

**Report: Bristol PPG Mapping & Network Development**

Report from Dialogue at The Care Forum – Mapping and developing Patient Participation Groups in Bristol



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| Report: Bristol PPG Mapping & Network Development |

# **Executive Summary**

# In April - July 2020, Dialogue at The Care Forum launched a mapping and development project for Bristol Patient Participation Groups.

At present there is a very limited PPG network in Bristol, compared to some good networks in NS and SG respectively. There has been work in the past to develop a Bristol PPG network but this has proved difficult and continues to be a challenge. Given the context of Covid-19 and new ways of working, it is vital to improve communication with Patient Participation Groups across Bristol.

The CCG and Healthwatch Bristol, South Gloucestershire and North Somerset are looking to use PPG Chairs as a method for distributing information and engaging with local practice areas during Covid-19 and beyond. However, the knowledge of the Bristol landscape is patchy and likely out of date. This is where Dialogues work can to help fill-in these gaps to build up a PPG Chairs network in Bristol - to act as a support network and also as a channel to feed into and receive information from the CCG and other groups.

The purpose was to first map the existing PPG geography, then deliver a programme of engagement to understand the needs of Bristol PPG’s, and then to make recommendations to develop the network. We did this by contacting each individual practice to obtain each Patient Participation Group Chairs details. We discovered there were many PPGs across Bristol that currently do not have an active Chair and that Practice managers and other staff within the practice were acting as Interim Chair.

To understand the needs we developed a series of open questions for us to engage with PPG Chairs and active Chairs and these were sent to Chairs by email and then discussed at our online event. All of our findings from this engagement can be found below.

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# **Previous Work**

Dialogue and The Care Forum have undertaken previous work with Patient Participation Groups (PPGs). In 2017, Dialogue undertook a piece of work to pilot an approach to delivering support to Bristol Patient Participation Groups (PPGs). We learned that Bristol PPGs are providing a wide variety of tasks in support of their GPs, but with a large variation between different PPGs. We also found that Bristol PPGs would welcome more such facilitated opportunities to share ideas and practice with each other.

The Care Forum has supported South Gloucestershire Patient Participation Group Network over recent times. Below is an outline of some of the work we have co-produced in partnership.

**GP Services Project and Survey**

In 2017/8 The Care Forum’s Healthwatch South Gloucestershire project ran a piece of work around GP services. This was focused around an online survey that Healthwatch delivered as a presentation to the South Gloucestershire PPG Quarterly network meetings. This enabled Healthwatch to obtain some vital feedback from patients from all over South Gloucestershire. Healthwatch returned to a later network meeting.

**Accessible Information Standard**

In 2018 The Care Forum’s Healthwatch South Gloucestershire Project ran a project around the Accessible Information Standard. We carried out a presentation around the Accessible Information Standard at the PPG Network Meeting. We provided paper copies of the survey for the PPG to disseminate in their respective surgeries and practices.

**Importance of Healthwatch and patient feedback**

Also in 2018 TCF via the Healthwatch South Gloucestershire project delivered a session with South Gloucestershire PPG Network around the importance of feedback and the vital role Healthwatch plays in improving services for local people.

**Loneliness and Isolation Workshop**

In 2019 The Care Forum were asked to run a workshop on what PPGs could do to combat loneliness and isolation for their patients. TCF ran a session using multi project support including Healthwatch South Gloucestershire, Well Aware and Dialogue to produce an interactive workshop that did not involve slides but interactive content. TCF produced feedback tailored to each individual practice rep that participated and sent them their goals and aspirations for the practice to action to combat loneliness and isolation in their area.

# **Key Findings**

From the data gathered through this project, it is clear to see a desire from Chairs for a more focussed approach to supporting Patient Participation Groups (PPG) and their Chairs. Each PPG appears to be at differentiating levels of operating and thus the need of information and support are varied. The recommendations below reflect the responses gathered during our engagement with PPG Chairs.

