

# **Health Inequalities. Increasing Diversity in Patient Participation Groups.**

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# Introduction

The Bedfordshire, Luton, Milton Keynes Integrated Care Board (BLMK ICB) is responsible for planning the delivery of NHS services to achieve the aims of its strategy to improve the health of the population, including deciding how resources are allocated. BLMK ICB became a statutory organisation on 1 July 2022, replacing the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group.

BLMK ICB work in partnership with a diverse range of NHS organisations – hospital trusts, ambulance trusts and community and mental health services. It also benefits from local authorities, many voluntary and community sector organisations and Healthwatch partners.

Healthwatch are local health and social care champions that ensure that NHS leaders and decision makers hear the patient's voice and use feedback to improve care as well providing trustworthy information and advice.

BLMK has four local Healthwatch; Healthwatch Bedford Borough (HWBB) Healthwatch Central Bedfordshire (HWCB), Healthwatch Luton (HWL) and Healthwatch Milton Keynes (HWMK).

## The Denny Review

In April 2022, Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS) commissioned The Denny Review; 'A rapid evidence review of the health inequalities experienced by the local communities of Bedfordshire, Luton and Milton Keynes'. It aimed to improve its understanding of health inequalities in its local communities and good practice to address them. It identified priorities for areas of focus for engagement and co-production with individuals and communities to agree actions to reduce inequalities. One of the short-term recommendations from the Denny review, published in September 2023, is to 'support general practice to ensure that Patient Participation Groups (PPGs), as required within contracts, are in place and receive sufficient investment'.

To support with the delivery of this recommendation, HWCB and HWMK included PPG development in their health inequalities plans and in March 2024 began working in partnership to produce a PPG toolkit. The toolkit aims to support GP practices with templates, guidance and tips to set up or re-establish inactive PPGs and expand/develop existing PPGs with greater participation from under-represented groups across the whole of BLMK and to gain feedback from PPG members what sufficient investment looks like.

# Patient Participation Group (PPG)

A Patient Participation Group (PPG) comprises patient volunteers, the Practice Manager (PM), and one or more General Practitioners (GPs). PPGs are open to all patients registered with their GP Practice, aged 16 years and over, and their carers (even if not registered with the practice themselves). PPGs have benefits both for patients, the practice and the community including improved healthcare, better informed access to care, reduced costs and better doctor/patient communication.

## Executive Summary

Between April 2024 and March 2025, Healthwatch Central Bedfordshire (HWCB) and Healthwatch Milton Keynes (HWMK) conducted a mapping exercise of GP Practices across their regions to assess the status and effectiveness of PPGs.

Of the 24 GP Practices in Central Bedfordshire, 20 had active PPGs, while Milton Keynes had 31 GP Practices, 20 of which were active at time of report.

To support GP Practices in developing inclusive and active PPGs, HWCB and HWMK collaborated on a self-assessment tool, surveys, and a draft PPG toolkit. These resources were co-produced with input from patients, healthcare stakeholders, and community organisations through meetings, direct emails, and social media engagement.

Key findings and actions included:

### **Community Engagement:**

- Targeted outreach to underrepresented groups, including young people, ethnic minority groups, and people with disabilities.
- Direct engagement through GP Practices, libraries, and community events to raise awareness of PPGs.
- Collaboration with local schools, faith groups, and social organisations to encourage participation.

### **Barriers Identified:**

- Lack of awareness about PPGs, particularly among younger individuals and ethnic minorities.
- Accessibility concerns, such as transport limitations and digital exclusion.
- Perceived lack of influence or effectiveness of PPGs in addressing patient concerns.

### **PPG Toolkit & Feedback:**

- The draft PPG toolkit was well received, particularly by inactive or newly forming PPGs.
- Some established PPGs found certain administrative elements redundant but appreciated guidance on inclusivity and community engagement.
- The self-assessment tool was seen as useful, though some PPGs expressed concerns about its administrative burden.

## 🗨️ Recommendations for Improvement:

- **Accessibility & Inclusivity:** Ensure meetings are held at varied times and provide virtual attendance options. Improve transportation support and create simplified recruitment materials.
- **Training & Capacity Building:** Offer structured leadership training for PPG chairs and members, enhance GP staff awareness of PPGs, and establish a mentorship program for new PPGs.
- **Resource Allocation:** Secure funding for PPG operations, provide reimbursement for volunteer expenses, and improve communication infrastructure.
- **Enhancing Visibility:** Strengthen online and offline promotion of PPGs, including social media engagement and better integration into GP websites and appointment systems.
- **Monitoring & Evaluation:** Conduct regular reviews of PPG effectiveness and share success stories to encourage participation.

Overall, the project has laid the foundation for increasing PPG engagement and diversity, with the final PPG toolkit expected to be widely adopted across BLMK.

Continued investment, training, and outreach will be critical to sustaining these efforts and ensuring that PPGs effectively represent all patient demographics.

## Methodology

HWCB and HWMK independently interacted with Practice Managers, PPG Chairs, and members of the community in their designated regions, utilising both similar and distinct engagement strategies.

A summary of all engagement methods employed by both HWCB and HWMK is provided below:

### Mapping and Surveys

🗨️ In April 2024 HWCB undertook a mapping exercise of the 24 GP Practices across Central Bedfordshire by directly emailing the Practice Managers to inform them about the project and its aims. The status of the PPG at each Practice was determined (active, inactive, non-existent). 20 Practices had an active PPG. names/contact details of the PPG chairs requested. The PPG Chairs contacted HWCB to provide their email addresses for future correspondence.

In Autumn 2023, HWMK conducted a similar mapping process, establishing a contact database that included names and contact information for PPG Chairs, as well as the status of Practices' active or inactive PPGs. This database was consistently updated to reflect mergers of Practices and their PPGs, along with any groups that disbanded throughout the project's duration. At time of reporting, Milton Keynes is home to 31 Practices, with 20 of them having an active PPG.

🗨️ A preliminary self-assessment tool was developed by HWCB and HWMK, utilising existing PPG resources gathered from [N.A.P.P](#), [The Patients Association](#), and various national Healthwatch organisations. This tool allows PPG members to conduct a 'self-audit' of their own group and create an action plan.

It was sent via email to all Practice Managers and PPG Chairs and also presented in person during PPG meetings. Feedback was gathered on the tool, and any suggestions received were reviewed and integrated into the final self-assessment tool. You can find the results and comments from the tool in the [here](#). These findings played a significant role in shaping the upcoming draft PPG toolkit.

\*Please refer to the PPG toolkit's template section for the final version of the self-assessment tool.

- Q In April 2024, HWCB and HWMK collaborated to create two questionnaires, which were set up in [Smart Survey](#), one aimed at patients and the other for GP staff members. HWCB distributed links to the surveys directly to all GP Practices and PPG chairs in Central Bedfordshire. Additionally, a poster featuring a QR code that linked to the survey was designed and shared across social media, the HWCB website, GP TV screens, and the BLMK ICB Primary Care bulletin. The survey was also displayed on the Dunstable Town Centre 'What's On' TV screen.



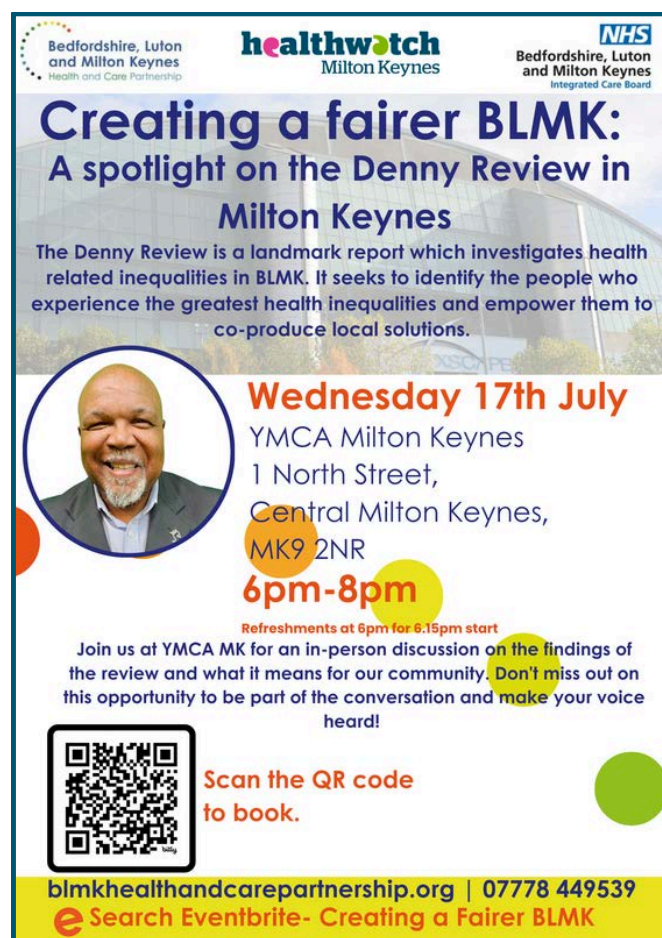
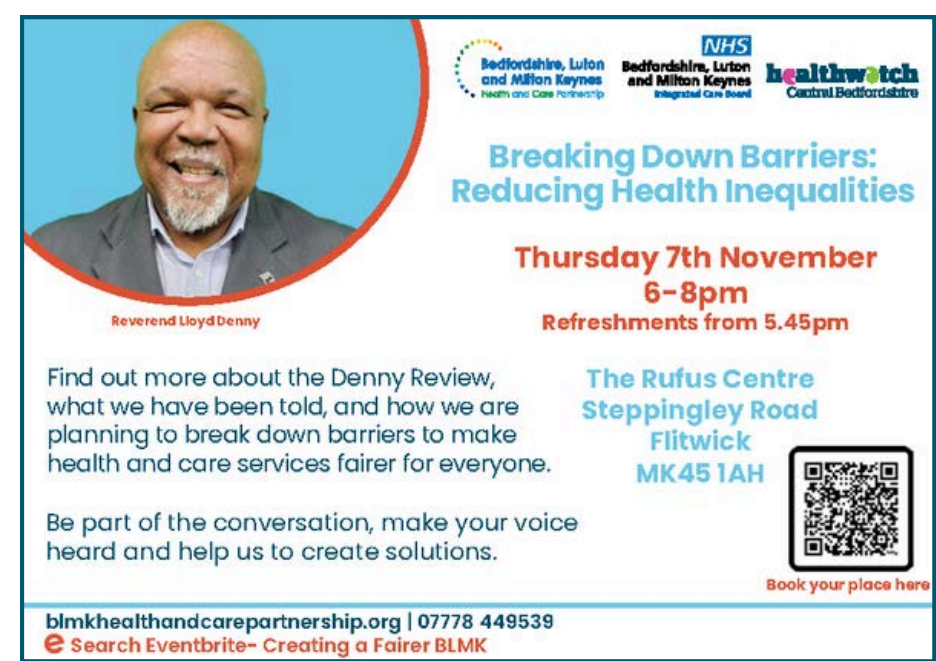
- Q HWMK took a different approach with the questionnaires by personally visiting sixteen Practices in Milton Keynes, engaging with staff and patients to complete the surveys together. Participants were encouraged to provide honest responses and assured them of anonymity. These visits were conducted between May and July 2024. The feedback gathered from healthcare staff and patients through both questionnaires played a crucial role in shaping the draft PPG toolkit and provided valuable insights into the gaps within the PPGs.

