices per geographical region (Norwich, North, South, East, and West Norfolk, and Waveney). We gathered feedback from 21 individuals representing 11 practices across the region. From the public survey we received feedback from 1090 respondents covering 91 of the 105 surgeries in Norfolk and Waveney.

From the interviews and public survey Healthwatch Norfolk were able to identify themes surrounding the additional support that PPGs and practices felt would be beneficial to them to develop their PPGs further and be the most successful.

What we found out & What this means

From the questions we asked in the public survey we found that most of those who answered (66%) were unaware of the PPG at their local GP surgery, furthermore, some told us that they were unaware of PPGs in general, having only learned about them from our survey. Over half 58% (634) of all respondents told us that they did not know how to contact their PPG. Unsurprisingly most of those who did not know of their PPG told us that they did not know how to contact them. 71% of all respondents told us that what they would like most from their PPG and practice is for them to share more news about the surgery, the PPG, and its work, closely followed by collecting patient feedback (56%).

Public awareness of PPGs linked closely to what we heard from interviewees, who felt that the promotion of and, by extension, recruitment for PPGs was an area that needed additional support. PPGs are made up of volunteers, typically, they aren't very diverse and lack younger patient representatives. Those we heard from told us that PPGs have always struggled with recruiting more members and becoming more diverse and representative of their patient populations.

This has since become even more difficult post-pandemic, with many groups having lost members, due to being unable to meet remotely. Whilst some PPGs attempted to carry on through this time using digital methods, for many this option was not feasible or favoured. With help from their practices some PPGs have been able to regain numbers and begin to include younger volunteers, and in one case explore alternative methods from the traditional PPG committee format.

However, for most recruitment is still difficult and improving promotion and communication of PPGs and their work could aid in this. Additionally, more available materials and guidance on how best to run PPGs would help with developing PPGs to be suitable for more groups, such as younger working patients.

Another area in which interviewees felt that there could be more support was in the recognition of PPGs by practices, the ICB, and the wider health care system. For some we heard from there were concerns that PPGs were seen as 'free labour' and a 'tick box' exercise for practices. Additionally, some felt that their practices did not act on the feedback provided through the PPG. From those we heard from it was clear that, where practices and PPGs worked well together, there were benefits for both the practice and the patients. A better understanding of PPGs, their role in the primary care system, and the work they do for both patients and practice could help towards improving practice recognition of PPGs.

Additionally, those we heard from felt that there could be better recognition at higher levels, particular at the primary care network (PCN) and ICB levels. Some suggested that a PPG 'Champion' at the ICB would be beneficial as a point of contact for advice, guidance, and someone to feedback wider/bigger issues to.

Finally, interviewees commented that they would like to see support in the form of a larger meeting of practices and PPGs, this way they would be able to share

best practice, learn from one another, and identify larger issues affecting the health care system. Several of those we heard from mentioned that such 'forums' had previously existed before the Covid-19 pandemic but had since been left in a state of limbo.

Revisiting and reintroducing these larger forums, with guidance from the ICB, could provide value for practices and PPGs in achieving success. These could be based on the geographic PCN areas of Norfolk and Waveney, or could be a larger county wide forum for all practices and PPGs.

Recommendations

As a result of this feedback we have made several recommendations regarding the additional support that the Norfolk and Waveney ICB could offer to PPGs and practices.

For the Norfolk and Waveney ICB

1. Promotion, Recruitment, and Communication – to advise on best practice for communications, develop template materials, and help in the design of promotion and recruitment campaigns.
2. Forums – to revisit and assess the reintroduction of larger PPG forums for all practices within a PCN or for the whole of Norfolk and Waveney, providing initial assistance in hosting/running of these meetings.
3. Recognition – to improve recognition of PPGs in primary care through the development and sharing of materials detailing the purpose, scope, and value/benefits of PPGs to both professionals and members.
4. Evidence – help practices evidence that suggestions and actions are taken forward so this can be relayed back to PPGs and ensure that there is a mechanism for escalating and actioning suggestions.
5. ICB Contact – investigate the possibility of having an ICB PPG 'Champion' as a point of contact for practices and PPGs to help advise and guide where possible.

For Practices and PPGs

1. Communication – collaboratively relay information to the wider patient population through patient newsletters and other platforms such as the surgery website, social media, and alternative options for those unable to access online services.
2. Support – practices to help PPG members understand the role of their PPG at the practice and to be clear with members about escalation processes and what happens to actions that arise from PPG meetings.

As a part of this work Healthwatch Norfolk have developed a toolkit for PPGs with advice and guidance for establishing and running successful Patient Participation Groups. This toolkit also contains various template documents for PPGs to use and reference for their meetings. The toolkit can be found on the Healthwatch Norfolk Website.

Why we looked at this

As of January 2003, all NHS bodies have had a legal duty to involve and consult the public about the running of local health and care services. The Health and Social Care Act (2012) established new organisations that have a key role in implementing the act to give patients more say and greater involvement in care and treatment decisions in the new healthcare system. These include organisations such as local Healthwatch, and NHS England.

There are 105 GP practices across Norfolk and Waveney (Norfolk and Waveney Integrated Care System, 2022), and since April 2016 it has been a contractual requirement for all GP practices in England to have a Patient Participation Group (PPG). PPGs are made up of a group of volunteer patients, carers, and GP staff (typically the practice manager) who meet on a regular basis to discuss practice services and how improvements can be made to benefit both the patient population and practice (The Patients Association, 2022).

PPGs act as an additional link between a practice and its patients to provide patient voice as well as a mechanism for sharing information to patients and feedback to the practice. A PPG can act as a critical friend to their practice, provide patient perspective, promote self-care among patients, improve communications, influence development of services, and liaise with other organisations (Wilkie, 2016). Additionally, as representatives of patients' views, PPGs play a role in inspections of their GP practice; the Care Quality Commission (CQC) work with and speak to PPGs when they perform their inspections to ensure that a practice is engaging with service users, staff, and the public (CQC, 2022).

In more recent times, and due to the effects of the COVID-19 pandemic, PPGs have had to adapt from the traditional format they once followed, with many moving to remote ways of working and conducting meetings online. In some cases, PPGs ceased to function altogether. For PPGs, there is no set way in which they work, how a PPG functions and its aims will depend on the local needs of the practice; however, the aim of any PPG is making sure that the practice puts the patients and improving population health at the heart of all that it does (The Patients Association, 2022).

As a group PPGs should, as far as possible, be representative of their local patient population and it's needs, ensuring that the patient voice is listened to by the practice (Norfolk and Waveney ICB, 2022). However, it is acknowledged that it is always going to be difficult for a PPG to get a group that exactly reflects the demographics of a local population as volunteer roles typically attract those with certain levels of free time, flexibility around work, and confidence (Norfolk and Waveney ICB, 2022). It is therefore important that PPGs reach out and interact with their wider community and strive to make sure that all voices are heard.

The Norfolk and Waveney Integrated Care Board (ICB) commissioned Healthwatch Norfolk to look at and evaluate PPGs, in Norfolk and Waveney, by engaging with PPG members, Practice staff, and the public, with the goal of developing an understanding of what additional support that the ICB can provide to help PPGs and practices be the most successful and develop further.

Healthwatch Norfolk designed a set of questions to form discussion guides to be used in conducting interviews with both GP practice staff and PPG members. Additionally, Healthwatch Norfolk developed a separate set of questions that formed the basis of a public survey to gather varied and alternative points of view.

From the public we wanted to know:

- If people knew about PPGs and the one at their local surgery.
- If people felt that they were, or wanted to be, involved in decisions that affect their surgery.
- What information was available to them about their PPG and what they would contact them about.
- What impact their PPG had on their surgery and what they would like to see more of from them.

From PPG members and Practice staff we wanted to know:

- What their PPG does well and if there was anything that they felt their PPG could do more of.
- Where they would seek support for setting up or managing their PPG, and if they knew what support was available to them.

- How their PPG works and how the COVID-19 pandemic affected them.
- If they felt representative of their patient population, and how they typically recruit members.
- How their PPG supports their practice, and how the practice supports their PPG.
- What further support they felt they would benefit from, and how the ICB could support them to be the most successful.

The feedback we received helped us to identify themes around public knowledge and awareness of, not only their PPG, but PPGs in general as well as identifying areas that the PPGs and practices felt they needed further support for to help them improve and be successful.

The feedback of the public survey and interviews is evaluated in section 3 of this report.

How we did this

Methodology

The project aimed to collect views and feedback to evaluate PPGs in Norfolk and Waveney and develop an understanding of how PPGs are currently working and what further support they and practices need to be successful. Feedback was gathered through a public survey, and through structured interviews with PPG members and Practice staff.

The target audience of this project are all residents of Norfolk and Waveney accessing health care services, specifically general practices, members of patient participation groups, and practice staff, including but not limited to administrators, practice managers, GPs, nurses, and health care assistants.

Practice staff and PPG Members

To obtain in-depth information and views regarding how PPGs are currently working in Norfolk and Waveney, as well as views on how practice staff and PPG members can be better supported to be successful, Healthwatch Norfolk conducted one-to-one structured interviews via teams, phone calls, and in person conversations. This allowed for more detail to be collated through open-ended responses from participants and allowed participants to openly discuss their views on their PPG. Interviews varied in length from 20 minutes to up to an hour depending on the participant's experience of being involved with the PPG.

Sample Size

Healthwatch Norfolk discussed sample size, regarding the structured interviews, with the Norfolk and Waveney ICB. The aim was to interview PPG members and/or practice staff from at least two GP Practices from Norwich, North, South, East, and West Norfolk, and Waveney each. For North Norfolk, South Norfolk, and Norwich we interviewed two practices each, East Norfolk and Waveney one each, and three for West Norfolk. Where interviews could not be conducted due to scheduling conflicts and where PPGs were not due to meet until after the data collection period, questions were emailed to Practice managers and PPG Chairs to be completed and returned.

Participant Involvement and Consent

Healthwatch Norfolk Community Development Officers engaged with practice staff, in their geographical areas, to identify GP practices and PPGs that were keen to be interviewed and provide feedback for this project. In addition, Healthwatch Norfolk worked with OneNorwich to identify and connect with practices within Norwich.

After introductions were made with the Healthwatch project lead, practice staff and PPG members who expressed an interest in participating in the project consented to being contacted to talk about their views in more detail. Participation in interviews was voluntary and participants had to give their explicit consent for their answers and views to be shared in this report anonymously.

Interview Data Analysis

Interview transcripts were analysed using qualitative methods and thematic analysis in NViVO and the themes are reported in section 3. A copy of interview questions for Practice staff and PPG Members can be found as Appendix 1 & 2.