Practical and operational changes:

* Develop clear and concise regional information, particularly around service changes and disseminate to PPG Chairs via regular newsletters.
* Develop and coordinate a PPG Chair network meeting, similar to the North Somerset model initially via video conferencing.
* An offer of training for Chairs around issues in member recruitment and video conferencing. This can be incorporated into network meetings.
* Bring together existing work streams to ensure there is no duplication of support moving forwards around PPG development.

# **Engagement**

* Number of respondents: 9 PPG representatives answered questions via email and

10 attended an online workshop event to have the opportunity to feedback around the questions asked to all Chairs via email communication.

* Time period: June – July 2020
* Audience: Bristol Patient Participation Group Chairs and acting Chairs (Practice Managers or other Professionals working for Practice)

# **Full Results**

When analyzing the findings from this project, 4 distinct themes emerged, each with their own respective sub themes.

1. Successes
* Practice Staff and PPG Relationship

2) Engagement and Diversity

* Diversity Successes
* Diversity Challenges
* Engagement

3) Challenges and external links with other PPGs

* Face to face meetings
* External links with other PPGs
* Other challenges

4) Network Going Forward

* Information sharing
* Meetings and teleconferencing
* Support and training
* The need to avoid duplication

***1) Successes***

**a) Practice Staff and PPG Relationship:**

Of the 19 respondents asked about their Patient Participation Groups’ successes, 8 respondents noted that strong relationships with the practice staff were a success and vital in the PPG operating effectively. There could be an opportunity to explore this further with learning around what makes a good relationship between PPG and their practice via a network, workshops and newsletter articles. These findings are highlighted in the quotes below.

*“A clear agenda prepared by our Ops Manager and Chair so we have accurate info to hand and try and anticipate questions. Practice staff are excellent in following up on questions/issues and feed back to us if we have made a difference! Practice staff are clearly committed to the PPG, take us seriously and we have had GPs, nurses and other guests to answer or elucidate specific issues.”*

 *“A good flow between GPs and Management and PPG. Members are encouraged to ask management also when issues are not involving patient confidentiality. They try out new structural ideas with the PPG.”*

 *“When I arrived as a patient at my practice many years ago we did not have a PPG, and one of the things that is key to a successful PPG including ours is the role Practice manager. I cannot say how much support I have received from our practice manager.”*

 *“Our practice manager has a diverse view of everything going on in the practice and is vital to our successful PPG”*

A more in-depth insight was received about how a GP Practice and its PPG develop and maintain a successful relationship. It shows the PPG has active input in decisions that affect not just the practice, but the patients it serves.

*“Most recently we took initiatives which successfully improved the service from the pharmacy adjoining our practice building. We also instigated the improvement of patient privacy at reception, which includes having an interview room. We were involved in the decision to install the screen that displays information for patients. Over the years we have played a significant part in measures taken to reduce waiting times when phoning for an appointment, an issue we continue to monitor.”*

2 respondents noted that face to face engagement at seasonal flu clinics has had success, including recruiting new PPG members and updating patient contact details. These are highlighted in the comments below.

*“I and other members attend Flu Injection days to more easily meet patients to ask for their feedback, if willing, and to support the practice by handing out a questionnaire to ensure that they have all contact data is up-to-date. I have used Flu Injection days to canvas for and achieve gaining new PPG members.”*

*“The PPG seem to like to be engaged with doing active work to help other patients in the practice like helping with flu clinics.”*

2 other respondents shared positive comments around external engagement opportunities outside of the PPG. These highlight some good examples of PPGs being proactive in engaging with wider work streams. Sharing this information to all PPG Chairs would be a beneficial action in order to better connect Chairs with information about broader issues in health and social care.

