



NHS England
Midlands and East

Registered Charity No 292157

Regional project on growing Patient Participation Group (PPG) networks and effectiveness in NHS England, Midlands and East (Central Midlands) region

This year-long project saw the National Association for Patient Participation (N.A.P.P.) work successfully across 14 of the 15 Clinical Commissioning Groups (CCGs) in the NHS England, Midlands and East (Central Midlands) region, engaging with at least 725 individual PPG members, members of the public, and Practice Managers.

The activity and interventions of the project were co-designed by N.A.P.P. with the Patient and Public Engagement (PPE) leads of each CCG, and were bespoke to their particular needs.

There are a number of themes that were highlighted in the project:

1 Variance in PPG effectiveness

Variances were seen in:

- The effectiveness of PPGs in engaging with their Practice
- The success of PPGs in engaging with the local patient population, particularly in relation to having a diverse membership
- The relationships between PPGs and their Practice, particularly how strong or weak, how trusting or mistrusting, and how supportive or directive the relationship between the Practice Manager and the PPG Chair is
- The ability of CCGs to encourage and enable networking between PPGs

PPGs' effectiveness was best when:

- The PPG had an active group of volunteers (even if very small)
- The relationship between the PPG lead and the Practice Manager was trusting and positive
- The PPG and Practice had a shared view of the role of the PPG and the positive impact it could have
- PPGs were encouraged to network with other PPGs and share learning and best practice, ideally at events co-designed by PPGs and a coordinating body such as a CCG

The project also enabled discussions of ways in which diversity within PPGs might be improved, including suggestions of engaging with other community groups that already reach those the PPG finds difficult to reach, and making use of the NHS England Youth Forum's resource *Top tips to involve young people in PPGs*. PPGs are keen to improve their diversity, and the well-attended workshops led by the NHS England Youth Forum at N.A.P.P.'s annual conference in June 2018 demonstrated this.

2 Variance in the engagement activity coordinated by CCG PPE leads

The range of engagement with PPGs coordinated by CCGs highlighted different approaches to involvement.

PPGs are established principally to engage with their local Practice. As all PPG members are volunteers, any engagement with wider agendas including with CCGs (and other wider agendas such as Sustainability and Transformation Partnership [STP] engagement) is essentially "in addition to" the formal PPG role.

There was variance in the expectations of PPG members to be involved in CCG activity, including as a source of patient voice for STP engagement.

3 Variance in the engagement of PPGs in merging or federating practices

Increasingly Practices are coming together, some through formal mergers, some through federations, and some through alliances.

There was a spectrum of PPG involvement in such changes, though with a similar perspective from both PPGs and Practice Managers. Some reported early engagement with PPGs which had resulted in them being able to play a constructive part in the development of partnership working between practices, including keeping a focus on patient needs, looking at different ways in which to represent patient views in the new structure, and in explaining proposals to patients. Others reported little or no involvement until mergers or similar were completed, which often resulted in PPGs (and wider patient groups) being left frustrated at not being involved.

Where Practices come together, their PPGs need to be able to consider how they might best work together on behalf of the larger patient population. In some cases they might, for example, form one PPG, but in others they might see benefit in retaining a number of PPGs that are more coterminous with the original Practice footprints.

4 There is potential for much more sharing of good practice and solutions to challenges

In many areas PPGs and Practice Managers are not good at sharing good practice with their peers, including in response to challenges being faced. This can lead to a

sense of isolation, despite the fact that the issues faced by most PPGs and most Practices in relation to PPG effectiveness and patient engagement are very similar.

One of the most frequent comments at the end of most of the sessions was of the benefit that delegates had gained from sharing their experiences, learning from one another, and using one another to test out ways of dealing with challenges they were facing. Often other delegates were able to offer up suggestions that they had tried out. In addition, the project enabled the wide sharing of the N.A.P.P. resource, *Building better participation*, a co-produced suite of documents co-produced with PPGs that offers a range of best practice tools and tips, including links to many other resources.