Public

To gain a broader understanding of public awareness of PPGs, their own PPG at their practice, and the role of PPGs in general, Healthwatch Norfolk developed a survey. An online survey was deemed the best way to collect information to allow for as wide a reach as possible and ensure consistency and ease of analysis. This survey was available online through SmartSurvey and in paper form. There was also the option to call Healthwatch Norfolk so that surveys could be completed over the phone, to allow those who were digitally excluded the opportunity to provide feedback.

All responses (n=1,090) came from members of the public completing the survey online which ran from 31st May 2022 to 22nd August 2022.

Sample Size

As the public survey was entirely voluntary, and members of the public chose to provide feedback, a sample size was not set. However, Healthwatch Norfolk developed a comms plan to reach as many people as possible.

Participant Involvement and Consent

To encourage participation, in the public survey, Healthwatch Norfolk developed a range of promotional materials which were then distributed through Healthwatch

Norfolk's well-established network with a goal of reaching as many individuals, and groups, as possible, including those seldom heard. Healthwatch Norfolk promoted the survey through posters and paper copies, social media posts, awareness videos, a dedicated webpage on the Healthwatch Norfolk website, and in the Healthwatch Norfolk newsletter. Additionally, Healthwatch Norfolk worked with the N&W ICB to promote the survey on GP websites via FootFall, from which 73% of respondents heard about the survey, as well as on the ICB website itself.

Participation in the survey was entirely voluntary and anonymous, however, to complete the survey participants had to consent for their answers and feedback to be shared in this report. Should participants have wanted to leave additional, or more in-depth feedback on other areas of health and social care in Norfolk and Waveney the survey advised contacting Healthwatch Norfolk at: enquiries@healthwatchnorfolk.co.uk, or via telephone.

Survey Data Analysis

The survey was comprised of a range of questions (including multiple choice, closed-ended, and open-ended); therefore, analysis was broad to reflect this, and results and comments are reported on in section 3. To ensure originality any comments used as direct quotes in this report have been left unchanged, only names have been removed to keep anonymity. Percentages in this report are rounded to the nearest whole number.

A copy of the survey questions can be found as Appendix 3.

Additionally, we collected demographic data to better understand the reach of this survey, help us make sure that we engage with people from different backgrounds and that we understand the needs of different groups in our community. A summary of this demographic data can be found as Appendix 5.

Limitations

In some cases, interviews were not possible where practice staff were unable to schedule in an appropriate time due to workload, or where PPG members were looking to schedule around PPG meetings, but these were after the data collection timeline had ended. Where interviews could not be conducted copies of the interview questions were provided to allow practice staff and PPG members the opportunity to respond and give their views.

Posters and paper copies of the survey were made available at a small number of locations, the limitation for this format was that it would not be economical or practical to provide posters and paper copies of surveys to all 105 GP practices across Norfolk and Waveney.

The reach of using FootFall to promote the survey resulted in responses from 91 of the 105 GP practices in Norfolk and Waveney. However, it was only after the survey had been closed that Healthwatch Norfolk were able to analyse and identify that surgeries with no-responses were specifically those that did not use FootFall for their GP website.

What we found out

Survey Results

Please note that questions were not compulsory so the number of responses will vary by question.

Who we received responses from

The survey received 1090 responses which make up the following analysis. We received responses from patients at nearly all doctors' surgeries in Norfolk and Waveney. The full list of surgeries and the number of responses for each one can be found in appendix 4.

Most respondents told us they:

- Were aged 56 to 75 (59%, 611).
- Were female (65%, 699).
- Were White British / English / Northern Irish / Scottish / Welsh (91%, 983).
- Did not consider themselves to have a disability (67%, 720).

For more detailed information regarding the demographics of respondents see appendix 5.

Involvement in decisions

Most people who answered our survey told us that they did not feel involved in decisions that affect their doctors' surgery and the way it is run (93%, 1010).

Of these people who did not currently feel involved, 56% (569) told us that they would like to be involved and a further 35% (352) told us they were not sure. Of those who told us that they did feel involved, 57% (43) told us that they would like to be involved.

We are aware that PPG members typically are older patients, therefore as displayed in Figure 1. It is worth noting that there was no particular difference between those who were under 46 compared to those aged 46 or over and their interest in being involved in decisions that affect their doctors' surgery and the way it is run.

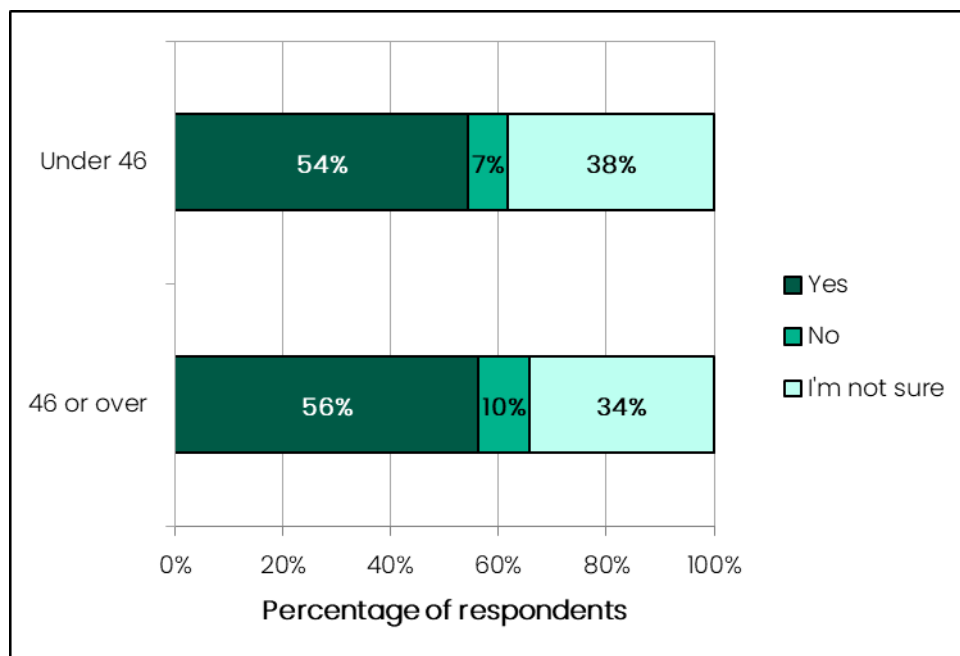


Figure 1. Responses to the question 'Would you like to be involved in making decisions that affect your doctors' surgery and the way it is run?'.

Awareness of PPGs

Most respondents to our survey (66%, 716) told us they were unaware of the PPG at their doctors' surgery. Only 4% (39) of respondents told us that they were involved with their PPG as displayed in Figure 2.

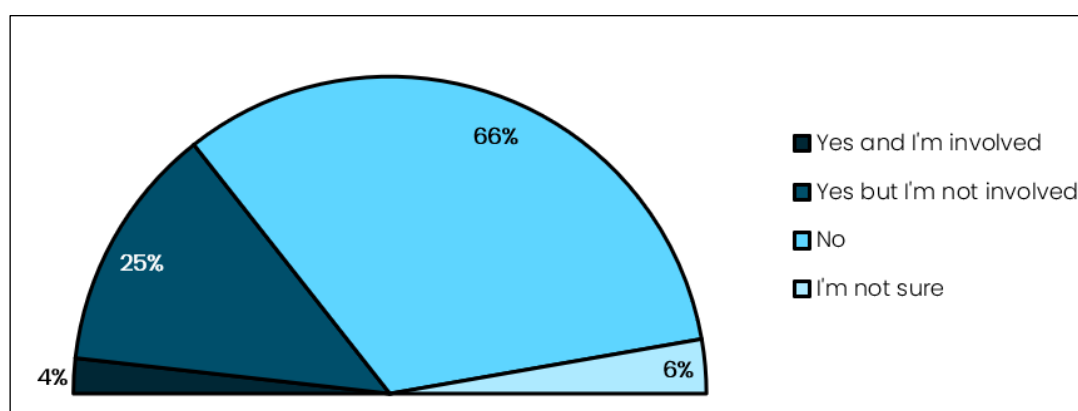


Figure 2. Responses to the question 'Are you aware of the PPG at your doctors' surgery?'.

This lack of awareness was reflected in other responses throughout the survey with some patients telling us that they *“didn't even know there was such a thing as a PPG. never mind what it does or how to get involved”*. This suggested to some respondents that *“this should be more advertised when visiting the doctors”*.

Figure 3 displays that over half of respondents who were aware of the PPG at their doctors' surgery, but not involved with it, were not sure if their surgery provided any information on joining their PPG, the work their PPG does, or how to provide feedback to their PPG (53%, 146).

Even though most of those involved with their PPG were aware of their surgery sharing this information, on joining their PPG (62%, 24), the work their PPG does (41%, 16), or how to provide feedback (36%, 14), a quarter of those who are involved were not sure what information was available or being shared (26%, 10).