*“I attend the Patient and Public Involvement Forum and always try to give a summary at the next PPG Practice meeting so trying to get PPG members to think outside their own experience and talk about larger issues.”*

*“I encourage other members of my PPG to get involved in things, if I get invites to something I pass it around, if I hear about a public meeting I pass that around the PPG. I also bring back information for anything I attend so that way you stop being isolationist, you’re not just looking at the issues of your surgery”.*

***2) Engagement and Diversity***

**a) Diversity**

Of the 19 respondents on this section, there were 10 comments on diversity. 4 had positive reports on diverse ranges of participants including by ethnicity and age. 6 had challenges with having a group that was non-representative of their patient demographic. This shows that there is perhaps space for GP and PPGs who have been successful to share good learning with those that have struggled. This could take place via network meetings and shared learning. One of those respondents offers an idea for learning, they note to reach out to community organisations and institutions to work together to improve participation, see the below:

**Diversity successes**

*“We have a reasonable spread of representatives. Different ethnicities, ages.”*

*“I am delighted that I managed, after 2 years negotiating with various schools across Bristol, to have achieved the interest of two schoolgirls, which is seen by the school management as being a ‘work experience’ and lowers the average age of its members.”*

*“There are currently 15 members including two 17 year old school students. I am currently in dialogue with another person who has shown interest to join. NB: The Operations and Business Managers and a GP are members.”*

*“We started our PPG with older members but now we have a more diverse group with 3 members who are a lot younger, but we had to change the time to fit in with these members. Then you need to canvas your members to get an agreeable time to fit all members as well as staff from the practice.”*

**Diversity challenges**

 *“We have been able to attract new members over the years and we have a good relationship with the practice. Unfortunately we have not been able to attract younger patients.”*

*“It wasn’t representative and had become very limited in terms of outlook and working in partnership with the practice. Our PPG had become a means for a small vocal minority to voice opinions about their personal experiences of the healthcare system without any constructive outcomes being proposed.”*

*“We have little variety of age and ethnicity although we regularly ask for new members in our newsletters and try and demystify what we do, I guess it’s tough for people with kids to attend.”*

*“No, the PPG is mostly at the higher age end on the demographic. We have tried in the past and continue to advertise for representation from a younger age group.”*

*“We have struggled to attract diverse PPG members and our PPG Member are predominantly White British.”*

**b) Engagement**

Engagement was raised as a question to 19 respondents, 7 participants spoke about various ways of engagement with their PPG and patient groups. The levels of engagement varied from each participant, these included channels such as newsletters, letters, emails and videoing conferencing. There seems to be many different ways of communication within PPGs but the success of each method was unclear. There could be an opportunity to explore this further with PPG Chairs sharing best practice to open up all communication methods for all Chairs across Bristol. There is also an opportunity to share some successes of engagement from Chairs at a future potential network meeting.

*“Over the shutdown I've contacted the members a couple of times to update them on what is happening at the practice regarding the building extension that is necessary to cope with the large overnight increase in the number of patients. Letters were sent individually to each member of the PPG explaining what our plans were to reform/revisit the PPG once there could be a clearer vision towards the future.”*

*“I try to simplify newsletters that go out to patients, we have tried to reformat. Some people read them but we are not close to reaching the full diversity of patients that our practice covers”*

*“We are meeting using Zoom video conferencing”*

*“I have produced a newsletter updating them of how we are operating our services currently and encouraging them to get in touch if they need us - sent via mail or for those who have it email.”*

*“We’ve discussed the need for a September newsletter which we will draft and I help out sometimes writing stuff or proofreading. Our first meeting back will be via Zoom but we have yet to decide when that will be.”*

*“June meeting postponed due to Covid-19, considering Zoom or similar for next scheduled meeting in September.”*

An interesting piece of feedback was received by one participant around stepping their PPG down and looking at engaging on a Primary Care Network scale as opposed to a single practice PPG. There are a few examples of practices adopting a PCN wide PPG across Bristol. There is an opportunity to learn and facilitate these changes. Additionally, the participant’s practice is working with Altogether Better, an NHS national network organisation, supporting health and care services across the UK to introduce their model of Collaborative Practice. Sharing this partnership could also be a beneficial exercise.

