

**Bedfordshire Local Involvement Network
Covering Central Bedfordshire**
(Supported by Voluntary Action Luton)



**BEDFORDSHIRE
LINK**

**PATIENT PARTICIPATION GROUP SURVEY REPORT
MAY 2012**

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**Bedfordshire LINK (covering Central Bedfordshire)
Patient Participation Group Survey – February 2012**

Acknowledgements:

**Islington LINK
NHS Norfolk**

**All the GP practices who have responded to the questionnaire
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Bedfordshire LINK (covering Central Bedfordshire) Patient Participation Group Survey – February 2012

AIMS

The aim of this survey was to find out which GP practices in Central Bedfordshire had set up a Patient Participation Group*, whether they are groups that meet on a regular basis, virtual groups or both and how effective these groups have been in improving provision/systems for the patient and the practice. The LINK was also interested in the reasons why practices had chosen not to set up such groups.

*As defined by NHS Norfolk who have produced a step by step guide about setting up Patient Participation Groups, a PPG is described as :

“A PPG is a group of patients interested in health and healthcare issues, who want to get involved with and support the running of their local GP Practice. Most Patient Participation Groups (PPGs) also include members of practice staff, and meet at regular intervals to decide ways and means of making a positive contribution to the services and facilities offered by the practice to its patients.”

Introduction

The survey is based on a similar study conducted by Islington LINK in March 2011, where the LINK decided whilst looking at GP service provision the best way to focus on quality of service was to look at how patients are able to influence the quality of service in a formal organisational way.

In Central Bedfordshire, the LINK has for some time felt that improvements in the local health and social service should involve local patient groups, in particular patient participation groups linked to local practices, as these groups are able to pick up local intelligence which then feed into the LINK's work of looking and acting on some of the emerging trends. Prior to LINK organisations emerging, some of the members who previously volunteered for Patient and Public Involvement Forums had done some initial work in this area by addressing the Practice Managers' at a group meeting and speaking with individual practices at their request to encourage the development of these groups.

The idea for these groups which will be a form of partnership working for the mutual benefit of the patients and practice has been around for some time; NAPP (National Association of Patient Participation) founded in 1978 offers support and guidance to practices thinking of setting up PPGs.

With the new Health & Social Care Act and the emergence of Clinical Commissioning Groups, it will be important for CCG's to understand the patient population, be able to consult these local groups as well as exchange information with the soon to be established Healthwatch organisations.



Methodology

The LINK's Health Working Group agreed at its meeting on 14 October 2011 to look at the survey from Islington LINK and decide if it could be rolled out in Central Bedfordshire. Members gave comments and suggestions about the survey used by Islington LINK.

One member of the group agreed to lead on this piece of work and to adapt the Islington questionnaire using suggestions from members. The questionnaire was simplified in terms of length of survey and included 12 questions in total. Section A, included 9 questions and Section B relating to questions about why practices had not set up groups, to determine why this was the case and how patient feedback was collected.

Also, alongside this, the host organisation contacted the Primary Care Trust in Bedfordshire to find out if they knew how many practices had patient participation groups attached to their surgeries. The PCT did not have definitive numbers or information specific to Central Bedfordshire, they did advise that out of 57 practices in Bedfordshire 53 had opted into the Direct Enhanced Service (DES) Scheme and 4 had opted out. The purpose of the patient participation DES is to ensure patients are involved in decisions about range and quality of services provided. They did not know how these practices were going to interpret the scheme, ie. in terms of having groups that met on a regular basis or virtual groups.

The PCT expressed an interest in this survey and asked if it could include some questions asking practices if they required help with managing the groups or in terms of training or skills development. We agreed to include two questions, which are questions 8 and 9 on the questionnaire (**Appendix A**).

The questionnaires were sent out with a covering letter on 22 February 2012 to 40 practices in Central Bedfordshire with a FREEPOST address given to return responses. The letter indicated that if practices preferred they could provide their feedback in another format i.e. by letter, e-mail as the LINK is mindful of the numbers of surveys and information often sent to practices.

In order to advise the LINK membership and its networks about PPGs and how they could get involved as patients, the LINK published with their permission, an extract from NHS Norfolk's step by step guide to setting up Patient Participation Group, in its LINK Bulletin (October 2011)

Findings

The quantitative findings are given in (**Appendix B**).

The response rate of 40% was encouraging; 16 returns out of a possible 40. Responses related to questions 1 – 9 only. There were no responses to questions 10 – 12 about why practices had not set up a patient participation group.



One practice had responded that they had set up a group but had discontinued the group because of “slowing interest and the members were slowly reducing”.

The findings indicate that the majority of practices had set up groups that met regularly with some communicating with patients face-to-face and virtually through e-mail. These two methods were deemed the most effective methods of patient engagement. Patient groups had on average around 11 – 20 members and met on a quarterly basis. Around 69% of the groups had a patient representative as the chair or lead for the group.