For comprehensive results, please click [here](#).

## Meetings and events

- Q HWCB met with the [NHS England People and Communities Participation](#) Manager to discuss engagement techniques tailored to young people. They signposted HWCB to various resources and to the NHS free training course which is suitable for PPG members and Primary Care staff 'Working with People and Communities to Improve Primary Care'. Click link to the course and resources [here](#).
- Q HWCB attended the Central Bedfordshire Primary Care Managers meeting on 4th September 2024 to discuss the PPG project and the draft PPG toolkit.

HWCB & HWMK, in collaboration with partners from BLMK ICB (Integrated Care Board), hosted Denny events on Thursday 7th November, 2024, at The Rufus Centre and on Wednesday, July 17th, 2024, at YMCA MK. These in-person gatherings focused on the findings of the Denny Review and their implications for our community, providing a platform for discussions about 'making your voice heard!'



The events featured:

- A welcome and introduction to the Denny Review by Rev. Lloyd Denny.
- A presentation titled 'What We Heard'.
- Insights on how the Integrated Care Board is responding.
- A table discussion led by facilitators, centred around the question: 'Is there anything else attendees want the ICB to consider in the implementation plan?'

Additionally, the 'Increasing diversity in PPGs' project was introduced, inviting members from various local PPGs to participate in the sessions.

## PPG toolkit

A draft PPG toolkit was co-produced by HWCB and HWMK to help guide existing and new PPGs covering a range of topics from setting up a group, it's benefits, roles of members and sections on expanding membership with a focus on the involvement of young people and those from more ethnic diverse groups.

HWCB and HWMK also utilised existing PPG resources produced by national Healthwatch and other organisations, e.g., N.A.P.P and The Patients Association. Engagement was undertaken with the HWCB Young Healthwatch about PPGs and they also designed a poster, which can be found in the toolkit, that can be used by GP Practices to advertise their PPG.

Feedback and suggestions which were shared with HWCB and HWMK from the self-assessment tool and staff & patient surveys were incorporated.

The draft PPG toolkit was shared, via email, with Practice Managers and PPG Chairs in September 2024. All comments, feedback and suggestions were collected by HWCB by 30th November 2024 and by HWMK in early January 2025 and were used to produce a final version of the PPG toolkit ([see here](#)). Once the PPG toolkit has been agreed on by BLMK ICB, it will be shared to all GP Practices across BLMK.

A feedback form for the draft PPG toolkit was produced by HWCB and shared to Practice managers and PPG Chairs across Central Bedfordshire.

Along with the draft toolkit and feedback form, HWCB also sent a questionnaire to Practice Managers and PPG members to complete, asking them what resources and investment would they need to restart, expand or sustain their PPG. HWMK had conversations with those PPGs who had been trailing the draft toolkit and covered the same points as HWCB's feedback and resource forms.

The key points raised by PPG members raised for requiring more resources included communication and marketing, time, more young people, a general lack of financial input, examples including, for SMS costs, venue hire, printing and other recruitment materials.

Both HWCB and HWMK commenced a case study of how a PPG utilised the draft toolkit both of which are ongoing.

HWCB and HWMK offered support to all PPG Chairs and Practice Managers by attending PPG meetings to gain insight into the experiences with the draft PPG toolkit and to gather feedback about the types of investment required to support a PPG.

All comments and feedback on the draft PPG toolkit can be found [here](#).



**Final HWCB & HWMK PPG toolkit**  
(click on cover to access)

## Community Engagement

### HWCB

HWCB undertake an annual community engagement roadshow, 'Just Ask' between April and September in different towns across Central Bedfordshire. During 2024, eight residents from Leighton Buzzard and six residents from Dunstable completed the Patients Survey.

### **Jigsaw Club**

Of the 60 people at the Jigsaw Club, a group for those with physical disabilities, meeting in August 2024, none of the attendees had heard of a PPG. When asked what the barriers would be to joining their PPG, they said, "*Lack of transport*", "*Not being digital*", "*Anxiety*" and "*Uncertainty*" as to whether they would be listened to.

A comment from a blind person was "*Not much to gain, as a blind person, I wouldn't be able to read leaflets and literature. I am unable to drive and rely on family members to take me anywhere.*" One person said, "*I don't know if I would be listened to*" and another person said, "*My surgery has a virtual PPG, just checked the website and I'm going to join.*"



## Silsoe Horticultural Centre

An informal discussion with 6 service users of Silsoe Horticultural Day Centre, which is a day centre for adults with learning disabilities, was undertaken at the centre itself. The main barriers to joining their PPG included being with strangers without a family member, fear of not being able to understand, feeling anxious, and the size of the PPG.



One person that had heard of a PPG said, *"I go to Wheatfield surgery, I've seen the PPG stuff on the noticeboard, I would be interested in joining."* Another service user commented, *"I would be uncomfortable in a room with strangers without my mum, I couldn't go without my mum."*

One person said about their GP practice, *"The receptionist and the doctors don't care about my health condition or what happened to me before I lived here. My mum gets sad. They don't treat me with respect."*

## HWCB Away Day

The HWCB Away day, an annual event for HWCB directors, staff and volunteers, brainstorming session asked three questions of the 16 attendees; 12 of which were aware of what a PPG is, and four attendees were members of their PPG.

When asked what would encourage them to join their PPG, answers included: *"feeling involved and being heard"*, *"more prominent information about the PPG on the Practice website"* and *"the Practice Manager approaching patients and encouraging them to join."* When asked what they thought a successful PPG looks like, the attendees answered, *"Sufficient resources"* and *"Practice Manager to be proactive"*

## HWMK

Throughout the mapping phase of the project, HWMK has actively participated in various community engagement events, engaging with the public to discuss their understanding of PPGs and any challenges they might encounter within their GP Practice groups.

## The Great Big MK GP Survey

Between April and June, HWMK conducted several engagement initiatives to promote the second annual Great Big MK GP Survey. Although the primary focus was on raising awareness of the survey, meaningful conversations took place with numerous individuals about their knowledge of PPGs.

Venues visited included Bletchley Library, Central Milton Keynes Library, and Wolverton Library. One person said *"I know my Practice has a PPG but I never know what it's all about and what kind of thing they do."* they added *"I think that's what would put me off joining - it all sounds like a secret club!"*

## Community groups

During the same time, HWMK met with leaders of various community groups in Milton Keynes including [The Hindu Association](#) and MK Melting Pot to learn more about barriers that those from more ethnic diverse backgrounds could face when wishing to join a PPG.

*"I think having representation within a patient group is very important. There are issues that we face that another race might not. Getting these points across and knowing that they are being heard is of utmost importance"*

HWMK were invited join The Melting Pot's two day community event on 2nd and 3rd August where attendees were engaged with.



## MK Melting Pot Community Fun Day

[MK Melting Pot](#) is an organisation passionately led by Jade Jaieyola and her team of volunteers with a base in Downs Barn Pavilion, Milton Keynes. The organisation was set up about 10 years ago with an aim to help empower people from diverse cultures with skills, learn and integrate. She is very keen to work with us all to help raise awareness of the range of local services and bring them to communities.

## Q:Alliance event

On 22nd June 2024, HWMK attended Q:Alliance's community event. [Q:Alliance](#) is an LGBTQ+ charity for Milton Keynes and surrounding areas, providing support, information and empowerment to the community.

This gave HWMK a fantastic opportunity to speak to members of the LGBTQ+ community about the issues they face when wanting to join a PPG. We engaged with 22 people who gave us some valuable feedback: *"As someone who struggles with the GP side of healthcare regularly, I don't know how valued I'd be as a member of such a group"*.

Tracy Keech (Dept. CEO, HWMK) gave a short presentation of Healthwatch Milton Keynes' work and focuses to attendees which was very well received.

## Pencarrow Mews Drop-in

On the first Tuesday of every month, Milton Keynes City Council host a pop-up event at [Pencarrow Mews](#) which is a 70 home development made up of one and two bedroom units providing stays to local families and individuals in urgent need of temporary accommodation. Between April and July we spoke to a number of residents from different backgrounds to ascertain their knowledge of PPGs and discuss how their voice is vital to PPG development.



One gentleman said *“I like the idea of a group but feel that someone who is in temporary housing will be greatly judged and not taken seriously.”* another resident said, *“I’ve never even seen this type of group being advertised let alone known that they are actively recruiting.”*

During these events, a number of Patient Surveys were completed. ([See here for full results](#)).

## General community engagement

Healthwatch Milton Keynes also attended several other community engagement events between April and July, gathering valuable information and feedback about peoples experiences and knowledge with PPGs, and any barriers they may have/envisage having when joining PPGs. All of which fed into the production of the draft PPG toolkit. These events included:

-  [PACA](#) (Parents & Carers Association) event - May 2024.
-  Caroline Haslett Primary School Wellbeing Fair - May 2024.
-  Dementia Awareness event - July 2024.

## Young Healthwatch

[Young Healthwatch volunteers](#), during one of their monthly meetings were asked a set of questions about PPGs, for example, had they heard of PPGs, what would incentivise them to join, what would prevent them from joining, and how should PPG's recruit young people.

The YHW volunteers produced a poster, designed to appeal to young people, which could be printed off by GP Practices to display in their surgery. The poster was included in the draft PPG toolkit.

Nine YHW volunteers undertook a ‘mystery shopping’ exercise; each volunteer was allocated a local GP Practice to contact via email, online, by visiting the GP Practice reception, or by telephone to ask the following questions:

- Q Is there a Patient Participation Group here that I can join?
- Q How old do I need to be to join?
- Q How often do you have meetings?
- Q What time are they usually held at and where do you have them – are they online or in-person?

All responses received from the GP Practices were sent to the HWCB Youth Engagement and Volunteer Officer via WhatsApp or email. You can view the report [here](#).

## Young Healthwatch engagement

Of the 12 Young Healthwatch volunteers attending one of their monthly YHW meetings, 9 of them had heard of PPGs and three had not. The volunteers were asked questions about their PPG for example, had they heard of them, what would incentivise them to join their PPG, ideas on how PPGs could recruit more young people and what would prevent them from joining.