*“We have temporarily stepped our PPG down. We are looking at a PCN wide PPG approach going forward or if that isn’t a practical option, working towards a more active, representative PPG for our individual practice. As a PCN, we are engaging with Altogether Better to reach out to the community.* [*https://www.altogetherbetter.org.uk/about-us*](https://www.altogetherbetter.org.uk/about-us)*.”*

***3) Challenges***

1. **Face to Face Meetings**

Participants were asked about the challenges they face as a PPG. Of the 19 participants, 13 fed back some of the challenges they have faced. These challenges included issues around face to face meetings and how they are adapting to the challenge by using video conferencing software such as Zoom and Skype. This poses a question of a need for information and support around access to video conferencing software to be accessible by all PPGs. The comments below illustrate this.

 *“Our last face to face meeting was in early March, since then we have kept in contact with members via email. There is a hesitation to set up a definite face to face meeting though we have 2 dates pencilled for either September or October.”*

*“We have had two meetings on Zoom. One to look at the proposed launch of eConsult and the other was our normal quarterly meeting.”*

1. **External links with other PPGs**

External links with other PPGs were discussed with participants. Of the 5 responses, 4 felt a feeling of difficulty in linking up with other PPGs for various reason which are detailed in the comments below. There could be an opportunity to create more partnership working across Primary Care Network areas by setting up meetings or mail groups for each area to bring together PPGs.

 *“Practice personally is not. We have tried doing joint meetings in the past but both practices’ PPGs were quite different and came to the conclusion that they wished to revert to individual practice meetings.”*

 *“We have tried to link up with others in our Practice's cluster but have not gained their engagement. “*

 *“There is a struggle to engage with other PPGs in our cluster and area”*

*“Having unsuccessfully attempted to network/engage with PPGs in our Practice cluster in the past we are not sure of the value of this, but are willing to be persuaded otherwise!”*

An interesting caveat to linking with external PPGs was the proactive approach 2 participants shared which are quoted below. This illustrates that through an active approach Chairs are able to build strong links with other PPGs.

*“Personally I am reaching out to as many other PPG Chairs as I can, because I’m learning a lot from them though some are new and I can provide some general help. Others have got some really good ideas about how PPGs can actually offering supporting services to the practice itself.”*

*“Very active, I am in very regular contact with my 2 sister PPGs in the HealthWest Primary Care Network, we meet quite often. In addition I have contacts with numerous other PPG Chairs in the BNSSG region on a less regular basis.”*

1. **Other Challenges**

Participants fed back various other challenges that they and their PPGs faced presently.

One participant shared that they have had unsuccessful groups in the past and emphasised the importance of nurturing a positive relationship between PPG and the staff of the practice in order to have a successful PPG.

*“We have had unsuccessful PPG Groups in the past so it’s about making sure PPG is discussing things that are practical for the PCN that we can manage and change to then work together with staff. So it’s about making a positive relationship with GPs and PPGs.”*

Another participant shared a lack of clarity on guidelines on running a PPG. This potentially highlights a need by PPG’s, particularly ones that are relaunching, to have guidelines on what requirements are needed from the Clinical Commissioning Group

*“Our new Operations Manager was researching what the CCG would like in a Patient Participation Group, they don’t give any guidelines on how that should be done and whether it has to be representative of its patient group. Does it have to be online or meet face to face?”*

One participant noted that they are lacking the capacity at present to advertise for a new PPG Chair. This shows additional support could be vital for practices to relaunch their PPG.

*“Our Chair recently resigned, and I just haven’t had time to advertise for a new one yet.”*

***4) Network Going Forward***

Of the 19 respondents in this section, all responded with ideas about what they would like in terms of support from the CCG and Healthwatch Bristol moving forward. What does this mean? There is strong evidence (quoted below) that functions such as newsletters and network meetings with contact with the CCG and Healthwatch would be welcomed by Chairs in Bristol Patient Participation Groups.

1. **Information sharing**

Of the 19 Reponses there were 14 responses from participants around the need for a steady flow of information back to PPG Chairs to help and support them to keep their practice more informed and connected to area wide knowledge. There was a feeling that the CCG could be more proactive in making sure a steady flow of information is circulated to PPG Chairs. There was an important piece of information here around Chairs and their understanding of who will be supporting them and the point of contact going forward. There is a perception that this will be the CCG so communication will be key in establishing a network.