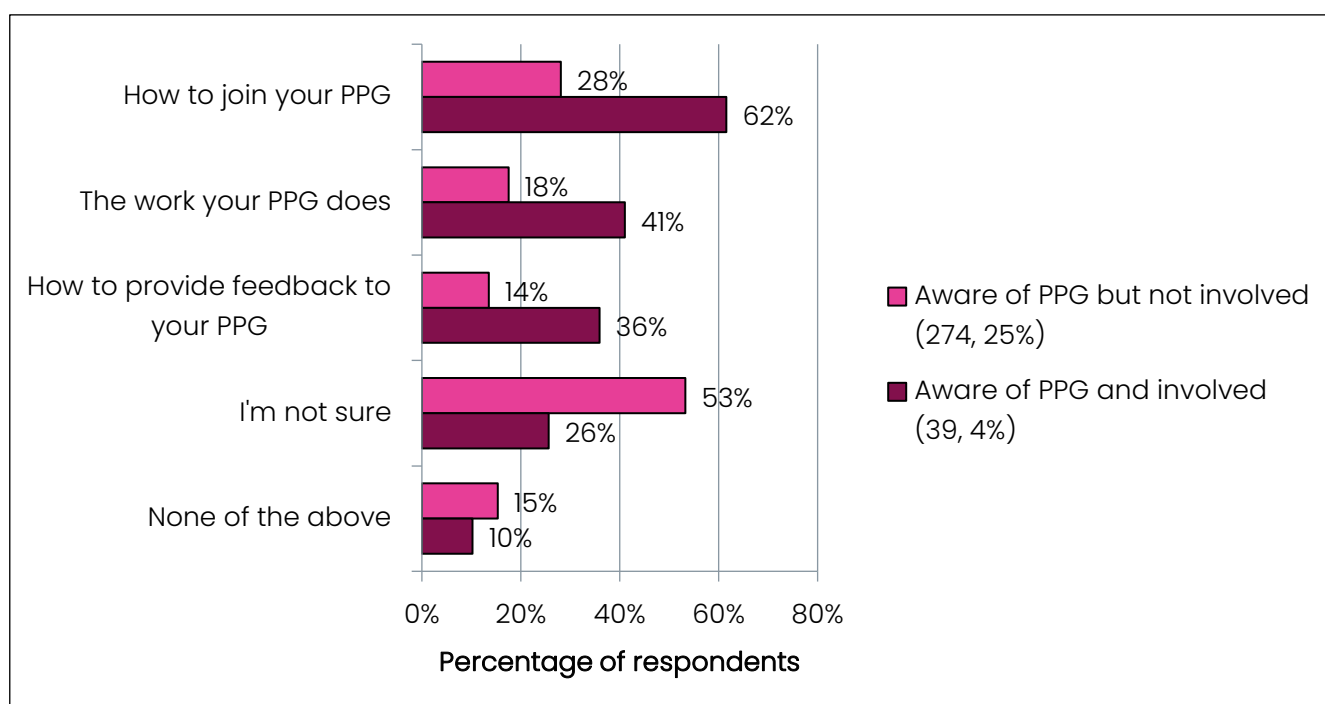


Figure 3. Responses to the question 'Does your surgery provide information about...'. Respondents were able to select more than one option.

This lack of awareness of what information was shared about PPGs was also reflected in open ended responses, one respondent noted that *“I have zero knowledge of the PPG initiatives and projects that was accomplished and ongoing”*. This suggested that communication around PPGs to patients could be improved for example:

- Knowing *"if the PPG still meets, frequency and dates so that I could feed comments in"*
- Knowing *"what was going on and [...] events being organised or having taken place"*.
- Knowing *"more about what my surgery's PPG does - via something emailed directly"*
- Ensuring that information is shared for patients who rarely attend the surgery: *"perhaps more a more routine contact with all patients. I rarely visit my surgery so do not see any information"*
- Ensuring that patients *"know who are the PPG, what they do and how to contact them"*

Of those who were aware of their PPG or involved, only 9% (29) told us they were aware of changes made by their PPG. Most of these were people who were already involved in their PPG (62%, 18).

These changes included:

- Involvement in patient engagement, communication, and sharing information for example *"assisted with getting emails and information out to patients"* and *"patients with a cancer diagnosis are now given a pack with information regarding services available to them"*.
- The purchasing of new equipment for example new cushions or chairs in waiting rooms and *"COVID vaccination fridges"*.
- Improving the accessibility of the surgery including making the *"surgery more dementia friendly"* and *"better access to the surgery for working people, appointments outside working hours"*.

Contacting PPGs

The most common reason that patients told us they would contact their PPG was to provide feedback about their experiences with 31% (337) of respondents choosing this option. Unsurprisingly, most respondents who were not aware of their PPG told us they did not know how to contact their PPG (67%, 481).

Figure 4 displays the reasons that patients, who are aware of or involved in their PPG, would contact their PPG. Again, the most common reason to contact their

PPG, for both groups, was to provide feedback, 33% (90) for those aware but not involved and 64% (25) for those involved with their PPG. Interestingly 41% (111) of those who were aware of their PPG but not involved did not know how to contact them.

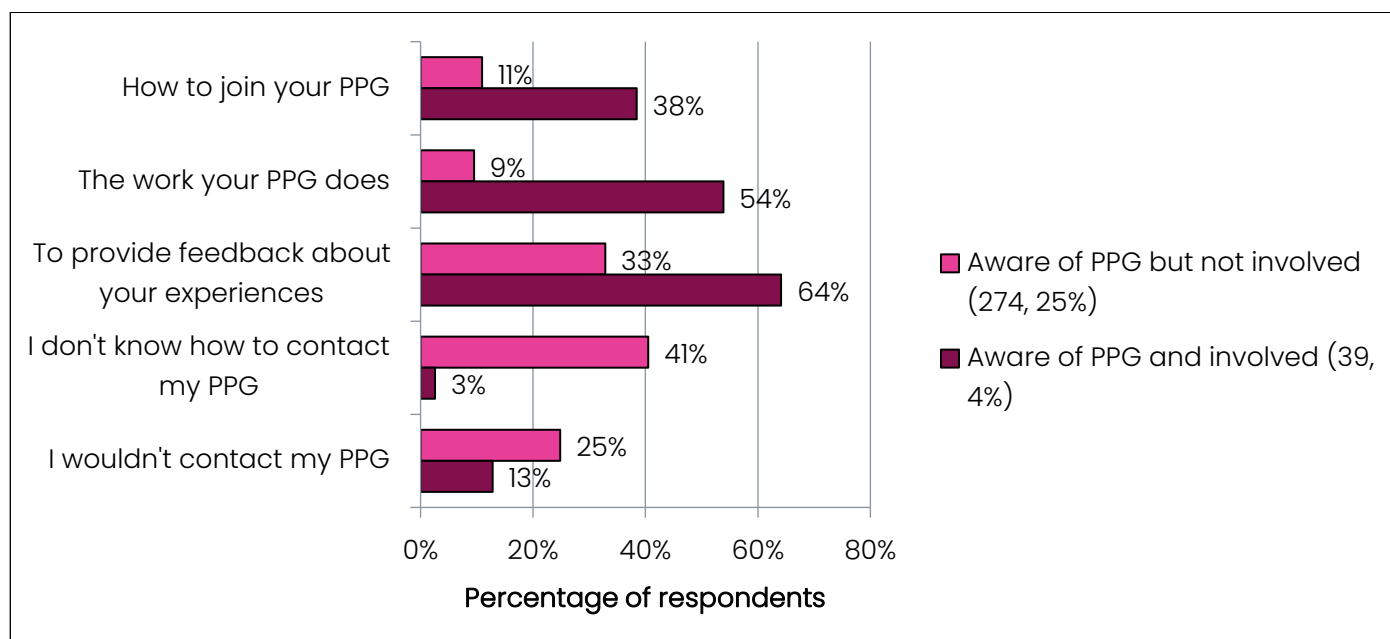


Figure 4. Responses to the question 'Would you contact your PPG about any of the following?'. Respondents were able to choose more than one option.

At the end of our survey respondents were given the opportunity to leave any other comments about the PPG at their doctors' surgery. We heard from some that they had tried to contact their PPG to get involved and that they did not receive a response, for example: "I did apply to join many months ago but never heard back from them". Similarly, another patient who tried to join their PPG shared a lack of communication from the group:

"I received one message the day before a meeting about attending which was too short notice. I have heard nothing since. As a patient with a chronic health condition and a retired nurse, I felt I had something to offer."

Leaving feedback

We also asked patients how else they would like to leave feedback other than contacting their PPG. As Figure 5 displays, the most common response was

'using the surgery's online form' with nearly half of respondents saying they would choose this method (49%, 531).

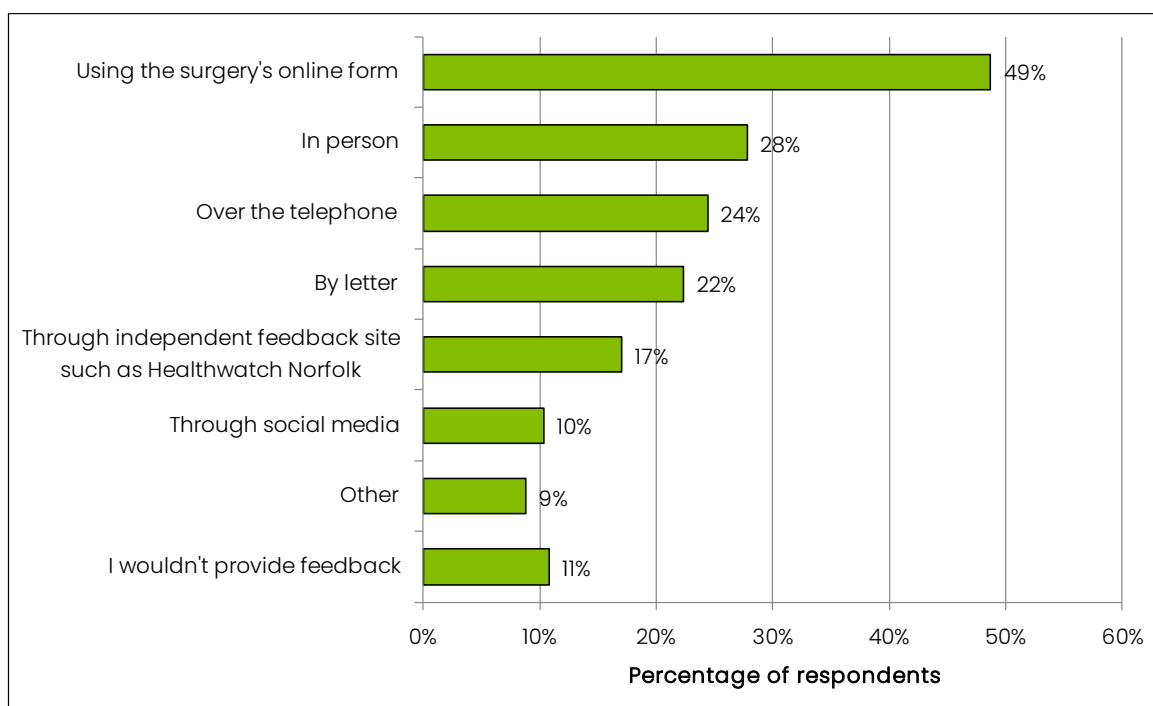


Figure 5. Responses to the question 'Other than contacting your PPG, how would you provide patient feedback?'. Respondents could choose more than one option.

'Other' responses included answers such as email, contacting the practice manager directly, and the formal complaints route. Other patients said that they did not realise they could leave feedback or know how to leave feedback.