When asked what would incentivise them to join, answers included money, vouchers, food and refreshment availability, flexibility, adding, *“Incentives, sell it, it looks good on your CV.”* and *“Advertise that there are other like-minded people of similar age so they won't be there alone only with adults.”*

Other suggestions to encourage young people to join included offering transport, having combination meetings (face-to-face and online), social events and having a variety of meetings and allowing different ways to feedback. An example of this was given; *“At HW meetings we have post it notes and chances to chat around ideas.”*

Other comments include, *“Not too far to meetings.”* Another YHW volunteer said, *“Maybe not every time, maybe for set pieces of work etc.”*

However, the young people stated a GP with a bad reputation would discourage them from joining the PPG: *“If they have a bad reputation already.”*

Other factors that the YHW members said would encourage them to join their PPG would be, *“Good timing”* and *“One meeting a month maybe.”*

The benefits of joining their PPG included, *“Meeting with other young people”, “If a young person has concerns about the long waiting list to access GPs and wants to make a change”, “Make yourself better”* and *“Support around career progression or work experience.”*

Additional comments include, *“Knowing that the impact the young people make will be beneficial for GP's.”*

## Young Healthwatch Mystery Shopper

Nine YHW volunteers aged between 15 and 24 years of age undertook the ‘mystery shopper’ exercise during September and October 2024. Eight of the volunteers contacted a designated PPG Practice via telephone and one volunteer went into the Practice.

Salisbury House, Bassett Road, Houghton Close Surgery, Larksfield & Arlesey, Kingsbury Court, Eastgate, Greensands and Caddington Surgeries were each contacted by one volunteer whereas two volunteers contacted Houghton Close Surgery.

Generally, there were some staff members that had very little knowledge about the PPG, others had a little information, and some signposted the young person to the GP Practice website or advised them to contact the Practice via it's email address.

- 🗨️ One GP Practice said they would email information about the PPG to the volunteer but did not.
- 🗨️ Two surgeries said that PPG members have to be aged 18 years or over.
- 🗨️ Another surgery staff member spoken to was not sure if there was a PPG at the Practice and was unsure as to how to join it; she provided an email address to use. However, the same GP Practice, on another occasion, said that the PPG was *"top heavy with an older demographic of people"* and that they were looking for younger people. The receptionist was keen to take the volunteer's details and said that the next meeting was in 4-5 weeks' time.
- 🗨️ One YHW volunteer was told that her details would be forwarded to the Practice Manager, unfortunately, the PM did not get back to her.
- 🗨️ One volunteer was advised to email the Practice, however when she did, they only replied to say that the PPG is only for registered patients without any other information.

One YHW volunteer that contacted a GP Practice said: *"She seemed clueless on the phone (receptionist). I asked how old you needed to be, she said 'any age', I asked how often you have meetings, she said 'she doesn't know'".*

I then asked what time they are usually held and where do you have them and she said, *"that I must go online to have a look, because she doesn't know but she said that there is a PPG, but she made it really difficult to try and join, and she said that I have to go into the surgery to pick up a registration form if I would like to join. She had no idea when they were, or what time they were at."*

However, another YHC volunteer had a more positive experience, *"They were good. She said that there is a PPG, I can be any age to join, they meet once a month, on a weekday, in the morning. The times can change. They want to make sure you are registered at the surgery before they give you more information."*

More information about engaging with and involving young people can be found in the [Appendix](#).

# Summary of findings

The project aimed to support GP Practices to ensure that PPGs, as required within contracts, are in place and received sufficient investment and to ensure that there was greater participation from under-represented groups.

The following is summary of findings from the engagement undertaken by HWMK and HWCB.

## Self-assessment tool feedback

### HWCB

The self-assessment tool was completed by members of three GP practices (Priory Gardens, Larksfield & Arlesey and Salisbury house). There were no recommendations made from these surgeries regarding the content or format of the tool itself however some comments were made as follows:

*One PPG said, "It was useful overall and made us think of some areas we need to improve in and/or incorporate. We would clearly benefit from some sort of training in all areas. We are a relatively new committee, made up of 50% old committee members and 50% newly joined members. Most of the new members have no medical experience or knowledge of how the NHS works."*

The self-assessment tool is included as a template in the PPG toolkit. During the later consultation process for the draft PPG toolkit, there were some recommendations made by a PPG member made regarding the self-assessment tool as follows:

*"The self-assessment template which is nearly all about assessing the means/administration of a PPG, with almost no assessment of the ends – in other words did the PPG actually make any difference in the seven fields listed on page three. Of course, running the PPG properly is important but this is not why it exists. Has it been effective at improving the patient experience must be the real judgement of whether it is worthwhile and this needs to be emphasised and strengthened in the assessment section."*

*"The self-assessment needs to focus on why the PPG exists. At the moment it focusses on whether it is administered itself properly, of course, it should do that but even if it achieves that, its only value to anyone has to be whether it changes anything for the better in the real world for patients."*

### HWMK

The questions in the tool were aimed to gather information of how established PPGs currently work, how effective it is, and explore options for growing your membership, and ways that a PPG can have a positive impact on their GP Practices.

The self-assessment tool was completed by 21 members of 4 PPGs at Whaddon Healthcare, Westcroft Medical Centre, CMK Medical Centre and NPMC @ Kingfisher.

There was a mix of positive and negative feedback from the PPGs that took part.

One PPG member said, *“As a well established group, I feel this is nit-picking and trying to find flaws. The group has been active in trying to recruit but the simple case is no one wishes to join from different, more diverse backgrounds.*

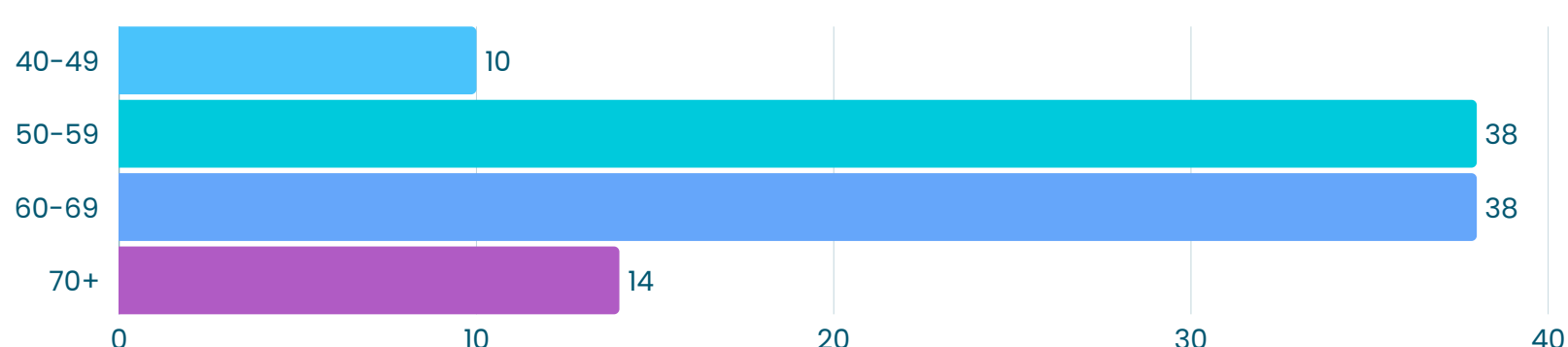
*As for addressing the admin side of things, everyone knows their place without the need to put a name on things.”*

Another member of a different group added *“The self-assessment template is a great tool to look at gaps but can also add pressure onto the group knowing that we’re missing things. For example, having training in certain areas is a brilliant idea but all being volunteers can be tricky to find the time, let alone the finances to do so.”*

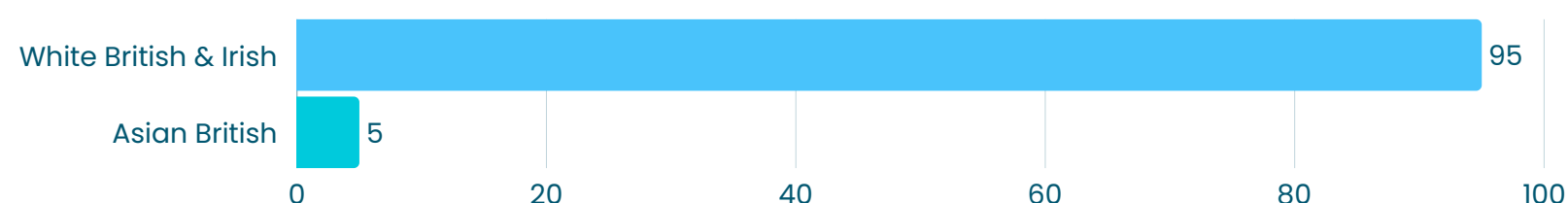
A member from a less established group said *“The tool is a brilliant way of highlighting areas that we may have missed. Knowing that there will be a guide (the toolkit) to follow with examples of best practice on how to rectify some of these areas will be extremely beneficial to the group moving forward.”*

### Demographic information from the self-assessment tool in Milton Keynes shown below:

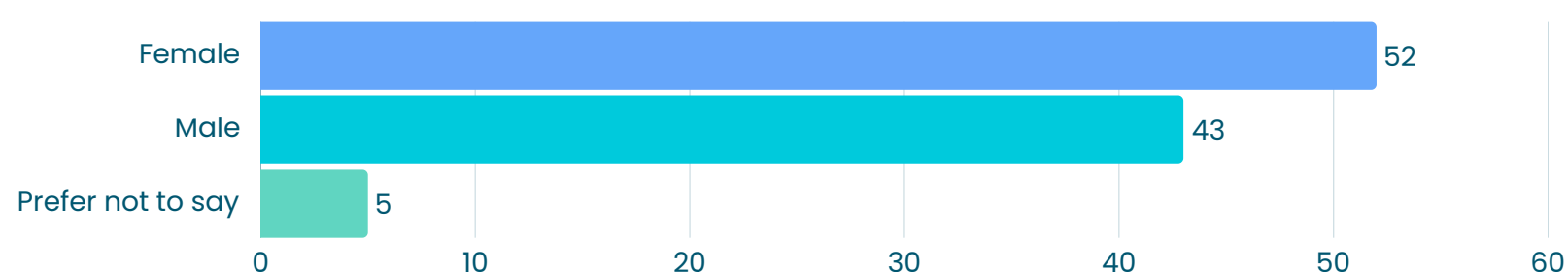
#### Age (as percentage)



#### Ethnicity (as percentage)



#### Gender (as percentage)



Results from the self-assessment highlighted the following areas:

- 5 of the 21 responses to the self-assessment had noted that they had no one in the group who looked after a social media page(s). With one asking *“how is this done?”*
- Everyone who completed the survey had said that the group openly advertise for new membership into the PPG on noticeboards/electronic screens in the Practice’s waiting area and on the Practice’s website.

- Q When asked 'Do your recruitment practices also include the recruitment of young people and different ethnicities?', the majority of responses were positive but several had commented that more ethnic diverse communities were difficult to advertise to and experienced 'a lot of a push back'.
- Q All responses had noted that they have not received any formal training in areas including chairing meetings, dealing with difficult situations, structure and work of the NHS, on how a GP Practice runs as a business, patient leadership and confidentiality. Some comments mentioned that this would be hard to go as the group is made up of volunteers and time may be an issue.