*“The CCG could be more proactive and disseminate information on timely issues the CCG has been considering through the PPG via Practice Managers.”*

*“I have been proactive in contacting the CCG during lockdown to ask a range of questions and I have had direct responses. So that is what we need, a flow of information from the CCG to help PPGs break out of this insularity so that they can understand what issues are affecting the patch”*

*“I do think there needs to be a better flow of information from the CCG”*

*“CCG updates on the services they are providing for example some Cancer Screening has been paused so updates on that from the CCG via a newsletter would be important and valuable”*

*“We would like information from the CCG, knowing what the strategy and information is going forward so we can relay back to our PPG members and then through our website to our wider patient community so people do get an opportunity to think about what is coming.”*

*“I don’t know what the issues are across the patch. Our PPG has been very insular as we are a new group and our next step is to look at things more broadly. I wouldn’t know where to access what the general health issues are across the local area. So information around that would be welcome.”*

From these comments, there is an opportunity to produce a regular newsletters to better inform Chairs of important pieces of information such as service changes during Covid-19. This was highlighted by one participant:

*“I would find newsletters with links for further reading really useful and helpful for my PPG.”*

One participant shared the desire to tap into embedded health teams in the community.

 *“It would be good to work together with external teams like the Health Links team who could help to improve uptake in diversity.”*

An issue was raised by a participant around gaining a clear understanding of all of the supporting organisations around the PPG dynamic.

*“I don’t have any understanding of these groups such as Healthwatch, CCG and The Care Forum. It would be good to have a map of what these organisations do.”*

*“A newsletter would be useful as long as the information is up to date.”*

An intriguing caveat to information sharing is the value in sharing more area based information to PPG Chairs. Issues are varied across Bristol and this is highlighted in the quote below. Information that is disseminated to Chairs could be broken down by areas to be more relevant and appealing to readers.

*“Though it is good to have an overview of the area, more specific focused information and support because the issues that happen in South Bristol will be different in the other areas. For example there is no cancer support group in South Bristol but there are in Inner city and East and North Bristol.*

**Meetings and teleconferencing**

8 participants shared a desire to have future network meetings similar to the existing model in North Somerset. Those participants that attended Dialogue’s engagement event were really encouraged and positive about the presentation on how PPGs operate in North Somerset. From these comments it shows a real desire to put in place a model of support very similar to the model in North Somerset, the quotes below highlight this.

*“I would like to have more zoom meetings with Chairs.”*

*“I have been really encouraged by today’s meeting and would very much like to build on that.”*

 *“Here in Bristol our PPG gets bogged down on surgery specific issues and loses site of issues that cut across the locality so a network to bring together Chairs is very welcome.”*

*“A network similar to North Somerset would be most welcome”*

**Support and Training**

5 participants commented on the need for additional support and training from the CCG or other bodies. A potential opportunity going forwards would be to incorporate training and support into network meetings with Chairs. This has been done in previous networks in South Gloucestershire. The Care Forum ran informative workshops that were of significant benefit to the network, this work is highlighted under ‘Previous work’ (Page 2). The quotes below highlight the above analysis.

*“Most PPGs are going to struggle to recruit experienced Chairs so a training offer around Chairing could be extremely useful and encouraged more members to become Chairs.”*

*“Support to understand common themes affecting primary care across BNSSG. How the PPG can benefit the wider patient population by engagement with the practices.”*

**The need to avoid duplication**

A comment made by 3 participants was the involvement in the One Care Representative Group, this highlights a structure already in place that is supporting PPG Chairs. It is important that future work with PPGs aligns with existing work streams in order to provide a cohesive approach to supporting and developing PPGs of Bristol. These comments are highlighted below.