In addition to this some said that they did not feel that it would have any impact or that they had been dismissed in the past. These sentiments were somewhat reiterated in answers to 'any other comments' about PPGs. Some respondents noted that they felt that the doctors' surgeries or Practice Managers could seem "reluctant to engage with patients who try to join it [the PPG]" or with patient feedback more generally. For example, with one member suggesting that they "never felt the commitment was genuine and now it just seems a chaotic tick box exercise". This is also illustrated in the following extract:

"I joined my PPG in 2019 along with 3 other new members. It was a dispiriting and frustrating experience. One example: When we made suggestions to engage and communicate with fellow patients (email address, suggestion box, newsletters etc) they were rejected as being

inappropriate, unnecessary, impractical or too expensive. None of the group's ideas or suggestions were ever carried forward but were blocked by the representative of the surgery. 15 months later all 4 of the new members had resigned, along with 3 others in the group. "

What should PPGs do more of

Of the 1090 respondents, when asked what they felt their PPG should do more of; most patients told us that they wanted them to share news about the surgery with patients (71%, 774). This was followed by collecting patient feedback (56%, 607).

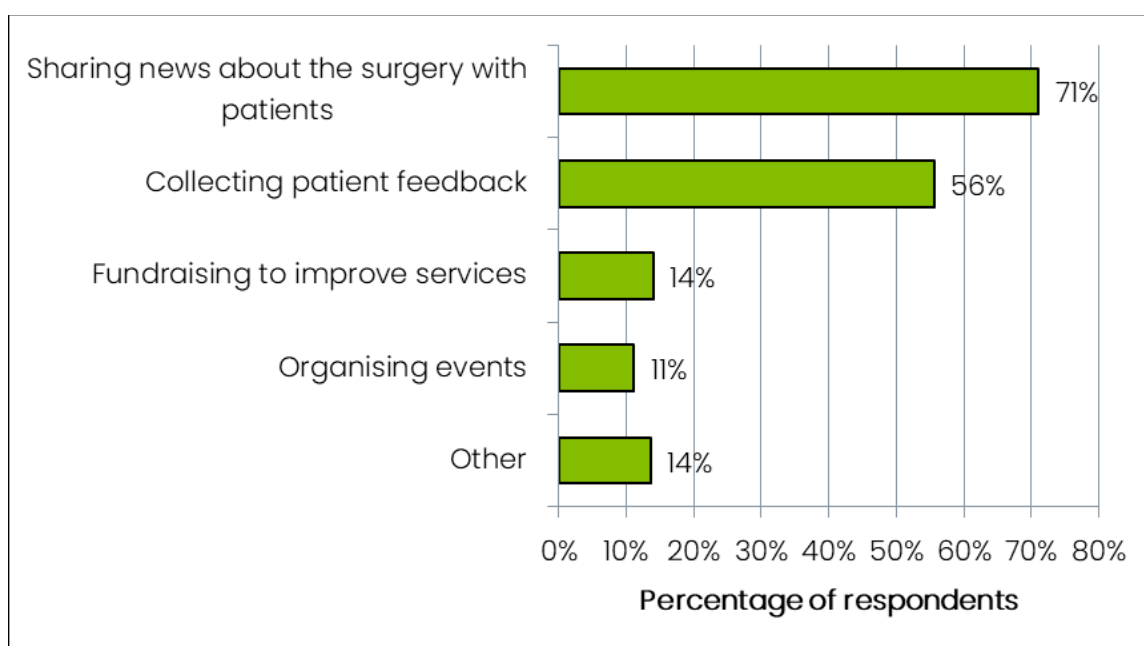


Figure 6. Responses to the question 'What would you like to see your PPG do more of?'. Respondents were able to choose more than one option.

Other responses included:

- The biggest response was that the PPG should do more to improve or increase services for patients. This included the introduction of new services but also many responses mentioned how they wanted more access to doctors' appointments or more efficient ways of booking appointments.
- Improve PPG communication with patients and the local community to ensure that patients feel that their voice is heard. For example: *"communicate better. I didn't know they existed until doing this survey"* and

“contacting patients quarterly with updates on improvements made to service and future works in line with patients feedback collected”.

- More transparency about the current situation that their doctors’ surgery is facing: *“Exploring together the real situation our practice is in – the realities of finances, local arrangements & so on”.*
- Some patients shared that they were not sure what they could do or that they felt a PPG would not have an impact on services at their doctors’ surgery for example:

“The idea of a PPG is laudable but I fail to see how any practice can improve in the current environment of staff shortages and burnt out disenchanted staff who do their best in very difficult circumstances. They need medals not feedback.”

Survey results: PPG members

Only 4% (39) of respondents told us that they were involved with the PPG at their Doctors’ surgery. Of these:

- Most PPG members who answered our survey were patients at different surgeries.
- Only 54% (21) shared that they felt involved in decisions which affect their doctors’ surgery and the way it is run.
- Only 49% (18) told us that they were aware of any changes that the PPG at their doctors’ surgery has made.
- Over a quarter (26%, 10) were not sure if their doctors’ surgery provided information about joining the PPG, the work their PPG does, or how to feedback to their PPG.

Interviews with Practice staff and PPG Members

We heard from 21 individuals from a total of 11 GP practices across Norfolk and Waveney regarding their experiences with their PPG, how they work, what support is available to them, how their PPG works together with their practice, and what further support they felt that their practice and PPG could benefit from. These

responses were gathered from 17 PPG members and 4 members of practice staff (Practice Managers) with a range of experience with their PPG, with some being relatively new to their PPG and others being long serving members or staff.

Current state and work of PPGs

We asked PPG members and practice staff to tell us about their PPGs, how they are currently operating, and what work they would typically do at their practice and in their communities. All respondents told us that they typically had committee meetings held between members and practice staff at their surgery, the frequency of which varied from practice to practice but most commonly, of those we heard from, their PPGs would meet every 2 months prior to the Covid-19 pandemic. Post-pandemic these groups have since looked to return to previous frequency of meeting, one member told us that once lockdown had been lifted, they *“resumed meetings as soon it was practicable.”*

Aside from the PPG committee meetings there was a wide range of work that PPGs did for and with their practices as well as their communities. One practice manager shared with us that their PPG was now *“starting to punch outside the normal sit around and have a biscuit and a cup of tea and moan about the surgery”* becoming more independent and getting more involved with their practice, *“contributing and being a critical friend”*.

One member told us how their PPG committee supported their surgery with *“campaigns to reduce missed appointments and reduce the routine ordering and stockpiling of medication”*, another told us that they *“get involved with CQC visits. [...] National Association of Patient Participations, we get involved with any of their surveys. Integrated care services, they send us Have Your Say surveys and I send that out to all the members.”* Members also told us how their PPGs were involved in fundraising activities for helping with improvements to their practices.

North Norfolk PPG activities

One member of a North Norfolk PPG that we spoke with told us about all the work they did for their practice and local community.

- *“raised funds of £2000 through donation and quiz night”*
- *“started a “walks from the surgery” group”*

- *“secured a qualified trainer for gentle exercise classes in the community centre”*
- *“During Covid19 we had a group of marshals that supported all vaccination clinics”*
- *“volunteer drivers supported delivery of groceries from the village shop and delivery of medication from the dispensary.”*

Additionally, PPG members told us about how they worked with others in their local community. One member told us how they used to run a raffle from their surgery, to raise funds for equipment, but have experienced a decrease in footfall following the pandemic, *“so good old Tesco’s have let us have a stand outside there and we just raised £350 recently, which was great.”*

We also heard how some of the PPGs worked to help patients directly, one member told us that by *“linking with patients in the immediate [village] community”* they could head off *“misunderstandings and concerns where they existed.”* Another PPG told us that they *“support patients wherever we [the PPG] can, whether it be not understanding the new appointment/phone in system or new staffing.”*

An important element for any PPG is the communication between the group and its practice, all but one of the PPG members we heard from felt that there were good levels of communication both from the PPG to the practice and from the practice back to the PPG. *“It’s excellent. We couldn’t fault that at all. As I say, at our monthly meeting always one of the managers always comes to that.”* In addition to practice managers attending the PPG meetings some of those we spoke to said that other members of the practice would, on occasion, also attend their meetings. One member told us that *“the lead GP usually comes to the first part of our meetings. He gives his report, and he takes questions and gives answers.”*

“Communication is very good. We have a named contact, keeping us in the loop and who also attends meetings.”

The Practice staff we heard from shared this sentiment of good two-way communication with their PPGs, with some telling us that they felt that communication is something that their PPGs do really well, *“They communicate*

well together and make a good team." One practice manager told us how they valued the communication from their PPG and that they would *"provide a sense check that what the surgery is doing is the best practice for patients"*, and that equally the practice was able to provide *"an explanation as to why the surgery sometimes is obliged to follow a specific course of action"* so the PPG could *"feed this back into the community."*

One PPG member we spoke to also told us about the important role their PPG plays in communication with the local patient population. In their experience this had previously been done on *"a one-on-one basis as people [PPG members] are aware of other people who are patients of the surgery"*. As a group they are exploring the best ways to reach more of their community, *"we've re-designed and reloaded our Facebook page on behalf of the surgery"* but made clear that as a group they are an additional route of communication with the surgery and not a replacement.

Personal stories:



"What we're not doing is replacing a healthy communication between patient and surgery. That's not the role. We steer away from that. Because the relationship's primarily between a patient and a surgery. However, if there are issues that patients wish us to raise on their behalf, they do filter individuals to the PPG."

PPG member from Norwich



Impact of Covid-19

We also asked how the Covid-19 pandemic impacted the operation and general work of their PPGs. Unsurprisingly, most members told us that their meetings were no longer able to continue as they would have and for some *"during COVID, it [PPG meetings] completely stopped."* This was echoed by the practice staff with one practice manager telling us, after they recently joined their practice, upon asking about the PPG that *"it had all been suspended because of Covid."* Due to the inability to successfully meet, and subsequent inactivity, one participant told us how *"towards the end of COVID, people who are running it [the PPG], the chair and his wife, who was the secretary, disbanded it."*

For some PPGs the pandemic also had an effect on the number of members their group had. One participant told us that their PPG *“used to have about 12 members before covid and meetings were well attended but now we have 3”*, and another how theirs had reduced to 4 members following the departure of their practice manager. Others noted that the decline in their numbers was also attributed to ill health *“shortly before the pandemic”* and recruiting new members during the pandemic was difficult.

“Covid hit us really hard. We had a meeting March 2020 and then vroom, everything went like it does with everybody.”

Despite the challenges presented by the Covid-19 pandemic many PPGs looked to continue their meetings as best as they could through alternative means, such as hosting online teams/zoom calls with members, although this itself was not without challenges. One practice manager told us when they asked *“Well, can we not get everybody together on Teams?”* they were *“laughed at because of the age group.”* Despite this they wrote to their PPG members and had *“all but one come back and say they'd give it a go.”*

However, many of the various PPG members we heard from told us that, despite trying online and virtual meetings, *“this was not popular and cannot be deemed successful.”* One member put this down to the typical demographic of their PPG telling us that *“the kind of people we have in the village who are interested in the group are not necessarily so computer literate that they can have a meeting online.”*

Personal stories:



“Pre-covid we would meet every 2 months face-to-face. During covid we tried virtual meetings which were not a success, with poor connections so we gave up and they lacked dynamics.”