## Survey highlights

HWCB and HWMK undertook two questionnaires, one for GP Practice patients and the other aimed at Practice staff/PPG members, the main themes summarised below:

Of the **51** patient responses received by HWCB:

- Q 80% had heard of a PPG.
- Q Over 50% knew if their Practice had an active PPG.
- Q Less than 40% were members of their PPG.
- Q Most of the meetings were held face to face.
- Q The main reasons for not becoming a PPG member was, 'flexibility of meeting times' and 'not knowing what a PPG does.'
- Q The three main things that would encourage someone to join their PPG included 'knowing that the Practice was proactive', 'being listened to' and 'knowing that change would happen.'

Of the **32** GP staff/PPG member responses for HWCB:

- Q 70% said that their Practice had an active PPG.
- Q Only 3% of staff were also PPG members.
- Q 28% felt their PPG was open, consensual and engaging.
- Q 75% were satisfied with their PPG undertaking PPG activities.
- Q 63% were satisfied with the PPG level of engagement.
- Q 63% of staff were satisfied with the levels of reach into the community.
- Q 56% of staff were satisfied with diversity in it's structure and approach.
- Q 78% were satisfied with the PPG's levels of support (collaboration).

HWMK received **42** responses to the Patient Survey which its highlights included:

- Q 40% had heard of a PPG, while a high 60% had not.
- Q Less than 40% knew if their Practice had an active PPG.
- Q Only 6% of respondents were members of their PPG.
- Q All respondents noted that the meetings were face-to-face.
- Q The main reasons given for not becoming a member of their PPGs were 'not knowing enough about what a PPG is/does', 'flexibility of meeting times' and 'not believing that their voice would be listened to'.
- Q HWMK found that the three main things that would encourage someone to join their PPG were the same as in Central Bedfordshire.



Of the **26** GP staff and PPG member responses for HWMK:

- 🗨️ 73% said that their surgery had an active PPG.
- 🗨️ 19% of staff who participated were also PPG members.
- 🗨️ 86% felt their PPG was open, consensual and engaging.
- 🗨️ Less than 50% were satisfied with their PPG undertaking PPG activities.
- 🗨️ 81% were satisfied with the PPG level of engagement.
- 🗨️ 53% of respondents were satisfied with the levels of reach into the community.
- 🗨️ A low 10% of staff were satisfied with diversity in it's structure and approach.
- 🗨️ 90% were satisfied with the PPG's levels of support (collaboration).

Full results from both surveys can be found [here](#).

## Feedback from draft PPG toolkit

### HWCB

Five feedback forms were completed by PPG members and Practice Managers and returned to HWCB. Additional feedback was provided directly via email.

#### **Q1. PPG members were asked to state which sections did you find the most useful & why?**

All respondents found the toolkit very helpful very informative clear and useful. One person saying, *"Section 7 the list purpose and objectives are excellent."* and another adding, *"All sections are considered to be appropriate either as a reference for existing PPGs or to those starting from scratch."*

#### **Q2. Please state which sections did you find the least useful & why?**

Although all PPGs found all sections useful, one PPG member clarified by saying, *"If I had to choose something, it would be the templates, as we have this written up already by a PPG member who is very experienced in these things."*

One PPG Chair said, *"The diversity and involving children's sections were considered to be unhelpful."*

On furthering questioning as to why they found these sections unhelpful, HWCB received the following response from the PPG Chair: *"Our PPG membership is largely self-selected - if people want to join, they can - we have no restriction on numbers. Many people are happy to be virtual members, receiving agendas and meeting notes by email. They may attend a meeting if there is something of particular interest, or not, the choice is theirs. This flexible approach works well with our members, and we have seldom found it necessary to go out and ask people if they want to join."*

*By its very nature, our member demographic has a middle to elderly age profile. This is the group that places the largest demand on the NHS. It also has more time to devote to meetings as the majority are retired. Younger people place fewer demands on the NHS and are therefore less interested in how the service is delivered. People with long-term conditions, such as MS or PD, are probably better catered for by specialist clinics, rather than by PPGs. Younger people are also more likely to have family and work commitments and have less time for outside meetings."*

*“I used to work in London, catching the 7am train there and arriving home by 6:30. This left little time in the evening for external events. One new member resigned today because of family and work commitments.*

*With regard to LGBTQ+ issues, we may have some members already, but we don't go out of our way to find out. We think that it's irrelevant to their healthcare needs.*

*Similarly, we think children have better things to do with their time than to attend PPG meetings. In my twelve years in the PPG, we have never been asked by a child to join.”*

### **Q3. PPG members were asked to state which templates did you find the most useful and why?**

They found them all to be useful with the meeting minutes and self-assessment templates being highlighted, however one PPG members said: *“They're OK except for the self-assessment which is all about the means and little about ends. The self-assessment needs to focus on why the PPG exists. At the moment it focusses on whether it is administered itself properly, of course, it should do that but even if it achieves that, its only value to anyone has to be whether it changes anything for the better in the real world for patients.”*

### **Q4. Please state which templates did you find the least useful & why?**

Most people found the templates useful however one person said, *“Everyone except the self-assessment, for the reasons already stated ([here](#)). But that said, they still look good.”*

### **Q5. Are there any further sections/templates that you would add & why?**

Most respondents said that there weren't any further templates or sections they would add. One person suggested including 'communication methods', however this is already covered in the toolkit and 'potential surveys' to include what to ask of patients. HWCB did not feel that this would be suitable as there is already a section within the toolkit informing PPGs of the survey platforms available to use e.g., Smart Survey and the contents of the survey should be determined by the PPG itself according to the type of information and feedback it is hoping to collect about its patients.

One respondent said, *“I think a section giving examples as to how a PPG might achieve the seven objectives listed on page three would be helpful. I agree with the seven bullets, but for example how does a PPG ensure practices remain accountable and responsive to patient needs? We also need a section about assessing what changed as a result of the PPG activity.”*

In response to this feedback, a template has now been added to the self-assessment tool that records objectives, actions taken to meet objectives, who has responsibility for actions, timescales, resources required and completion of actions.

### **Q6. Are there any sections/ templates that you would remove & why?**

All respondents said there were no sections that they would remove as they were all useful, however one person added:

*"I would strengthen on what the purpose of the PPG is (page 3). We need to clearly say that a PPG has no purpose except to change the experience of outcomes for the better. If it can't or fails that, it is just another administrative thing."*

#### **Q7. How easy was it to understand?**

All respondents said it was easy to understand, one person said, *"A well-structured and comprehensive guidance document."*

#### **Q8. When asked how likely are you to use this toolkit and what they intend to use it for,**

some respondents said that it was handy for reference, some would use all of it, particularly those that did not have a PPG currently, adding, *"As a Practice that had recently had a breakdown in our PPG whereby the chair left, we are starting again."* Another PPG member added *"Page three is useful."*

#### **Q9. Additional comments about the draft toolkit included the following:**

- Q Very easy to understand.
- Q Already started using it and will use some of the information to set up a PPG Facebook page.
- Q A really good useful document.
- Q Page 3 - 'What is a PPG?' I think it might be better titled 'What is the Purpose of a PPG?'
- Q Needs to focus much more on the end objective and less on the means and a section on assessing itself against the objectives.
- Q We need to review how we include a wider audience in a manner that will encourage a constructive interest and at the same time be sympathetic to those who have genuine worries about health. That audience does not necessarily have to join a committee but would feel involved.

Practice Managers also provided the below:

- Q *"I just wanted to feedback following the PPG meeting last night. We found the toolkit reinforced what our established PPG are doing. The one area that we feel we need to look into further is recruitment of the young person. Your page on this will help us with this. It was useful to refresh us on areas like updating the website etc. I can see this tool helping others."* (Greensands Practice Manager)
- Q *"As we are currently trying to restart our PPG this toolkit will now allow us to follow the Healthwatch advice and guide us through the process. It is clear now that we can improve on where we were and move forward now to create a more robust PPG that will hopefully attract more patients to join it. A new PPG and this toolkit are invaluable to making it a success."* (Wheatlands Practice Manager)

#### **Q10. Practice Managers and PPG members were asked what resources/investment they might need to re-start/expand/sustain their PPG effectively?**

The answers were based on responses from PPG members and Practice Managers and are summarised under the headings below:

## Training & third party PPG resources

During a meeting with the NHS England People and Communities Participation Manager to discuss engagement methods, HWCB were informed of the following training resource that they had produced, *'Working with People and Communities to Improve Primary Care'* which is aimed at PPG members and primary care staff.

It is available via 'Future Learn' (a website offering a range of online courses). The course is available free for 2 weeks after registration however can be extended for £39.00. See link [here](#).

The National Association for Patient Participation (N.A.P.P) provides support and resources to PPG members to run an effective group which impact quality of care and outcomes for primary care patients.

Although N.A.P.P offers an extensive range of support for members there is an annual membership cost of £80/per year per PPG. See [here](#) for more information:

The Patients Association (The Patients Association, 2022) is an independent patient charity campaigning for improvements in health and social care for patients.

The Patient Association is free for members however does not offer the same scope of resources as N.A.P.P.

*One PPG member said, "We really need to find out how much talent we can call on so we can set realistic long-term ambitions and also get on with delivering what we have already agreed."*

*One PPG member added, "The members of our PPG come from either a senior or managerial background within their former or current workplace and have the necessary skills to be a coherent body associated with the Practice, although not for specific management of a medical facility. We are aware from the Practice Manager of the wider area health needs. The feedback strategy from patients currently falls within the Practice/NHS follow up surveys, common to all appointments."*

*Another PPG member said, "Data collating and analysing is within our skill set. Feedback from patients tends to be from those who know a PPG member. PPG has been recognised within a CQC inspection."*

## Communication & marketing

One particularly large GP Practice, which has a very proactive PPG, produces a newsletter that is sent via the messaging platform, [AccuRX](#), to all patients; it also recruits PPG members via this platform. They had concerns about the challenges and restrictions to bulk messaging using the system e.g., limited to approximately 250 messages at a time.

For their Practice, they recognised that SMS was by far the best way to contact most of their patients and that it is low cost compared with other means. They recently had success with recruitment of three new PPG members via this method including one younger person (aged 21 years).