In terms of what the PPG’s are achieving; some groups were very early on in their development, but it would appear that many groups are helping with the setting up of the patient groups themselves as well as with the GP patient survey. Groups have also assisted with improvements to the patient environment, including reception area, telephone system, implementation of websites and improving display/information boards.

The key area that practices would like help with is how to create a “balanced” group reflecting the patient demographic.

The key areas to come out of the questions posed by the PCT, questions 8 and 9, four practices cited areas where they would like help with developing skills mainly in chairing and report writing. One practice had been particularly innovative in developing an induction programme for the patient group members.

In terms of resources that PPG would find useful, there was a general view that networking with other PPGs would be a useful process and to share best practice. One group wanted a bigger meeting room, as there was lack of space for this sort of activity.

Conclusions

Information about PPGs are not captured within the PCT at the moment, therefore this exercise to establish how many patient participation groups exist, how they are engaging and developing and what resources or support they require is a valuable start in analysing the progress of these groups.

This basic survey gives an indication of what appears to be working in terms of what sort of group works better, the challenges faced by the groups, but also the improvements being seen by some practices because of this two-way dialogue with patients.

The findings appear to suggest that there are challenges; such as a terms of reference, the right support, adequate numbers involved, which if not addressed may affect motivation and momentum of such groups. Clearly, there needs to be a driver from the Practice side, both clinical and Practice Manager/Deputy and a lead or chair



person from the patient side, which in effect makes the group a co-production between practice and patient.

As some practices have recently formed their groups, it is worth passing our findings on to Healthwatch locally to resurvey in about a year's time.

**Bedfordshire LINK Health Working Group
May 2012**

REFERENCES:

BMA / NHS Employers Patient Participation Directed Enhanced Service (DES) for GMS Contract, Guidance and audit requirements for 2011/12

Islington LINK Working Group Report, GP Services: Patient Participation Groups at Islington GP Practices, March 2011

NHS Norfolk, A Step by Step Guide to Setting up a PPG

APPENDICIES

Appendix A

LINK Questionnaire: Patient Participation Groups

Name of Practice	
Your Name <i>(optional)</i>	
Position in the Practice	

Please answer questions in **Section A** if you already have a Patient Participation Group (PPG); and **Section B** if your PPG is yet to be formed.

Section A

1. How many members does your PPG have?

.....

2. Is the Chair/Lead of the Group a patient representative or a practice staff member?

.....



3. Approximately how many members regularly participate in giving feedback?

.....

4. How often is member feedback collected? (either virtually or face to face at meetings)

.....

5. What do you think are the most important achievements of your PPG?

6. Are there any areas of managing the PPG that you would like help with?

**7. Which method of patient engagement works best for Surgery?
Please tick as appropriate.**

	Very Effective	Quite Effective	Not Very Effective
Email			
Text			
Post			
Face to Face			
Other			

If other, Please specify below.



8. Are there any areas of training or skills that PPG members would find helpful? (e.g. report writing, chairing meetings, minute taking, social media training)

9. Are there any resources that your PPG would find useful to be provided locally? (e.g. local central PPG website, forum to share information and good practice, regular meetings with other PPG's)

Section B

10. If a PPG is NOT yet established how is patient feedback collected?

11. How significant are the following factors in the decision NOT to set up a PPG for your surgery? Please tick as appropriate.

	Very Significant	Quite Significant	Not Significant	Not an Issue
Not enough time				
Not enough expertise				
Don't believe it would add much value				
Likely to attract awkward patients				
Practice manager is not supportive of idea				
One or more GPs is not supportive of idea				
Patients have not shown interest				
Other				



If other, please specify below.

- 12. Please let us have any other comments/views you would like to express regarding PPGs which were not covered in this questionnaire?**



Appendix B

**Bedfordshire LINK Patient Participation Groups Survey
(Quantitative Response)**

We sent out 40 Surveys to GP's in Central Bedfordshire and received 16 replies.
That is a percentage of 40%.