PPG member from South Norfolk



Even though many PPGs struggled to continue meeting and working through the pandemic, we heard from both members and practice staff how PPGs provided “outstanding” levels of support to their practice. One practice manager told us that their practice *“truly would not have been able to administer the Covid 19 vaccination programme without their [the PPG’s] help and assistance.”* A PPG member from North Norfolk told us about how their practice reached out to them *“to be involved with the volunteers for the vaccination centre”* and their PPG *“coordinated the volunteers and we had [...] 56 volunteers on the books. Some of those were PPG people, some of them weren’t”* and *“did over 70 sessions of vaccinations.”*

As well as the PPG supporting the practice through the Covid-19 pandemic, practices have supported their PPGs, ensuring that PPGs had the chance to meet online where possible and practicable for the members. Where PPG members numbers have declined one participant told us how meeting minutes *“have been taken by a practice employee so that we do not have to have a nominated secretary which would be difficult to provide.”* For one practice a PPG member noted that even though their *“surgery has been exceptionally challenged in this period”* they *“did well keeping in touch”* so that the PPG has *“successfully re-established and have new members attending.”*

Personal stories:



“I think convening through Covid, given their age; so the main obstacles was technology, and obstacle with fear and illness. I think they’ve been brave. And we got them, as soon as we could, around the table to meet. And then made this step into independence.”

Practice Manager from Norwich



What is working well

When asking PPG members and practice staff what work their PPGs did, we also wanted to know from them what, in particular, they did really well. The PPGs we heard from, that had more members, told us they felt that they had a *“good mix of skills”* and said of their members that *“everybody here has come from a totally different background. Everybody has value and is able to contribute based on where they’ve come from”*.

Several we spoke with, both members and practice staff, praised the efforts and work the PPGs put in to aid Covid-19 vaccination clinics, as well as the communication between each other and the wider patient population, *"We did all the outside marshalling. We did all the cold bits in all weathers. And I think just sort of generally, just communicating."* Additionally, that PPGs did well to talk *"openly about issues (even in the presence of the Practice Manager or Senior Partner)."* One member noted that post-covid their PPG members have started *"actually saying what we want"* in an effort to improve their practice resulting in the practice changing the phone system and waiting message, *"They have a new telephone system. They have a very short message at the beginning, which is very pleasant. So, we feel we've won there."*

"We give practice 100% support, doing surveys, meet with patients, work well together."

Members of one PPG that we heard from told us they felt they supported their practice well as *"members of our group helped carry out surveys and interviews with the CQC."* But also that their PPG helped organising an open day, *"One of our greatest achievements was we helped with the practices open day in June 2017"* and had *"a huge success"* with a *"permanent, changing art exhibition"* off the back of the open day.

What more can be done?

Of those we heard from most told us about the positive relationship between their PPG and their practice. However, even those with a good relationship noted that there were some areas of both PPG work and practice involvement they felt could be improved. Many of the PPGs felt that there is a need for improvement in their recruiting and representation of their wider communities which is shown in more detail later in this section.

There is some work to be done in confirming the role and scope of a practice's PPG. One PPG member we heard from told us how their group *"have been established many years"* and *"are pretty active"* however, they added that this was *"when permitted to do so as the Practice does not always agree to our proposals."* There, therefore, is also a need for practices to cooperate with the activities of the PPG as the member noted that they would like to do *"more fundraising but need cooperation of the practice."*

Another PPG member we heard from told us that their group would like “to participate to a greater extent”. So, their chair and practice manager are discussing “about the flu vaccines and about what role the PPG can play in terms of facilitating that process”.

Personal stories:



“We're just about to start up, in September [...] we're looking at health awareness campaigns. So following some of the national campaigns. So for September, we're looking at men's health.”

PPG Member from North Norfolk



Another key area that some participants noted there could be more done around was communication. Whilst communication between most PPGs and practices was good, there were some we heard from who found that the communication was minimal. One practice manager reported that PPG members “only communicate around meetings”, and a PPG member from another practice told us that “They [their practice] don't [communicate] apart from attendance at Committee Meetings by the Practice Manger [sic], who gives reports which go over the head of some members.” One PPG member told us that they would like for there to be “more interaction with surgery staff and more communication from them.”

In some cases, we were told by both PPG members and practice staff that they would like there to be more involvement and interaction with the wider patient population. Two PPG members from different practices told us that they would like to “meet with patients more” and in general “have more interaction with patients” as one “found that people were willing to talk – even if they were worried about going in to see a clinician.”

Some members felt that their practice needed to get more involved with patients with one PPG member telling us how they suggested to their practice manager that they “go and sit outside in the waiting room for a bit” to understand patient perspective better. Equally some practice staff felt that their PPGs needed to have more involvement. One practice manager we heard from

told us that their PPG *“has been running for a long time with the same members”* but felt that *“over time they have actually engaged with patients less and less and seemed to be reluctant to engage with them.”* Something that they would like to see their PPG do more is to *“speak to patients”* more and *“be a presence in the Practice.”*

“We have recently provided several items to the surgery including two infomercial screens – which we do not feel the practice is using correctly to inform patients of who, what and where.”

Finally, some members told us that they would like to see more evidence of their practice doing something with the feedback that is collected and provided. One PPG member said that they would like their practice to *“take on board more of the suggestions from the PPG”*. Another told us how that there is no confirmation that issues brought up in PPG meetings get raised at a higher level within the practice, *“And I would assume - I don't know - that he [the practice manager] attends partner's meetings with the minutes of the PPG and flags issues of concerns with the partners.”*

From those we heard from there was a general feeling that improvements could be made on both the side of the PPG and the practice to help work towards overall success for both.

Personal stories: Improvements need to be from both sides



“Well, they can support us a lot more. And we can support them more. It's both. We're just beginning, I would say, because they're so fed up. One of the GPs at one meeting said-- she said “I go home. And I just wonder why I'm doing the job.””

PPG Member from West Norfolk



Representation and Recruitment

One of the main points we asked about and wanted to understand was how representative PPGs were, and felt they were, of their patient population. Additionally, we were interested in the current methods different PPGs used for recruiting new members and what challenges they faced in recruiting post-covid.

Most of the PPG members we heard from told us that the demographic of their groups tended to be *"of mixed ages but predominantly retired"* with one member saying that *"it's [the PPG] made up of the later generations see because they've got the time."* These respondents felt that their PPGs were not truly representative of their wider community but were *"a good representation of the older community members!"* However, this is not for lack of trying; one PPG member told us that *"in the past we always struggled to get members of a younger age group, working age patients and from different ethnic backgrounds."*

The members and practice staff we heard from all noted that they would like to see their groups become more diverse in the future but many struggle with recruiting, one member said that their group *"find it very difficult to get members."* Another PPG member told us *"it's very difficult to get young people [...] They've never heard of it [the PPG]."* Conversely, another member noted that in their practice they *"get a lot of enquiries from the younger people"* suggesting that there is some interest from younger demographics.

"I think our PPG consists of members who are a slightly older generation, it would be great to encourage some younger members to join the group, as they may have a very different view of the service we provide."

Interestingly, we heard from both practice staff and PPG members from a practice who differed in opinion of their group's representation. Whilst the practice manager told us that they felt the group was representative of the community, the members said, *"not at the moment"* and that they *"need to recruit more patients"* as the group is currently made up of *"only 3 members"*.

Recruiting more diverse groups is something many of those we heard from said that they were looking to do. One practice manager told us that their PPG *"has predominantly had a 75-plus age group"* but they're *"trying to be more*

representative of the patient base” and have now got “a young female with children” as well as “a 40-odd male and a 45-year-old male” as new members. However, an issue that some PPGs, who formerly had younger members, found was that retaining those members was difficult with one member noting that “all of them [their younger members] dropped off the group after a short time, due to work or family commitments.”

“We need a lot more diversity. A lot more. We find it very difficult to get members. But I’ve talked to other PPGs and they’re just the same.”

In terms of recruitment, those we interviewed all reported various methods that they and their practice used to promote their PPG and obtain new members. For a few groups we were told that they used multi-media approaches, such as “word of mouth, advertising on a surgery notice board [...] the front page of the [GP] web-site” as well as having members “working on social media presence.” However, some felt that promotion of their PPG was more limited with one member telling us that their “Practice advertises in the waiting rooms to make patients aware of the PPG but very little else.”

For some PPGs another method of recruitment was through “GP recommendations” and one practice manager told us that they looked at complaints made to the surgery and identified new members from that process. One PPG told us of their approach and how all “Patients are automatically members of the PPG” and it is just “the Committee” who are “appointed from volunteers.”

In general, we heard that recruitment was an area where many PPGs struggled and has since become more difficult post-pandemic. A couple of members noted that there was currently no real incentive for new members to join. Many told us that recruitment, promotion, and awareness of their PPG is something that they would like to see additional support in, “Until we have more members to give their opinion about the Practice, the facilities at the different venues, and working practices by the different clinics and Doctors the PPG will not be useful to the Practice.”

For one practice we heard from, recruitment was particularly difficult, so they have instead looked at alternative methods for reaching their patient population. Despite patients not wanting to “sit on committees” we were told

that *"they were nevertheless still more than willing to get involved and help BUT at a time that suited them."*

New format for a North Norfolk PPG

One practice we heard from in North Norfolk found that post-pandemic, and despite *"considerable effort"*, they struggled to recruit a new chair for their PPG and that for members *"appetite for committee work generally has fallen off"*.

Because of this they are now exploring a new non-traditional way to engage with patients and their community.

- *"We have had a productive PPG at [our surgery] for many years and prior to Covid 19 our PPG had been involved in many projects, working collaboratively with the surgery"*
- *"Following considerable effort to try and recruit a new PPG Chairman it was clear that this was not going to be a viable option for us."*
- *"We reached the conclusion that a different approach was needed to ensure the established links that the surgery has with the community continued."*
- *"Hopefully the new web-based model we are working on will achieve greater access to information, guidance and opportunity for the whole patient community."*

Available Support

Regarding support that is currently available to PPGs; we asked members and practice staff where they would typically seek advice for running and managing their PPGs.