The PPG said, *“OK, the NHS App and email should be cheaper, but they don't have the same reach.”*

The Practice Manager stated, *“Sending bulk SMS to patients is very time consuming. It takes me 3 days to send out our newsletter via text (via AccuRX) to approximately 18,000 patients. We can only send 249 patients in one batch. We have looked into this and AccuRX state that we should be able to send 5000 messages in one batch.”* They added, *“Funding is being taken away for online consultation via AccuRX therefore the text message facility would be removed by end March 2025”* They also said, *“We are not allowed an NHS email address for PPGs, have to use Gmail and are not allowed to share an email inbox. Without NHS accounts we cannot do meetings over Microsoft Teams.”*

One PPG member said, *“Our priority at the moment is recruitment. We need a few more members that are willing and able to take more action centred leadership roles. However, the difficulty of that goes hand in hand with the constraints we have of communicating with the patients en-bloc.*

*As we discussed in the meeting you (HWCB) came to, broadcasting SMS messages has by far the best reach, but despite their good value, it still comes at a cost, that it would seem the ICB doesn't want to bear. And then, there is the undue and surely unnecessary Practice labour cost in sending them. We would want to send a message to all patients less than 10 times a year to announce newsletters, events, recruitment drives etc. In comparison leaflets would be far less efficient in terms of reach but still have a place. The per item cost (even from China) is similar to SMS.*

*Despite the effort that went into producing the last newsletter, only 3% of patients got to hear about it. A bit depressing! Is there any way you can help us achieve better patient communications - we don't have any money!!! Is there any way we can work together on this?”*

A recent wellbeing event held by a Central Bedfordshire GP Practice was personally funded the Practice Manager. The PPG said, *“GP Practices are badly paid.”* and *“Not all Practices are given extra money for their PPG.”*

Following this feedback, HWCB contacted BLMK ICB to further enquire about the text messaging system. Both parties met on 25th September 2024 to discuss text messaging via AccuRX. BLMK ICB explained the following points:

- 🗨 The text message system should only be used for clinical purposes and there is an NHS drive to promote the use of the NHS App instead which is free to use, however this would revert to a text message after 3 days which would then be charged.
- 🗨 There is no cost to the Practice to send text messages; the ICB cover all costs and suggested that the PPG should undertake research of their patient population to see what their preferred communication method is. The cost per text is approximately three pence for every 160 characters (per person).
- 🗨 If patients' data is not up to date, texts could be going to old mobile numbers. The PPG provided a [report by North Central London ICB](#) about how they are budgeting for their SMS spend, which was subsequently emailed to the ICB by HWCB.

One GP Practice said, *"We have a dedicated notice board within the waiting area and there is a Practice/NHS information screen. We do not currently have handouts, nor do we have a slot in a local newspaper. We do not have a dedicated PPG email address, but this could be evaluated. Our PPG Chair posts a newsletter twice a year on the PPG section of the Practice website which is discussed with the Practice Manager beforehand."*

## **Recruitment**

One PPG member said, *"We have a noticeboard at the Practice but have not used a leaflet handout scheme We are identified on the Practice website where our aims and activities are shown including our twice-yearly newsletter. Practice staff are aware of the group and its aims. We have not specifically targeted a younger audience or approached local organisations/charities, but the Practice does identify Healthwatch on its website. However, we do intend to expand a recruitment and promotion process and involve other interested groups especially those who are already involved with healthcare aspects, i.e. on a carers or special needs basis."*

*"To date we have not held any 'open meetings' for recruitment but have invited patients to contact us as part of a PPG satisfaction survey about the Practice. The survey had a good response to the satisfaction element but was limited regarding joining the group citing constraints of family life."* (West Street PPG)

## **Time and PPG Member Resources**

One PPG member said, *"As you are very well aware, our PPG members, including myself, are volunteers. This means we rely heavily on the time and resources that we can personally afford to contribute. Regarding the suggestion to recruit younger talent, I understand the intention, but it's important to recognise the practical challenges involved. For instance, while I am relatively 'young' with a young family and a full-time job, finding the time to take on additional responsibilities like leaflet distribution is difficult. This is a common situation for many potential volunteers, which makes such recruitment and engagement efforts more complex than they might appear. We are always open to exploring feasible actions that align with our resources and capabilities, and I appreciate your understanding and support as we navigate these challenges."*

## **Other feedback about the draft toolkit**

HWCB undertook an 'Enter & View' visit, one of their statutory functions, at Oliver Street Surgery in Ampthill in October 2024. The Managing Partner of Lea Vale PCN's response to the 'Enter and View' report included the following statements about the PPG draft toolkit: *"After meeting with Annette from Healthwatch, we presented their amazing Healthwatch PPG toolkit to our PPG for review. Members reported that the document was found to be very informative, well laid out and clear. It is also easily understood and found to cover the various aspects of surgery working. Overall, it is informative to participants and practices and provides clear guidance and suggestions."* *"Additionally, we have conducted training with our PPG members as guided by the Healthwatch PPG Toolkit."*

They added, *“The document was found to be very informative, well laid out and clear. It is also easily understood and found to cover the various aspects of surgery working. Overall, it is informative to participants and provides clear guidance and suggestions.”* (Managing Partner, Lea Vale PCN).

The PPG Chair said, *“It has been an exciting time for the PPG since the merger, two PPGs coming together developing new ways of working to deliver a modern robust PPG to serve our patients. We are extremely proud of the progress we have been able to deliver cross county both in practice and the wider community in Luton and Central Bedfordshire.”*

Another Practice Manager added, *“The toolkit is brilliant!! The document was found to be very informative, well laid out and clear. It is also easily understood and found to cover the various aspects of surgery working. Overall, it is informative to participants and provides clear guidance and suggestions.”* (Community Engagement Officer, Lea Vale PCN).

## **HWMK**

The toolkit was given to two PPGs in Milton Keynes after the initial recruitment to the project phase, CMK Medical Centre & Westcroft Surgery ([see Case study](#)). HWMK had conversations were had with both groups at their respective meetings to gain insight into not only how the toolkit could work for them but any changes that could be made to make into a BLMK-wide document.

## **General feedback**

PPG members commented on which sections they found most useful & why. One member stated, *“The ‘What is a PPG’ and ‘Benefits of a PPG’ sections are very useful and could be used as a short brief to new members in some form of welcome pack.”* One member said, *“It’s good to read through definitions of under-served groups. This will help with anything targeted that we choose to do in future.”*

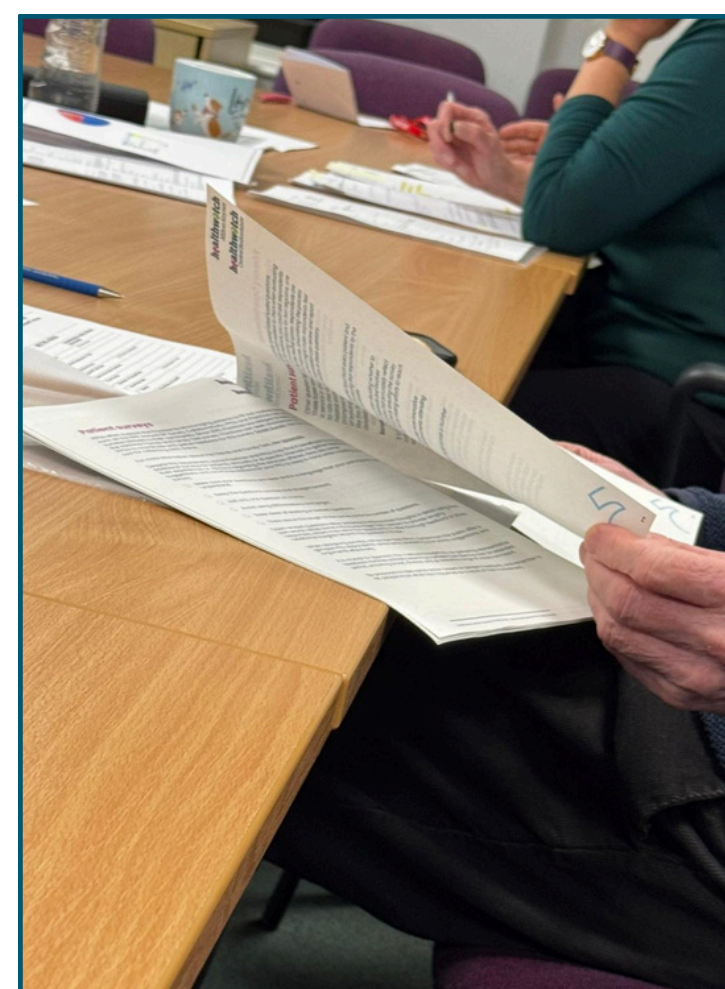
The toolkit in general was praised. *“As a guide, this works really well though I wouldn’t expect PPG members to read it through and could be for the Chair’s eyes only.”*

Members pointed out parts of the toolkit that they didn’t find useful. PPG members stated that due to it’s length, people may switch off. Clarification was made that the toolkit is a guide and not to be used by every member at every meeting. Members commented, *“It could be potentially daunting for a new member to be handed a toolkit but understand that is what it’s intended for.”* When asked what was of least use, one member said, *“I don’t think all the templates around the constitution and behaviours need to be there. As a group of older people, we know how to act towards one another.”* they added, *“Some parts like the ‘Recruitment’ section sounds like it’s trying to teach people how to suck eggs. We’re open to all. If people don’t want to join, they don’t have to, regardless of their background.”*

A PPG member spoke of the self-assessment tool template, saying, *“I’m not too sure when we would use this having already completed it. It can be a little nit-picky and I don’t know how useful it’ll be unless used by a third party i.e. Healthwatch.”*

However, the templates were praised by others stating, *“These are a wonderful tool to have in the locker. I personally haven’t seen anything like this since joining the group so it’s good to know that they exist.”* They added, *“We’ll be sure to start using these in the near future.”*

HWMK asked if there was anything that the PPG would like to see added to the toolkit. A few members stated that they would like to see an executive summary up front. *“An executive summary would be useful in the final draft just to give the reader some clarification of the document they are about to get into.”* Another member added, *“There is mention of what the toolkit is made for but feel this could be strengthened a touch.”*



PPGs were asked how easy the toolkit was to read. This was met with very positive feedback praising its layout and contents, *“Super easy to read and well set up over different sections. Makes referencing particular topics straight forward.”* One member said, *“Contents is good and is very easy to navigate.”*

The feedback regarding the document was overwhelmingly positive. Members and Practice Managers expressed that it would serve as a valuable reference guide. One commented, *“We’ll review this and identify areas for improvement. Certain sections could benefit new starters, giving them insight into the PPG’s purpose and goals. Other sections may guide potential recruitment opportunities. This document allows us to recognise our strengths and focus on them.”* Another Practice Manager praised the toolkit, stating it is beneficial not only for established groups but also for those looking to form new ones. *“This is exactly what some Practices need to assist PPGs during a set-up phase.”*

## Resources

We discussed the necessary resources and investments required to effectively restart, expand, and sustain their PPG. During the conversation about communication, one member expressed the importance of *“Promoting clear communication by clearly articulating the purpose and impact of the PPG. It’s vital to emphasise how member involvement contributes to tangible improvements in local healthcare services. We should regularly update the community through newsletters and social media. Additionally, we could explore funding opportunities with local councils, healthcare trusts, and community grants. Encouraging community members to volunteer their time and skills will help foster a sense of ownership and commitment to the PPG’s mission.”*

The discussion shifted towards recruitment opportunities, with participants expressing, *“We have leaflets that we can print at the Practice at no cost to the group, but our reach is limited. We also maintain an updated noticeboard and newsletter as frequently as possible.”*



*“Since we are volunteers, dedicating our time can make it challenging to engage with the community without some form of incentive. Additional funding for the Practice would assist with advertising expenses, such as social media post boosts, and allow us to provide refreshments if we were to organise an open day for the PPG.”*

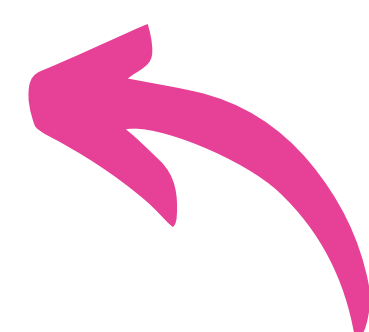
One member suggested alternative approaches to enhance the reach of the PPG without requiring extra funding, stating, *“We might consider collaborating with local organisations. For example, partnering with groups such as the Milton Keynes Community Foundation, who have a strategic plan centred on community engagement, could help us access established networks. Additionally, we could connect with Milton Keynes University Hospital (MKUH) and leverage their community engagement initiatives to reach a wider audience. Their existing patient engagement groups can provide a valuable platform for promoting PPG activities.”*

### Working with the draft PPG Toolkit

In a more recent meeting between the CMK Medical Centre PPG and HWMK, the Chair introduced an action plan to the group, highlighting a shift in strategy following the PPG’s experience of using the draft PPG toolkit.