*“I am a member of the OCPRG (One Care Patient Representative Group) which has been a very effective and informative group.”*

*“As I understand it there is already a network through One Care but I have not yet managed to link up with them due to the pandemic. Am a bit concerned about overlap if both exist.”*

*“We would welcome an opportunity to meet CCG on a regular basis. I personally would welcome improved mutual respect and co-operation between the CCG and One Care. It has had some ‘bumpy’ times which have improved - it is essential that every effort should be made to create a ‘With’ society not a ‘them and us’ - public money underpins both.”*

# **Discussion**

Overall, we found a wide range of feedback from our engagement with Bristol Patient Participation. The themes we’ve seen emerging from this research show that at present there is a very limited PPG network in Bristol, compared to some good networks in NS and SG respectively. There has been work in the past to develop a Bristol PPG network but this has proved difficult and continues to be a challenge. Given the context of Covid-19 and new ways of working, it is vital to improve communication with Patient Participation Groups across Bristol.

The findings we’ve produced in this report, both through the mapping and then the online event, shares an insight into what can be the foundation for developing the network going forward.

Looking at the national picture of Patient Participation Group development, there are some insightful pieces of information and guidance from organisations such as Healthwatch and The National Association for Patient Participation. These resources can potentially be used initially to better support Bristol based PPGs and their Chairs. The links to these resources are below.

Healthwatch Peterborough and Healthwatch Cambridgeshire have produced a toolkit that provides insight on how to develop a PPG.

<http://www.healthwatchcambridgeshire.co.uk/patient-participation-toolkit>

The National Association for Patient Participation (N.A.P.P.) has a resource guide to help all PPGs work more effectively.

<https://www.napp.org.uk/bbp.html>

**Recommendations**

Overall, we gathered a wide range of feedback from our engagement with PPG Chairs. The themes we’ve seen emerging from this research show that there is a clear need for PPG Chairs to be better informed and supported. Based on this data, this report makes the following recommendations:

1. Develop up-to-date, accessible regional information and disseminate to PPG Chairs via a regular newsletter.
* Making sure this information is current and accessible for its readers
* Ensuring there is important information around service changes from the Clinical Commissioning Group
1. Develop and coordinate PPG Chair network meetings. Dialogue, as part of our engagement have developed a robust list of PPG Chair contacts to ensure the ground work is in place to be able to contact PPGs and begin development.
* The model in which Healthwatch use in North Somerset could be applied.
* This network could begin via online video conferencing such as Zoom.
1. An offer of training for Chairs to develop their role and the PPG they represent, this can be incorporated into network meetings.
* Training Chairs around issues in member recruitment
* Ensure all PPG Chairs have training and support to be confident in using video conferencing
1. Bring together existing work streams to ensure there is no duplication of network and support moving forwards around PPG development
* Make contact with One Care around their current PPG network *(One Care Patient Representative Group)* and gain insight to their offer and support for PPG Chairs presently

# **Next Steps & Further Research**

Healthwatch Bristol, North Somerset and South Gloucestershire will use this work to support Bristol and South Gloucestershire's PPG groups. They currently host a newsletter bi-monthly during Covid-19 restrictions, but in the past 7 years have hosted a network meeting for Chairs of each PPG in North Somerset to come together with the CCG and providers in the acute and community sectors. These meetings have been Chaired by one of their volunteers who brings in speakers to share knowledge and give patients opportunities to respond to changes.

# **About The Care Forum and Dialogue**

[The Care Forum](https://www.thecareforum.org/contact-us/) is an independent voluntary and community infrastructure organisation, supporting the health and social care system across the West of England for over 20 years.

[Dialogue](https://www.thecareforum.org/dialogue/) is the health and social care *insight* and *engagement* service of The Care Forum, supporting the voluntary, community and social enterprise (VCSE) sector across the West of England.

Our work performs to key functions.

First, we develop *insight* through research and engagement to enhance knowledge and understanding within the sector, improve best practise in service delivery, and develop strategy to promote the longer term sustainability of the regional VCSE sector.

Second, we work to improve *engagement*, inclusion and collaboration within the regional VSCE sector and between VCSE organisations and commissioners – enabling VCSE organisations to have influence on strategic planning and service delivery, and ensuring health and social care services are effective, connected, and informed.