For the practice staff, where they sought advice varied. One practice manager told us that they had existing *"Terms of Reference on how the PPG will operate"* and were aware of *"guidance on the NHS England website around PPGs."* Another practice manager who said they would use online resources told us that another option they would use was to *"liaise with other GP Practices in our PCN, also liaising with the PPG representatives."* The other place that a practice manager said they sought advice was with a direct contact of the ICB (then CCG), *"I*

contacted [CCG staff member] at the CCG for advice. [They were] very helpful and came out to visit myself and [the PPG chair] at [our] Surgery to look at the best way forward."

One practice manager we spoke with told us how he and his PPG were working together to make the PPG more independent, after the previous practice manager *"effectively ran"* the PPG, and therefore gave the PPG chair the independence to *"go to independent sources"* for managing advice and bring that back to one-to-one meetings to discuss *"managing the PPG and the people, or how we [they] want the organisation to run."*

In terms of where PPG members themselves would typically seek advice on managing and running their groups, most commonly they relied on previous experiences, existing group documentation, and working with their practice managers. One PPG member we heard from told us that they would go to *"The Practice Operations Manager"* as they have *"responsibility for the PPG"* but would explore *"another route of information"* if one was available. Another told us that managing their PPG involved *"mostly liaising with the surgery"* to find *"a sensible balance."*

A number of members also told us that they would *"search the internet as there are a number of advisory organisations listed"* for additional information, and only 2 respondents were not sure on where to seek advice. Some members told us that they would seek advice from other organisations such as Healthwatch Norfolk and the National Association of Patient Participation (NAPP), one member told us that NAPP have *"got a very good community network now, online network, which is excellent"* where members can *"post stuff on there and ask questions"* and will *"get lots of responses back throughout the country."*

"If needed we would consult National Association of Patient Participation, and discuss with other patient groups. However, we do have several Committee members with extensive PPG experience"

Additionally, several PPG members noted that, in the past, they have had advice and support directly from the ICB when it was the Norfolk and Waveney Clinical Commissioning Group (CCG). Two members of a PPG in Norwich told us that they *"had literature and visits from a specific member of the Norwich CCG"* however this person *"was made redundant a few years ago"*. Another PPG member reported that in the past *"we [they] used to have brilliant meetings that [a*

member of staff] *at the CCG used to organise*". However, equally, there were some members who were unaware of any support that was available from the ICB, *"I have no idea of what support the CCG gives the Practice at the present time (mentoring or financial)"*.

We heard from various members that the ICB had previously provided support through PPG Forums. At these forums, representatives within a primary care network could meet and discuss their work and similar issues between practices. One member told us that for their area the CCG at the time was keen to be involved with the forum and that this was previously *"seed-funded"* but recently the status of this is unknown to the members. Another member spoke to us about a similar situation in West Norfolk where the CCG *"set up what we call a Patient Partnership Group"* and *"representatives from all PPGs"* were able to join. They told us that *"The CCG here in West Norfolk funded that and did travel well for everybody who needed to travel"* but post-pandemic and introduction of the Integrated Care System (ICS), despite wanting to continue, they *"have yet to find the right people at integrated care service to consult as to whether or not we can go on doing this."*

Personal stories: Benefits of a PPG forum



"They [members] bring their PPGs comments, concerns, difficulties, and any other difficulties they've found around getting proper healthcare. They bring that along. Maybe one of the other groups has had that problem and has solved it. So there's a connection. But if it seems to be a general problem that we can discuss openly, [...]. And if this seems to be a big problem in one area, we decide on the way forward."

PPG Member from West Norfolk



Further Support and the Future for PPGs

We asked PPG members and practice staff if there was any further support that they felt their group and practice could benefit from and if there was further support they would like to see from the ICB.

One of the key areas that member told us they would like to see further/additional support was in the promotion of their PPG and the recruitment of new members. One member told us that *"recruiting seems to be the issue post covid"* and that, for their group, they *"should have younger members if possible!"*. Another member told us that they would like help from their practice to *"increase membership, with younger members in mind."*

A PPG member we heard from told us that, for their group, *"Until we have more members to give their opinion [...] the PPG will not be useful to the Practice"* and that their *"Practice could do more to make patients aware of the PPG"* and help them with their recruitment of a *"diverse cross section"* of patients. Another told us that they felt their practice could help by providing space for the PPG to interact with patients more to help with awareness and recruitment, *"I think having a stall, just chatting to people, or just saying do you know about it, but many people don't know about Healthwatch, let alone PPG."*

"It is difficult to reach out to more patients to attract a diverse membership and I am not sure what the PPG can do about this."

Members also told us how they felt that their practices could support more with promoting their PPGs to the patient population to raise awareness, one member said, *"I think that the practice should let the community know that I am their representative by having my name and contact details displayed in a suitable location in the surgery."* Another felt that if their *"practice keeps the PPG [...] informed of proposed changes to the Practice and seek their views then the PPG would be of more interest [to other patients] and we might be able to make a better case for joining."*

Further than this some members felt that the promotion of their PPG, and PPGs in general, was something that would benefit from ICB/external support, one member told us they felt that they needed *"Better ways of promoting us [the PPG] outside of what the surgery or the PPG can do"*. Another member we heard from suggested that *"Perhaps if there was a national campaign it would help to recruit new members"*.

Regarding support specifically from the ICB, PPG members and practice staff felt that there could be more involvement from the ICB. One practice manager said that they would welcome further support as their experience has been that they

have *“not known them [the ICB] to get too much involved with a patient participation group”*.

One member told us how they felt there needed to be more available material and information for members and the public as to what a PPG is, what they do, and how they fit in to the health care system. They felt that there *“isn't a document that I'm [they're] aware of or a manual”* that helps members of PPGs understand PPS, their surgeries, partners, and what they do and do not do. Another member felt that the ICB could *“run some workshops for PPG members”* to help them *“actually understand what primary care is and how it works.”*

Personal stories: More information and direction for PPGs



“I understand that the creation of the PPG is very much a part of the contract that the NHS has with the surgery. So, there's an expectation that it exists. But beyond that, there's certainly in my experience, very little direction given to the PPG outside of what we would get from the practice manager.”

PPG Member from Norwich



Some we heard from also felt that having a representative or ‘champion’ from the ICB that could be a point of contact would be beneficial, one PPG member told us *“A representative from the CCG [ICB] would be welcome to meetings to support the members and give information and updates.”* Another said they felt that *“If the CCG [ICB] has a “champion” for the PPG’s then maybe some mentoring would be helpful.”*

This was also echoed by two members of a PPG in Norwich, feeling that a *“designated member of staff”* would be useful to contact should their PPG need help and *“liaising with PPG’s”* through meetings, noting that *“they [the ICB] used to have one but she was made redundant”*. Another PPG member reported that they were not sure what the ICB could offer and *“would like more input from the CCG [ICB] in terms of what they can do to improve things, if at all, and to explain what exactly the CCG [ICB] is doing for our practice and community”*.

“CCG attendance at some of the meetings would be very well received, and a good way to educate our members of how the CCG are involved and latest updates.”

Members we heard from also told us that they would like to see some more recognition from both practices and the ICB for *“PPGs and the work they do.”* One member said that they would like for the ICB *“To have them [PPGs] recognised as communicators from the grassroots up to the provider.”* Another member told us that they were aware that *“a lot of practices hate them [PPGs]”* but felt that their practice could get more involved. They felt their practice staff could *“explain to people on the PPG”* what they do so that members have a better understanding of primary care and so members can then help staff to recognise the work of the PPG better.

Personal stories: Recognition for PPGs and their work



“Maybe not just set a structure or suggestions for the PPG to operate but closer mentoring of both the Practice and the PPG. In my opinion it is important that having a PPG is not just a “tick box” exercise and that the PPG is not seen as “available free” labour to carry out sundry tasks.”

PPG Member from East Norfolk



One of the key areas of further support that PPG members and practice staff told us about was regarding Patient Participation Forums or other larger local groups. Several members commented on how they would like to have the opportunity to meet with other practices and PPGs to share ideas and solutions.

We heard from three members from three different PCN areas of Norfolk and Waveney how there were previously PPG forums where *“all the PPGs would get together”* for that area. One member spoke to us about how it was a valuable platform for *“sharing best practice”* with other PPGs and practices in their area as well as providing a wider view as to *“Who has a PPG, who hasn't, and why.”*

Members reported that after the Covid-19 pandemic these larger groups have since stopped and the status of these continuing is unknown, one member told

us that they would like for such groups to come back, *"just resurrect what we had in the past, which worked"*. Another member, who had not experienced one of these larger groups, felt that a 'PPG Forum' would be a good idea and said that *"anything that fills in the gaps, [...], and broadens the understanding and the roles that PPGs play has to be good."*

"Other PPG members meeting others. Things like that would be really good because we learn from each other."

We also heard from practice managers, one who told us how they used to have meetings for *"all the GP surgeries in the north to attend with a member from their PPG"* to discuss topics and provided feedback to the CCG at the time. Another practice manager, who had not had experience of a PPG forum before told us that they thought it *"would be very beneficial"* and that they *"would support it 100%"*.

What this means

The findings of this project were collected from a mix of those with knowledge or experience of PPGs, PPG members and practice staff, as well as the general public, most of whom (66%) told us that they were unaware of their GP surgery's PPG, with some even telling us that they were unaware of PPGs altogether.

We also heard from both members and the public that they were unsure of what information, regarding their PPG, was being shared by the surgery. This included how patients could join, the work the PPG does, and how to contact the PPG. In a few cases we were told that if you did not know where to look, information about PPGs was often difficult to navigate to on surgery websites.

A common theme which presented from both the interviews and the public survey was that awareness and promotion of PPGs, in general, is lacking across Norfolk and Waveney. Many PPG members we heard from felt that their practice could be doing more to help with the promotion of the PPG, and some of the practice staff we spoke with felt that their PPGs could also be doing more. However, one of the issues associated with the lack of promotion is availability and access to resources, with some members commenting that it would be helpful to have some form of budget to dip into for promotional materials and activities. The responses to the public survey also echo this sentiment with respondents telling us that they felt that their PPG could be advertised more within their practice, as well as feeling that regular updates in the form of newsletters would be helping in increasing awareness.

Lack of awareness and promotion for PPGs ties in with an issue that many PPGs face – recruitment and representation of the patient population for their practice. With many of the public responses telling us that they were unsure of information about their PPGs, and even those who were aware not knowing how to contact their PPG it is unsurprising that the PPG members we interviewed told us how they had issues when trying to recruit new members, let alone a more diverse group. The issues with recruitment have been highlighted further since the Covid-19 pandemic. Many PPGs had to stop meetings and other work due to this and, because of the typical demographic of volunteers, hybrid and online options were not always suitable. As a result, many PPGs saw a decline in their membership and are now struggling to regain numbers.