Most action points raised were positively received by the members; however, some points faced criticism, especially regarding engagement with individuals from 'under-served' groups. One member remarked, *“It’s not our problem if they don’t want to engage with us.”* This comment ignited a heated discussion among other members, some disagreed with this perspective: *“That’s not true; some individuals may encounter barriers that hinder their participation. What works for one person might not be effective for another.”*

CMKMC PPG		January 2025	
CHANGE OF APPROACH FOLLOWING ISSUE OF HEALTHWATCH PPG TOOLKIT			
	Page	Key Healthwatch Suggestions	Adopt? Yes/No Other Comment
1	5	Assign one member of PPG to liaise with Local Healthwatch	Yes PPG member to be assigned
2	6	Agree meeting dates well in advance	Yes Already being done
3	6	Meeting take place at suitable venue	Yes Already being done
4	6	Consider virtual meetings	No Considered to be impractical at present. Members of a Virtual PPG can receive meeting agendas and minutes. They can also put forward their comments via the Chairman.
5	6	Establish "Terms of Reference"	Yes PPG members to produce a draft for review/approval
6	7	Document and track actions of meetings	Yes Already being done
7	7	Distribute agendas and circulate minutes	Yes Already being done
8	8	Recruit members in various ways	Yes Already being done
9	8	Include PPG details on GP website and social media	Yes Already being done
10	8	Consider universal membership of new patients	No Considered to be impractical by the surgery.
11	8	Engage with specific community groups	No We aim to ensure that the group represents all of its registered patients as required by the NHS Medical services contract 2015/16
12	9	Identify with "under-served groups"	No We aim to ensure that the group represents all of its registered patients as required by the NHS Medical services contract 2015/16
13	10	Encourage young people to join	No Yes. All people should be encouraged to join. In the past, encouraged by the PPG, the surgery has sent info / flyers and visited some senior schools in MK with a view to getting new young PPG members, but this did not result in any interest.
14	11	Dedicated PPG email	No Under discussion with the surgery
15	12	Agree aims of the PPG	Yes PPG members to produce a draft for review/approval
16	13	Produce PPG Leaflets/Flyers	Yes Already being done by the surgery.
17	15	Use Social Media more	Yes Already being done by the surgery.
18	16	Carry out patient surveys	Yes To be discussed further with the surgery. We have already done one of these, and it was very good, with an excellent response rate, and encouraged the practice to sort their telephone service out, which they did.
19		Establish a Constitution	Yes No considered necessary at present. May be reviewed in the future.



**CMK Medical Centre  
PPG’s action  
plan/approach**

In light of this exchange and the differing viewpoints, the Chair proposed that the group take these recommendations away for further consideration and vote on them.

Once the results were compiled, HWMK received the following email with the attached chart (see above): *“Attached are the general opinions of the PPG concerning the adoption of suggestions within the Toolkit. I believe these views may evolve over time.”*

As of January 2025, HWMK has proposed a follow-up meeting with the CMK Medical Centre PPG in 3–6 months to gather insights and findings regarding how the PPG's approach has evolved with the implementation of the toolkit.

## Case studies

### HWCB

After receiving the draft PPG toolkit in November 2024, PPG Chair of Shefford Health Centre approached HWCB to enquire that he was keen to start using it to increase the PPG's diversity as well as increase the numbers of PPG members, particularly younger members.

The YHW Officer, the Project Lead and Mr. Pollard met in December 2024 to discuss the idea further. The PPG Chair, also the current Mayor of Shefford, has an existing relationship with the Headmaster of the local comprehensive school, 'Samuel Whitbread Academy' and that he intended to contact him to enquire if any of his pupils would be willing to support recruitment to the PPG via social media, something they felt they had limited knowledge of. HWCB offered their support to the PPG by sharing the idea with the YHW volunteers, of which one was keen to support as she was currently a student of Samuel Whitbread academy as well as having a keen interest in social media.

### HWMK

As part of the project's initial recruitment phase, HWMK contacted several Patient Participation Groups in Milton Keynes. One of these was Westcroft Medical Centre PPG, a well-established group undergoing a transition as their long-serving Chair had recently stepped down.

After meeting with the group and presenting the project, HWMK recognised that this group could offer valuable insights on how the toolkit could be utilised during times of change and be used as a case study.

Following the initial presentation, a member of the group volunteered to take on the role of Chair, expressing enthusiasm for collaborating with HWMK and providing thoughts and feedback once the group completed their self-assessment surveys. The draft toolkit was sent directly to the new Chair, and some feedback was shared. A meeting was scheduled between the PPG and HWMK to discuss in detail. Prior to the meeting, the Chair forwarded HWMK an email indicating a change within the group from the Practice itself:

*“Following a meeting with the ICB and Practice Partners, it has been discussed and agreed that Westcroft will be disbanding the Patient Participation Group as it currently stands. In its place we will be implementing a Patient Reference Group (PRG) which will be similar in some respects however following a different format.”*

*“Our Patient Reference Group will be more of a virtual based feedback forum for patients to be consulted on matters and action plans, to look at any proposed changes.*

*We are very grateful for the time and effort you have put into the PPG over the years, and we hope we will be able to rely on your continued valuable support in the future for our PRG should it be appropriate. Please let me know if you would be interested in being contacted for our Patient Reference Group. Thank you again for your support.”*



The alteration to the PPG was met with disapproval by the current PPG Chair and it's members. A meeting was arranged with the Practice Manager, Partners and PPG members to discuss the matter; however, the decision was made to proceed with a PRG instead of a PPG. The Chair of Westcroft PPG emailed soon after: *“After a lot of thought, I've decided I do not want to be involved with the PRG going forward, therefore please accept this email as my resignation from the group.”*

Efforts have been made by HWMK to engage in discussions about the changes with Westcroft Medical Centre PPG, but these attempts have been declined. As of the time of reporting, the status of the PRG remains unclear.

**All feedback was taken into consideration by HWCB and HWMK following discussions about the self-assessment tool the draft PPG toolkit.**

**Edits have since been made and a final PPG toolkit has been produced where an updated version of the self-assessment tool is included as a template.**

# Recommendations

The below recommendations are to be taken into consideration by a number of parties including BLMK ICB, GP Practices, PPG Chairs, Primary Care Networks (PCNs) and local Healthwatch to better assist Patient Participation Groups in their membership and effectiveness. These recommendations have been broken down into 6 themes.

## Community engagement

### Key actions:

- Targeted outreach: Work with local disability organisations, faith groups, and youth centres to inform underrepresented communities about PPGs.
- Use community events: Host information booths at health fairs, libraries, and public gatherings to discuss PPGs.
- Direct engagement in GP Practices: Train front-desk staff to inform patients about PPGs when they visit. Display posters and leaflets in waiting areas.
- Collaboration with schools & colleges: Establish relationships with educational institutions to recruit young people who may be interested in healthcare careers.
- Partnerships with community leaders: Engage trusted figures in ethnic and under-served communities to promote PPGs.

**Example:** A GP Practice partners with a local cultural centre to hold a health awareness day, introducing the PPG to diverse community members.

Action	Timeframe	Responsible party
Identify key underrepresented groups (ethnic minorities, people with disabilities, young people, etc.) in the community.	0-3 months.	PPG Chairs, GP Practices, ICB.
Conduct outreach through local events, libraries, and cultural centers.	3-6 months.	PPG Chairs, Community Groups.
Establish partnerships with schools, colleges, and youth organisations to encourage younger members to join.	6-12 months.	PPG Chairs, Local Education Authorities.
Organise community awareness sessions at GP practices, libraries, and online.	6-12 months.	GP Practices, Local Healthwatch.
Evaluate engagement success and adjust outreach strategies.	12+ months.	ICB, PPGs.

## Improving accessibility & inclusivity

### Key actions:

- Flexible meeting options: Hold meetings at different times, including evenings and weekends, to accommodate working professionals.
- Offer virtual & hybrid meetings: Ensure online participation via Zoom or Microsoft Teams for those who cannot attend in person.
- Improve physical accessibility: Provide transportation support for patients who may have mobility issues or lack access to reliable transport.
- Simplify language & materials: Avoid medical jargon in communication materials. Provide translations in different languages if needed.
- Promote a safe & welcoming environment: Train PPG Chairs on inclusivity and cultural sensitivity to ensure all voices are heard.

**Example:** A GP Practice arranges for an online PPG discussion forum, allowing more people to participate from home.

Action	Timeframe	Responsible party
Ensure PPG meetings offer virtual, hybrid, and in-person options.	0-3 months.	PPG Chairs, GP Practices.
Implement flexible meeting times (weekends/evenings) to accommodate more members.	3-6 months.	PPG Chairs, GP Practices.
Develop a transport assistance scheme for those with mobility issues.	6-12 months.	ICB, Local Authorities.
Simplify PPG marketing materials and ensure accessibility (e.g., large print, translations).	6-12 months.	GP Practices, Local Healthwatch.
Monitor accessibility improvements and gather patient feedback.	12+ months.	PPG Chairs, ICB.

## Training & capacity building

### **Key Actions:**

- Leadership training for PPG Chairs & members: Offer structured courses on how to run effective PPG meetings, handle conflicts, and engage communities.
- Staff training on PPG awareness: Ensure that receptionists and healthcare staff understand the importance of PPGs and actively promote them to patients.
- Mentorship & peer learning: Encourage established PPGs to mentor newer groups to help them develop effective engagement strategies.
- Use of online learning platforms: Provide access to free or low-cost training on patient engagement and advocacy (e.g., NHS FutureLearn courses).
- Knowledge-sharing workshops: Hold regional workshops for PPG members to share experiences and best practices

**Example:** A GP Practice organises quarterly training sessions for new PPG members, helping them understand their roles and responsibilities.