1. How many members does your PPG have?							
0 - 10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61+	Not Answered
3 (18.75%)	5 (31.25%)	3 (18.75%)	1 (6.25%)	0 (0%)	2 (12.5%)	0 (0%)	2 (12.5%)

2. Is the Chair/Lead of the group a patient representative or a practice staff member?		
Patient Representative	Practice Staff Member	Not Answered
11 (68.75%)	3 (18.75%)	2 (12.5%)

3. Approximately how many members regularly participate in giving feedback?					
0% - 20%	21% - 40%	41% - 60%	61% - 80%	81% - 100%	Not Answered
0 (0%)	1 (6.25%)	1 (6.25%)	1 (6.25%)	7 (43.75%)	6 (37.5%)



7. Which method of patient engagement works best for your surgery?				
	Very Effective	Quite Effective	Not Very Effective	Not Answered
E-mail	10 (62.5%)	3 (18.75%)	0 (0%)	3 (18.75%)
Text	1 (6.25%)	4 (25%)	2 (12.5%)	9 (56.25%)
Post	3 (18.75%)	5 (31.25%)	3 (18.75%)	5 (31.25%)
Face to Face	13 (81.25%)	0 (0%)	0 (0%)	3 (18.75 %)

*One surgery had previously set up a PPG. It had a maximum of 12 members they helped the surgery with a number of things including a GP survey. The PPG ceased in 2011 slowing interest and the members were slowly reducing.

Bedfordshire LINK Patient Participation Groups Survey (Qualitative Response)

Question 4 – How often is member feedback collected? (Either virtually or face to face at meetings?)

Recipient 1 – By meetings and by virtual PPG on our website

R2 – Face to face, email from virtual group, from website and attendance in surgery

R3 – Quarterly

R4 – Monthly except no meeting in summer and December

R5 – 3/12 Face to face virtually as emailed in contact via email with members

R6 – So far only 1 meeting

R7 – Face to face, minimum 3 times per annum

R8 – Monthly on Average

R9 – Meet every 6 weeks and communicate by email

R10 – Just one survey done, to repeat after 6 months



R11 – We have only had two meetings to date

R12 – Face to face, 3 monthly

R13 – Monthly

R14 – collected via email regularly

Question 5 – What do you think are the most important achievements of your PPG?

R1 – Including patients in discussions and decisions regarding the practice plus informing them of developments in the wider NHS.

R2 – Getting started and sustained, understanding a GP Surgery, patient survey and resource for both staff and patients.

R3 – Replacing the telephone system (old one not able to cope with demand), Re-develop the reception desk as a more open and welcoming environment, Tidy up the “clutter” of posters and leaflets to improve the waiting room environment and improve our website to make it easier to navigate and more interactive.

R4 – Setting up the group, forming the group, electing officers, finding out about service practice offers, carrying out pre set survey via practice website, discussing results and agreeing actions.

R5 – Newly established in June 2011

R7 – Implementation of suggestion box/prescription box, Implementation of new website and implementation of new telephone system.

R8 – Patient survey 2011, would have been impossible without their support (including stuffing envelopes)

R9 – Contribute to practice developments, act as watchdog on behalf of patients, regularly attend meetings, participate in surveys and helped our other practice set up their PPG.

R10 – To improve services to carers by supporting a carer’s notice board. By developing the practice marketing material making it more user friendly for patients. To provide feedback on the telephone system.

R11 – Have only had two meetings to date.

R12 – None as yet

R14 – Don’t know yet.



Question 6 – Are there any areas of managing the PPG that you would like help with?

R1 – No

R2 – No, not at moment

R3 – Would like suggestions on how to create a “balanced” group, reflecting all of our community

R4 – No

R6 – Not yet

R7 – No

R9 – Ok at moment

R10 – General advice i.e. how to make the group reflect patient demographic

R11 – Not at the present time

R12 – No, have support from Intrahealth Head Office

R13 – Not at the present time

Question 7 – Which method of patient engagement works best for your surgery? If other please specify below.

R4 – Group is emailed or letters sent for those who do not have email. Responses tend to be at monthly meeting where 10 – 15 people attend.

R9 - Our PPG also have their own website page and NHS email for patient feedback.

R13 – Website, although very new to surgery and not used to full amount.

Question 8 – Are there any areas of training or skills that PPG members would find helpful? (e.g. report writing, chairing meetings, minute taking, social media training)

R1 – No

R2 – No, not at moment



R3 – Not backed on this yet

R4 – Not aware of any

R5 – Report Writing, Chairing Meetings

R7 – No

R8 – Not known

R9 – We undertake induction programs for our members

R10 – All of those. The group is very mixed with skills and it may need to help to have training so they can agree a chair and secretary.

R11 – Minute Taking

R12 – No

R13 – Not that I am aware of.

Question 9 – Are there any resources that your PPG would find useful to be provided locally? (e.g. local central PPG website, forum to share information and good practice, regular meetings with other PPG's)

R1 – No

R2 – We have invited another chair to our meeting , this was very useful.

R4 – Group develops key may find this useful

R5 – Forum to share information, meeting with another PPG 13/3/2012

R7 – Local PPG website

R8 – Not known

R9 – Definitely regular meetings with other PPG's

R10 – These would be useful

R11 – The members were interested in finding out what other groups have done/achieved locally

R12 – A meeting room, as very little space at surgery

Patient Participation Group Survey Report



May 2012

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