Typically, PPGs consist of older patients as committee roles are filled by volunteers and meeting times tend to clash with other commitments for many younger patients. With the help of their practices and practice managers some PPGs have been able to recruit new members through recommendations, and for some this has meant younger members have been able to join as new hybrid/online methods are used. For one practice we heard from they are now looking to implement a new fully online format, removing the committee meetings and allowing all patients to interact more with the practice through an online forum.

But, overall, recruitment remains an area in which both PPGs and practice staff felt that they needed extra support in order to become more representative of their patient population. Some we heard from felt that there could be wider local, or national, campaigns to highlight the existence and importance of PPGs as they were aware that it is an NHS requirement to involve and consult the public.

Something that members felt was important was to have support in getting PPGs recognised more with practices, the ICB, and the wider primary care system. One member of a PPG commented that they were aware “a lot” of practices “hated” PPGs which ultimately made it harder for PPGs to work with their practices and do good for the patient population. Improving recognition could come through more materials around what a PPG is, what their role is in the primary care system, and what they should and should not be.

Several members and survey respondents felt that their practices did not actually act on suggestions and feedback provided, either through the PPG or other means. Additionally, the public survey showed that a small number of respondents felt that they did not know what the benefit of a PPG was or what its purpose was and so questioned whether there should even be PPGs given the current issues faced by the wider healthcare system. However, through the interviews we found that, where successful PPGs were working well with their practices, improvements had been made. Such improvements included general improvements to waiting rooms and improvements to phone waiting systems. Equally, where practices recognised the value of their PPG, they were able to share important messages regarding changes and provide explanation as to why some changes were more difficult than others leading to more patients having a better understanding of the practice.

Beyond this, others we interviewed told us that they would like to see recognition at higher levels too. Even members who had a good working relationship with

their practice were unsure if any issues raised were taken higher when necessary. A few we heard from felt that better representation of PPGs at a PCN level would be beneficial in getting PPGs more recognised in primary care. Many of the members we interviewed also mentioned that they would like better contact and recognition from the ICB, whether this be in the form of a 'champion' as a regular point of contact or through the ICB hosting larger meetings for PPGs and taking in feedback from these.

Finally, another key theme for additional support that came through interviews was that PPG members, and practice staff, would like to have better opportunities for connecting with other practices and their PPGs. Some members we heard from told us how, pre-pandemic, for different areas of Norfolk (North, East, and West) there used to be regular meetings between practices and PPGs in the form of a forum. These had involvement from the local CCGs at the time but have since been left in a state where those who had been attending or running them now do not know where they stand.

Those who had previous experience of these PPG forums told us about how valuable they were in terms of sharing knowledge and learning how other practices handled similar problems, as well as being a great platform for raising larger issues with the CCGs at the time. Additionally, members who had no experience of these larger meetings told us about how they felt they would benefit from being able to meet up and discuss with other practices and PPGs on a regular basis, with guidance and representation from the ICB.

Recommendations

From the findings of this piece of work several recommendations can be made for the Norfolk and Waveney Integrated Care Board regarding what further support they can provide to PPGs and GP practices to be the most successful and develop further.

For the Norfolk and Waveney ICB

1. Promotion, Recruitment, and Communication – to advise on best practice for communications, develop template materials, and help in the design of promotion and recruitment campaigns.
2. Forums – to revisit and assess the reintroduction of larger PPG forums for all practices within a PCN or for the whole of Norfolk and Waveney, providing initial assistance in hosting/running of these meetings.
3. Recognition – to improve recognition of PPGs in primary care through the development and sharing of materials detailing the purpose, scope, and value/benefits of PPGs to both professionals and members.
4. Evidence – help practices evidence that suggestions and actions are taken forward so this can be relayed back to PPGs and ensure that there is a mechanism for escalating and actioning suggestions.
5. ICB Contact – investigate the possibility of having an ICB PPG ‘Champion’ as a point of contact for practices and PPGs to help advise and guide where possible.

For Practices and PPGs

1. Communication – collaboratively relay information to the wider patient population through patient newsletters and other platforms such as the surgery website, social media, and alternative options for those unable to access online services.
2. Support – practices to help PPG members understand the role of their PPG at the practice and to be clear with members about escalation processes and what happens to actions that arise from PPG meetings.

Some interviewees also noted that access to small amounts of funding for projects, campaigns, and materials would be useful as developing these often comes at a cost that PPGs are unable to meet. Whilst many PPGs engage in fundraising activities for their practices, there is still an initial cost for fundraising materials that not all are able to self-fund.

As a part of this work Healthwatch Norfolk have developed a toolkit for PPGs with advice and guidance for establishing and running successful Patient Participation Groups. This toolkit also contains various template documents for PPGs to use and reference for their meetings. The toolkit can be found on the Healthwatch Norfolk Website.

Formal Response

We received an official response to this report from Paul Hemmingway, Associate Director of Communications & Engagement on behalf of the Norfolk and Waveney Integrated Care Board.



Response from NHS Norfolk and Waveney ICB to Healthwatch Norfolk Report:

Norfolk and Waveney PPG Evaluation - How can the ICB further support PPGs and Practices to achieve success – September 2022

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. The 105 GP Practices in Norfolk and Waveney serve a population of over 1 million people in a large rural area. NHS Norfolk and Waveney Integrated Care Board (ICB) is committed to ensuring that support is available for GP practice staff and patients to promote a thriving patient voice around primary care.

To help develop an understanding of what additional support was needed, the ICB commissioned Healthwatch Norfolk to engage with PPG members, Practice staff, and the public in Norfolk and Waveney. The ICB was very impressed by the number of people who fed back online. The more detailed information from the discovery interviews also helps understanding about the challenges practices face in supporting PPGs. The ICB fully supports the finding that improving the involvement of inclusion health groups is a particular area for development. The ICB would like to thank Healthwatch Norfolk for the subsequent report which included the following recommendations. The response of the ICB is detailed alongside.

1. **Promotion, Recruitment, and Communication – to advise on best practice for communications, develop template materials, and help in the design of promotion and recruitment campaigns.**

The report has shown that there is a lack of awareness about the existence of PPGs. The ICB will work with Healthwatch Norfolk, Healthwatch Suffolk, practices, system partners and patient representatives on designing an awareness campaign around the existence and importance of patient involvement and communication in primary care. We will make sure practices are fully involved and are able to cope with enquiries, as well as any increased activity as a result. We will aim to launch this in Spring/Summer 2023 and will align it with our existing campaigns around primary care.

The ICB Digital team has commissioned a paid for social media service managed by [Redmoor Health](#), initially for one year, to help interested practices develop active and positive social media channels. This includes establishing channels where needed and posting positive health improvement messages on behalf of the practices involved. Having an active account also encourages communications with the practices around a wide variety of topics including promoting their PPGs and hearing feedback on services. The ICB Communications and Engagement team are supporting this initiative by working together with Digital to provide additional social media content over and above the commissioned service. The team are supporting the promotion of this service as a recognition of the future benefits to practices of using social media to work in partnership with their populations.

2. Forums – to revisit and assess the reintroduction of larger PPG forums for all practices within a PCN or for the whole of Norfolk and Waveney, providing initial assistance in hosting/running of these meetings.

Before the COVID-19 pandemic there had been locality-wide PPG forums in Kings Lynn and West Norfolk, and Great Yarmouth and Waveney, but they did not exist elsewhere. They were given significant admin support by their local CCGs. Efforts were made in other areas, especially North and South Norfolk to support PPGs in PCN areas to work together with some success but this ended as lockdown started. North and South Norfolk CCGs also collaborated on a programme of learn and share events which were very popular.

Since the easing of COVID-19 restrictions and the formation of the ICB it has not yet been possible to return to the structures mentioned above. This is partly due to the belief that any locality-based forums or groups going forward needed to develop as part of the discussions around 'Place'. This would help ensure that they are fully engaged with the new decision-making structures as they emerged. The ICB communications and engagement team has aligned named members of staff to each Place Board to support their discussions around working with people and communities, of which PPGs are an important part. It will be up to each Place to decide how it wants to engage specifically with its local population.

It should also be recognised that during the last couple of years One Norwich has also invested significantly in supporting the development of PPGs by employing a part-time patient champion. This will help significantly in promoting the patient voice in primary care in the Place.

Whilst it is not currently possible to implement PPG forums in all the places in Norfolk and Waveney, the ICB will look to implement a systemwide PPG conference, as part of the campaign to raise awareness, and look to re-start learn and share events. Further information on this will be available in the coming months.

3. Recognition – to improve recognition of PPGs in primary care through the development and sharing of materials detailing the purpose, scope, and value/benefits of PPGs to both professionals and members.

The ICB feels the best way to do this is by continuing to develop a [PPG resource hub](#) as part of its wider [People and Communities hub](#) on the Norfolk and Waveney ICS website. On the PPG resource hub we will promote the Healthwatch Norfolk Toolkit and other resources and campaigns mentioned here as they are developed.

The Communications and Engagement Team has also been working with colleagues on ICB Bite Size sessions which aim to support practices with evidence for CQC inspections, including looking at PPGs and patient feedback. The ICB has also worked with CQC Eastern region to reissue their [FAQs](#) on involving and engaging patient population and communities.

4. Evidence – help practices evidence that suggestions and actions are taken forward so this can be relayed back to PPGs and ensure that there is a mechanism for escalating and actioning suggestions.

The ICB acknowledges that gathering evidence and reporting back is a vital part of any work with people and communities. The ICB will research existing resources that support practices around gathering evidence from patient feedback and reporting back through the use of 'You Said, we did' templates. Where needed new resources will be developed and will be added to the resource hub mentioned above.

5. ICB Contact – investigate the possibility of having an ICB PPG 'Champion' as a point of contact for practices and PPGs to help advise and guide where possible.

The ICB will promote a shared email in box for this purpose. Support and advice will be given using email, Teams meetings and face to face visits as capacity allows.

The following recommendations were also made in the report to Practices and PPGs. The ICB will support with them as detailed above.

- 1. Communication – collaboratively relay information to the wider patient population through patient newsletters and other platforms such as the surgery website, social media, and alternative options for those unable to access online services.**
- 2. Support – practices to help PPG members understand the role of their PPG at the practice and to be clear with members about escalation processes and what happens to actions that arise from PPG meetings.**

Next Steps

The Norfolk and Waveney PPG evaluation report and the toolkit will be presented to the Patients and Communities Committee and also built into the Director of Patients and Communities report that goes to the Primary Care Commissioning Committee (PCCC).