<b>Action</b>	<b>Timeframe</b>	<b>Responsible party</b>
Develop a training program for PPG Chairs on leadership, inclusivity, and governance.	0-6 months.	ICB, Local Healthwatch.
Train GP Practice staff to better promote PPGs to patients.	3-6 months.	GP Practices, NHS England.
Create an online training resource hub.	6-12 months.	ICB, Local Healthwatch.
Establish a peer mentorship program, pairing new PPGs with established ones.	6-12 months.	PCNs, PPG Chairs.
Organise annual PPG workshops for knowledge sharing.	12+ months.	ICB, NHS England.

## **Resource allocation**

### **Key actions:**

- Financial support for PPGs: Advocate for ICB funding to support essential PPG activities, including marketing, transport subsidies, and accessibility improvements.
- Investment in communication tools: Ensure PPGs have access to GP Practice newsletters, social media pages, and SMS systems to communicate with patients.
- Reimbursement for volunteer expenses: Provide travel and childcare stipends to encourage diverse participation.
- Dedicated staff support: Assign a GP Practice staff member to coordinate and assist the PPG.
- Use of digital tools: Consider using patient management software to facilitate engagement, like sending automated PPG reminders.

**Example:** A GP Practice covers the cost of an SMS campaign to invite all registered patients to join the PPG, boosting participation rates.

<b>Action</b>	<b>Timeframe</b>	<b>Responsible party</b>
Secure funding for PPGs (for SMS campaigns, marketing, venue hire, etc.).	0-6 months.	ICB, NHS England.
Allocate dedicated staff support in GP Practices to assist PPGs.	3-6 months.	GP Practices.
Provide reimbursement for volunteer expenses (e.g., travel, childcare).	6-12 months.	ICB, Local Authorities.
Implement digital tools (e.g., patient management software for PPG engagement).	6-12 months.	ICB, GP Practices.
Conduct an annual review of PPG funding needs and adjust allocations.	12+ months	ICB, NHS England.

## Enhancing communication & visibility

### Key actions:

- Better practice website integration: Ensure each GP Practice has a dedicated section on home page of its website explaining what a PPG is, how to join, and upcoming meeting dates.
- Social media outreach: Use platforms like Facebook, Instagram and X (Twitter) to share PPG updates, events, and success stories.
- Use of GP appointment systems for promotion: Display PPG messages on waiting room screens and booking system messages.
- Storytelling & testimonials: Share success stories from PPG members to inspire participation.
- Create multi-channel communication strategies: Use a mix of emails, posters, SMS, social media, and in-person promotions to maximise outreach.

**Example:** A GP Practice uses its waiting room TV to run a short video about the benefits of joining the PPG.

Action	Timeframe	Responsible party
Ensure every GP practice has a dedicated PPG page on its website.	0-3 months.	GP Practices, PPG Chairs, ICB.
Develop a social media strategy to engage younger audiences.	3-6 months.	PPG Chairs, ICB.
Display PPG information on GP appointment booking systems & waiting room screens.	6-12 months.	GP Practices.
Collect and share PPG success stories through online & printed materials.	6-12 months.	PPG Chairs, GP Practices, Local Healthwatch.
Conduct an annual communication effectiveness review.	12+ months.	ICB, NHS England.



## Collaboration & best practices

### Key actions:

- Quarterly ICB-led PPG meetings: Facilitate region-wide PPG discussions to track progress, discuss challenges, and share solutions.
- PCN collaboration: Encourage PPGs from multiple GP Practices to work together, pooling resources and strategies.
- Develop a 'buddy system': Pair new or struggling PPGs with experienced ones to provide guidance and motivation.
- Case study sharing: Create a central repository where successful PPG strategies and case studies can be documented and shared.
- Create a PPG steering group: Form a regional advisory group made up of PPG representatives to help shape policy decisions at the ICB level.

**Example:** A PCN organises a quarterly best-practice workshop where different PPGs share insights on recruitment and community engagement.

Action	Timeframe	Responsible party
Launch quarterly ICB-led regional PPG meetings for shared learning.	0-6 months.	ICB, Local Healthwatch.
Encourage Primary Care Network collaboration to pool PPG resources.	3-6 months.	PCNs, PPG Chairs.
Develop a 'Buddy System' where established PPGs mentor newer ones.	6-12 months.	PPG Chairs, Local Healthwatch.
Establish a PPG Best Practices Guide (based on case studies).	6-12 months.	ICB, PPG Chairs.
Create a PPG Steering Group to advise the ICB on policies.	12+ months.	ICB, NHS England.

# Monitoring

Here are the actions and steps we think the ICB should consider based on the recommendations provided above.

## Ongoing actions

- 🕒 Track PPG membership growth every 6 months.
- 🕒 Conduct surveys to measure patient and staff awareness of PPGs.
- 🕒 Evaluate the effectiveness of training programs based on participant feedback.
- 🕒 Review funding allocations annually to ensure sustainability.
- 🕒 Adjust strategies based on community feedback to maintain engagement.

## Next steps

- 🕒 Share implementation plan against recommendations given with key stakeholders (ICB, GP Practices, Local Healthwatch, PPG Chairs).
- 🕒 Assign accountability for recommendations ensure follow-through.
- 🕒 Set up an initial PPG engagement working group to oversee execution.
- 🕒 Conduct a 6-month review to assess progress and adjust as needed.
- 🕒 Roll out the PPG toolkit across BLMK.

# Evaluation

The project undertaken by Healthwatch Central Bedfordshire (HWCB) and Healthwatch Milton Keynes (HWMK) to improve Patient Participation Groups (PPGs) was comprehensive and well-structured. The mapping of GP Practices and assessment of PPG activity provided valuable insights into the current landscape. The development of a PPG toolkit was a key outcome, aimed at equipping both active and inactive PPGs with resources for better engagement and inclusivity.

The self-assessment tool and surveys effectively identified gaps in awareness, participation, and accessibility. Engagement with young people, ethnic minorities, and disabled communities was a notable strength, as these groups are often underrepresented in PPGs. The use of multiple engagement strategies, such as community events, social media outreach, and direct communication with GP Practices, demonstrated a multi-channel approach to improving participation.

The project was a well-executed initiative that successfully addressed key barriers to diversity in Patient Participation Groups. The PPG toolkit and engagement efforts were effective in increasing awareness and participation. However, long-term sustainability requires ongoing investment, training, and digital transformation. If these recommendations are implemented, PPGs across Bedfordshire, Luton, and Milton Keynes will be better positioned to represent all patient demographics and drive meaningful healthcare improvements.

# Appendix

## Survey results

Full results for both the Patient Survey and Staff & PPG Member Surveys can be found below:

 [Patient Survey](#)

 [Staff and PPG Member Survey](#)

## References

N.A.P.P - <https://napp.org.uk/>

The Denny Review - <https://blmkhealthandcarepartnership.org/denny-review/>

NHS Youth Forum - <https://www.england.nhs.uk/get-involved/get-involved/how/forums/nhs-youth-forum/>

GDPR - <https://www.gov.uk/data-protection>

Friends & Family Test - <https://www.england.nhs.uk/fft/>

CQC - <https://www.cqc.org.uk/>

JSNA Milton Keynes - <https://miltonkeynes.jsna.uk/>

JSNA Central Bedfordshire - <https://centralbedfordshire.jsna.uk/>

NHS equality, diversity and inclusion improvement plan - <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/>

Healthwatch Milton Keynes - <https://www.healthwatchmiltonkeynes.co.uk/>

Healthwatch Central Bedfordshire - <https://healthwatch-centralbedfordshire.org.uk/>

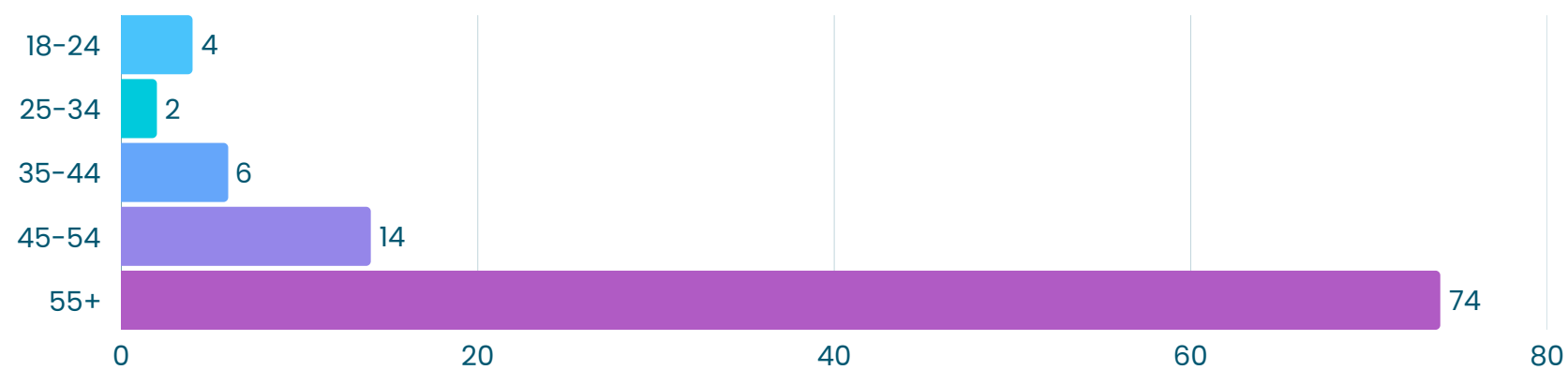
Easy read - <https://www.england.nhs.uk/wp-content/uploads/2018/06/make-it-easy-easy-read.pdf>

# Survey results

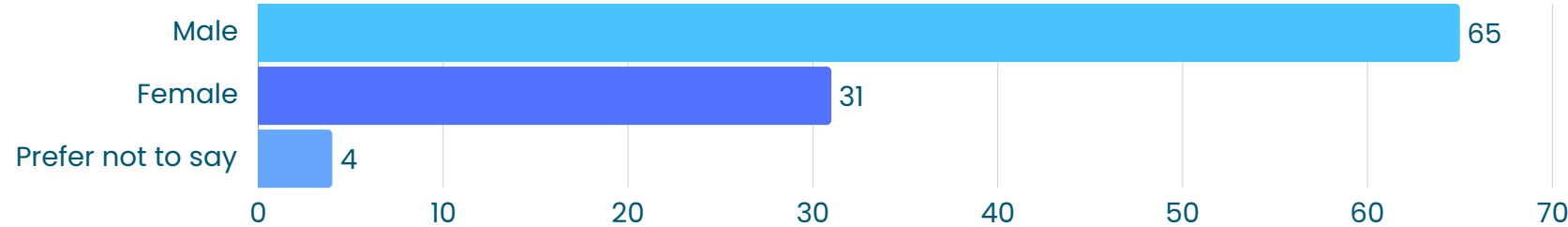
## Patient Survey (HWCB)