5 There is the potential for much more PPG engagement with social media

The examples of PPGs actively using social media such as Facebook or Twitter were few and far between. For example, one PPG lead talked about a successful Facebook page with a (private) membership of 500 or so patients, and the way in which this enabled quick interactions with interested people without attempting to bring them together for a physical meeting. However, this was a rare use of social media, and was rarely echoed.

There is some appetite from PPGs for engaging with social media, particularly by some seeing it as a way of reaching younger people. However, the skill set and confidence for building and maintaining a social media profile was rarely in evidence, and could benefit from development.

6 PPG involvement in quality improvement in primary care

An unintended benefit of the project was the emergence of a clear opportunity for PPGs to be part of a Practice's quality improvement agenda, and more widely within the CCG. This topic area had the added benefit of giving PPGs and Practices that previously struggled to identify a focus for their PPG a clear task to consider focusing on as a piece of joint work. It also led to a workshop jointly led by the CQC and N.A.P.P. at N.A.P.P.'s annual conference in June 2018, which was well-attended by delegates.

The project generated 14 recommendations. These are currently being considered for implementation by NHS England, and are summarised below.

30th September 2018

Recommendations

- 1: CCGs should consider engagement with the Practice Management Network in order to ensure best practice in their liaison with Practice Managers.
- 2: CCG PPE leads should promote the N.A.P.P. *Building Better Participation* resource, as a best practice tool for the setting up and effective running of PPGs. It can be found at <http://www.napp.org.uk/bbp.html>
- 3: CCG PPE leads should ensure they have accurate information on the perceived quality of relationships between PPGs and their Practice, analysing both perspectives. They should then focus support on those relationships that are poor, seeking to improve them.
- 4: CCG PPE leads should enable networking between PPG Chairs and other representatives throughout their area, and between Practice Managers. They should seek the views of prospective participants to optimise such networking (e.g. on frequency, duration, timing, venues etc.)
- 5: CCG PPE leads should seek to broker good relationships between PPGs and Practices where they are aware they are particularly challenged, including offering mediation between the parties, and ensuring the expectation of Practices engaging with their PPG is clear to Practices.
- 6: PPGs and Practices should be encouraged to use the N.A.P.P. resource [*Building Better Participation: Knowing and working with patients*](#) to better understand their local communities.
- 7: PPGs and Practices should be encouraged to use the NHS England Youth Forum resource [*Top tips to involve young people in PPGs*](#).
- 8: CCG leads should consider the balance of power and implementation of co-production principles in the way in which they engage with PPGs and support their networking, and should share their practice to enable more consistent co-production throughout the Region.
- 9: CCGs and NHS England, Midlands and East (Central Midlands) should ensure that, where alliances, mergers or federations are being developed, that PPGs are actively involved from the earliest opportunity, to bring patient perspectives and to ensure that patient voices are well-represented in any new structures.
- 10: CCG PPE leads should consider offering practical training to PPGs on how to build a social media profile, including how to manage and maintain the chosen tool, how to manage real and perceived data and privacy issues, and how to use different media.
- 11: CCG PPE leads should engage with their local CQC inspection teams to coordinate proactive engagement with Practice Managers and with PPGs on the added value PPGs can bring to quality improvement and CQC inspections.
- 12: CCG PPE leads should ensure any patient and public engagement in wider activity than primary care is clearly badged as for PPG representatives or for interested citizens, should ensure this is explored with any PPG network, and should ensure those responsible for STP engagement are also clear about this distinction.
- 13: CCGs and wider health and social care systems should meet the travel and carer costs of PPG representatives and the wider public, to ensure costs don't prevent participation.
- 14: NHS England considers bringing together PPE leads from the 15 CCGs, along with other interested colleagues and N.A.P.P. to consider this project, its work and impact, and possible ways to further embed PPG engagement to build even more effective PPGs.