The report and toolkit will also be shared with primary care colleagues via the Local Medical Committee (LMC), Primary Care Network (PCN) Teams in the ICB and the ICB Primary Care Team.

References

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Health and Social Care Act (2012). Available at: <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

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Appendix

Appendix 1: Practice staff Interview Questions

PPG Interview Questions:

Project: PPG Audit & Evaluation for Norfolk and Waveney Clinical Commissioning Group

For Practice Staff:

Question	Notes	Complete
Tell us a bit about your PPG and how it currently works & how did covid impact your PPG?		
Where would you go for advice on setting up/managing your PPG?		
Do you feel that your PPG is representative of your community?		
What is the current method/process for recruiting members to the PPG?		

How well do you communicate with your PPG members?		
How well do you feel your PPG members communicate with you?		
How do you make the PPG aware of support available for them?		
How do you feel your practice can support your PPG further?		
What kind of support, from the CCG, do you feel can benefit both the practice and PPG?		
What do you think you PPG does really well? (example)		
What would you like to see your PPG do more of?		

Any further comments:

Appendix 2: PPG Members Interview Questions

PPG Interview Questions:

Project: PPG Audit & Evaluation for Norfolk and Waveney Clinical Commissioning Group

For PPG Members:

Question	Notes	Complete
Tell us a bit about your PPG and how it currently works & how did covid impact your PPG?		
Where would you go for advice on managing your PPG?		
Do you feel that your PPG is a good representation of your community?		
What is the current method for recruiting members to the PPG?		
How well do you feel you communicate with your practice?		
How well do you feel your practice communicates with you?		
How do you feel your practice could support you more?		
What kind of support, from the CCG, do you feel can benefit both the practice and PPG?		

What do you feel your PPG does well?		
What, in your opinion, could your PPG do more of or improve on?		
Do you feel that your PPG is adequately supported by your practice and the CCG?		
Is there any further support that you feel your PPG needs?		

Any further comments:

Appendix 3: Public Survey Questions

Patient Participation Evaluation

Patient Participation in your GP Practice

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

Healthwatch Norfolk wants to find out what you think and know about Patient Participation in Doctors' surgeries in Norfolk and Waveney.

It wants to evaluate how involved patients feel in the decisions made in their practices, how they are run, and if patients feel that they would like to be more involved. The study also aims to find out if people know about the Patient Participation Group (PPG) at their surgery.

Norfolk and Waveney Clinical Commissioning Group have asked Healthwatch Norfolk to evaluate PPGs by engaging with group members, patients, and surgery staff to gather their feedback. The goal of the project is to discover:

- what patients would like from their PPGs.
- what support PPGs need.
- how PPGs can be better supported.

How the survey results will be used

Anonymised survey data will be shared with Norfolk & Waveney Clinical Commissioning Group to enable them to assess what further support they are able to provide to PPGs and Practices in Norfolk & Waveney. Healthwatch Norfolk will not disclose any confidential information unless there is a genuine and urgent concern for an individual's safety or wellbeing.

The survey results will also be used by Healthwatch Norfolk to make recommendations to service providers as part of our evaluation report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at:

www.healthwatchnorfolk.co.uk/about-us/privacy-statement

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on **01953 856029** and we will arrange a time to ring you back to complete the survey. Alternatively, please email: **enquiries@healthwatchnorfolk.co.uk** for further support.

Survey Closing date: 22 Aug 2022

Please tick to confirm *

I have read and understood the above statement

1. Healthwatch Norfolk produce quarterly newsletters about health and social care in Norfolk. If you'd like to receive this newsletter, please leave your email here:

2. What doctors' surgery do you go to?

3. Do you feel involved in decisions that affect your doctors' surgery and the way it is run?

Yes

No

4. Would you like to be involved in making decisions that affect your doctors' surgery and the way it is run?

Yes

No

I'm not sure

5. Are you aware of the PPG at your doctors' surgery?

Yes and I'm involved

Yes but I'm not involved

No

I'm not sure

6. Does your doctors surgery provide information about any of the following?

- How to join your PPG
- The work your PPG does
- How to provide feedback to your PPG
- I'm not sure
- None of the above

7. Would you contact your PPG about any of the following?

- How to join your PPG
- The work your PPG does
- To provide feedback about your experiences
- I don't know how to contact my PPG
- I wouldn't contact my PPG

8. Other than contacting your PPG, how would you provide patient feedback?

- Using the surgery's online form
- In person
- Over the telephone
- By letter
- Through social media
- Through independent feedback site such as Healthwatch Norfolk
- I wouldn't provide feedback
- Other (please specify):

9. Are you aware of any changes that the PPG have made?

- Yes
- No
- I'm not sure

If yes, please provide details:

10. What would you like to see your PPG do more of?

- Sharing news about the surgery with patients
- Collecting patient feedback
- Organising events
- Fundraising to improve services
- Other (please specify):

11. Do you have any other feedback concerning your PPG or involvement in decisions that effect your surgery?

Demographics

12. How old are you?

13. What is your gender?

- Male
- Female
- Non-binary

- Genderfluid
- Genderqueer
- Intersex
- Prefer not to say
- Prefer to self-describe:

14. What is your ethnic group?

- Arab

Asian / Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian / Asian British background

Black / Black British:

- African
- Caribbean
- Any other Black / Black British background

Mixed / Multiple ethnic groups:

- Asian and White
- Black African and White
- Black Caribbean and White
- Any other Mixed / Multiple ethnic groups background

White:

- British / English / Northern Irish / Scottish / Welsh
- Irish
- Gypsy, Traveller, or Irish Traveller
- Roma
- Any other White background

Other:

- Any other Ethnic Group
- Prefer not to say

15. Do you consider yourself to have a disability?

- Yes
- No
- I'd rather not say

16. Where did you hear about this survey?

- Healthwatch Norfolk Website
- LinkedIn
- Facebook
- Instagram
- Twitter
- Through a friend or co-worker
- Search Engine (e.g. Google)
- Healthwatch Norfolk Event
- GP website
- Other (please specify):

Appendix 4: Doctors' surgeries of survey respondents

Doctors' Surgery	Number of respondents
Great Yarmouth and Waveney	196
Alexandra and Crestview Surgeries	7
Andaman Surgery	3
Beccles Medical Centre	21
Bridge Road Surgery	10
Bungay Medical Centre	6
Coastal Villages	27
Cutlers Hill Surgery	9
East Norfolk Medical Practice	5
High Street Surgery	9
Kirkley Mill Health Centre	5
Longshore Surgeries	1
Park Surgery	5
Rosedale Surgery	11
Sole Bay Health Centre	46
The Beaches Medical Centre	14
The Millwood Partnership	16
Victoria Road Surgery	1
North Norfolk	193
Acle Medical Partnership	17
Aldborough Surgery	2
Blofield Surgery	1
Brundall Medical Partnership	10
Coltishall Medical Practice	4
Cromer Group Practice	14
Drayton St Faiths and Horsford	22
Fakenham Medical Practice	35
Holt Medical Practice	19
Hoveton and Wroxham Medical Centre	12
Ludham and Stalham Green Surgeries	6
Market Surgery Aylsham	6
Mundesley Medical Centre	4
Paston Surgery	6
Reepham & Aylsham Medical Practice	15
Sheringham Medical Practice	8
Staithe Surgery	11
Wells Health Centre	1
Norwich	217

Bacon Road Medical Centre	3
Beechcroft and Old Palace	6
Castle Partnership	18
East Norwich Medical Partnership	10
Hellesdon Medical Practice	6
Lakenham Surgery	7
Lawson Road Surgery	2
Magdalen Medical Practice	4
Norwich Practices' Health Centre	3
Oak Street Medical Practice	19
Old Catton Medical Practice	7
Prospect Medical Practice	5
Roundwell Medical Centre	10
St Stephens Gate Medical Partnership	29
Taverham Partnership	12
The Lionwood Medical Practice	17
Thorpewood Medical Group	19
Trinity and Bowthorpe Medical Practice	10
Wensum Valley Medical Practice	18
West Pottergate Medical Practice	6
Woodcock Road Surgery	6

South Norfolk **302**

Attleborough Surgery	31
Chet Valley Medical Practice	11
East Harling and Kenninghall Medical Practice	8
Grove Surgery	12
Harleston Medical Practice	1
Heathgate Medical Practice	1
Hingham Surgery	7
Humbleyard Practice	61
Long Stratton Medical Partnership	6
Old Mill and Millgates Medical Practice	13
Orchard Surgery	22
Parish Fields Practice	7
School Lane Surgery	21
Shipdham Surgery	3
Theatre Royal Surgery	4
Watton Medical Practice	38
Windmill Surgery	4
Wymondham Medical Practice	52

West Norfolk **173**

Boughton Surgery	5
Bridge Street Surgery	14
Campingland Surgery	8

Feltwell Surgery	10
Fleggburgh Surgery	1
Great Massingham and Docking	2
Grimston Medical Centre	2
Heacham Group Practice	36
Howdale Surgery	1
Litcham Health Centre	6
Manor Farm Medical Centre	11
Plowright Medical Centre	17
Southgates & The Woottons Surgeries	23
St James Medical Practice	17
The Burnhams Surgery	7
Upwell Health Centre	8
Vida Healthcare	5

Appendix 5: Profile of survey respondents

		Percentage of respondents	Number of respondents
Age	16 to 25	1%	11
	26 to 35	4%	42
	36 to 45	7%	72
	46 to 55	18%	185
	56 to 65	27%	283
	66 to 75	32%	328
	76 to 85	11%	112
Gender	Female	65%	699
	Male	33%	356
	Other	<1%	4
	Non-binary	<1%	2
	Genderfluid	<1%	1
	Prefer not to say	2%	18
Ethnic Group	British / English / Northern Irish / Scottish / Welsh	91%	983
	Any other White background	3%	37

	Irish	1%	6
	Any other Ethnic Group	<1%	5
	Any other Mixed / Multiple ethnic groups background	<1%	4
	Any other Asian / Asian British background	<1%	2
	Arab	<1%	1
	Prefer not to say	4%	39
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Do you consider yourself to have a disability?	Yes	28%	298
	No	67%	720
	I'd rather not say	5%	51
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healthwatch

Norfolk

Healthwatch Norfolk
Suite 6 The Old Dairy Elm Farm
Norwich Common
Wymondham
Norfolk
NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669
e: enquiries@healthwatchnorfolk.co.uk
@HWNorfolk
Facebook.com/healthwatch.norfolk