A summary of the **51** responses were received from patients via Smart Survey including demographic data:

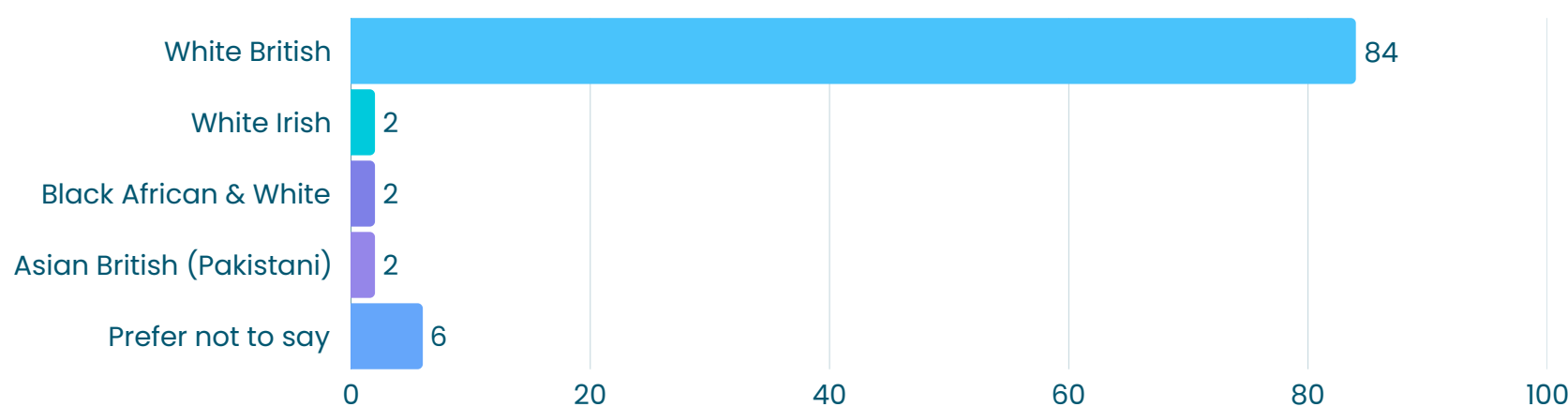
### Age (as percentage)



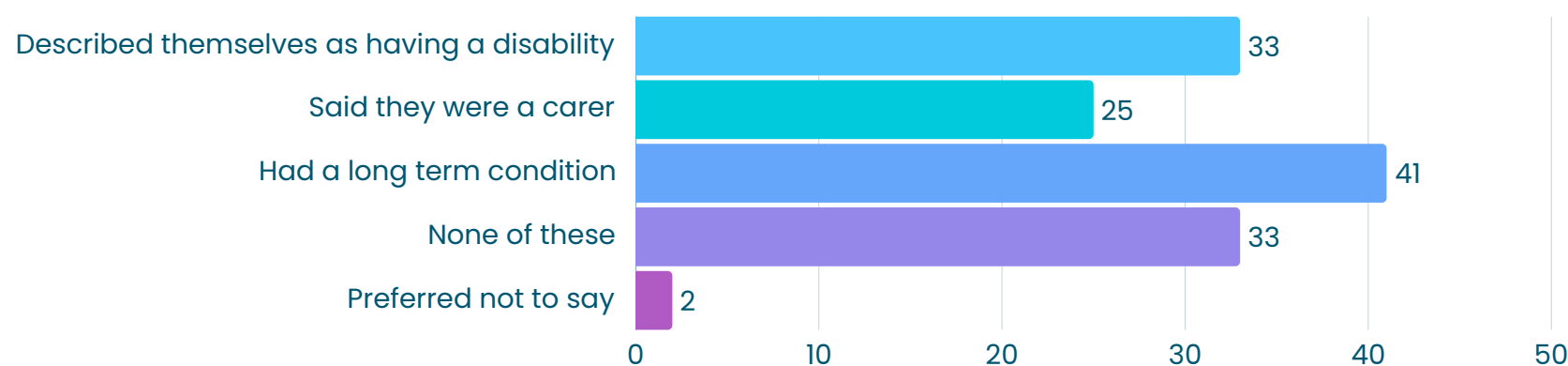
### Gender (as percentage)



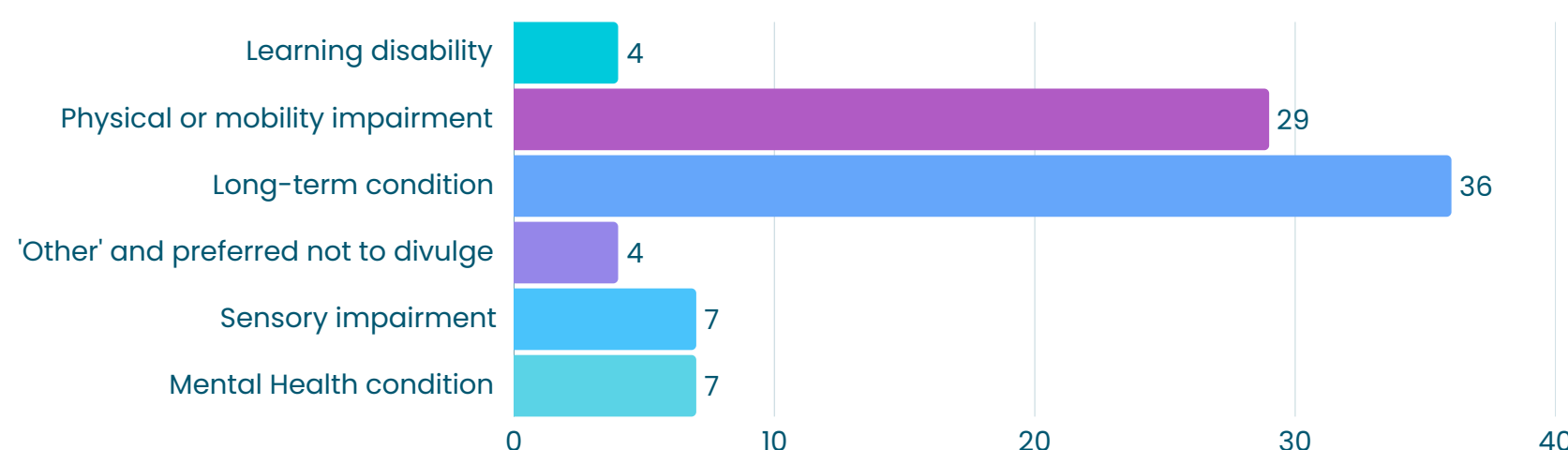
### Ethnicity (as percentage)



### Other (respondents could choose more than one option) [as percentage]



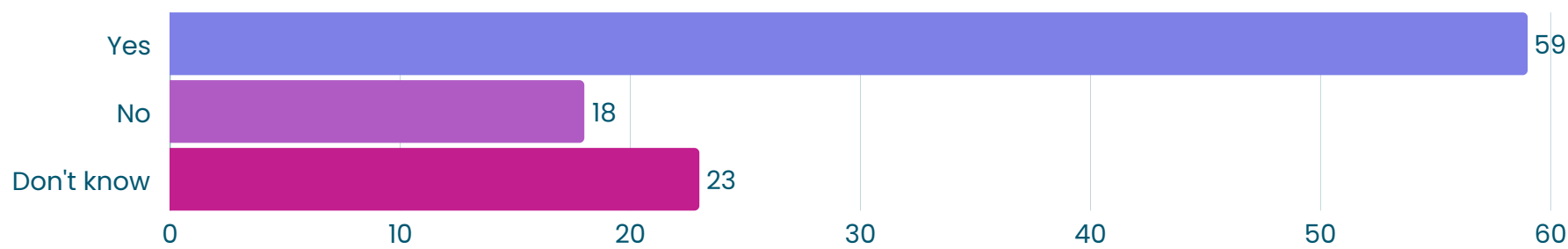
### Of those that had a disability... (as percentage)



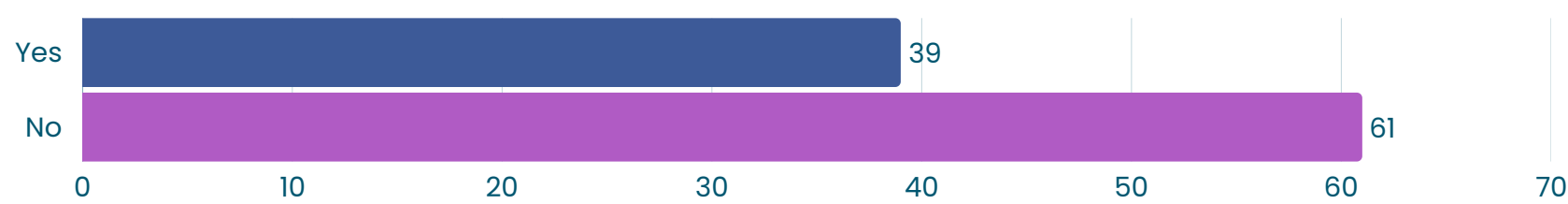
**Q1. Have you previously heard of a Patient Participation Group? (as percentage)**



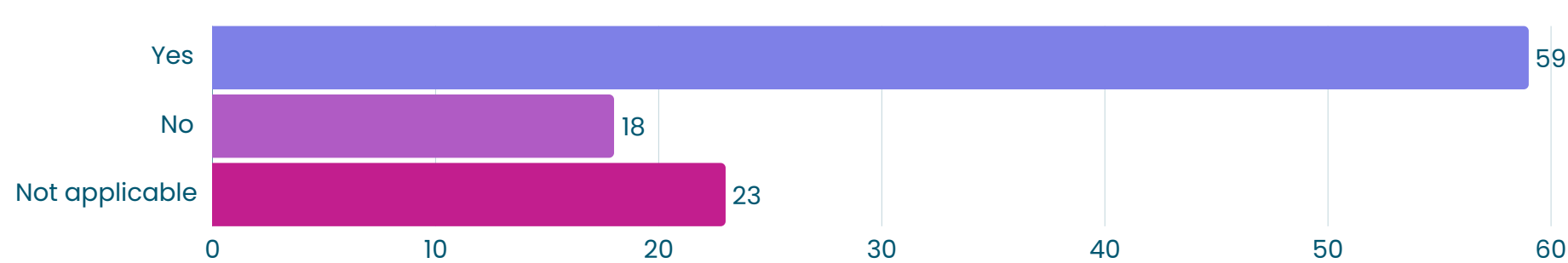
**Q2. Do you know if your Practice had an active Patient Participation Group? (as percentage)**



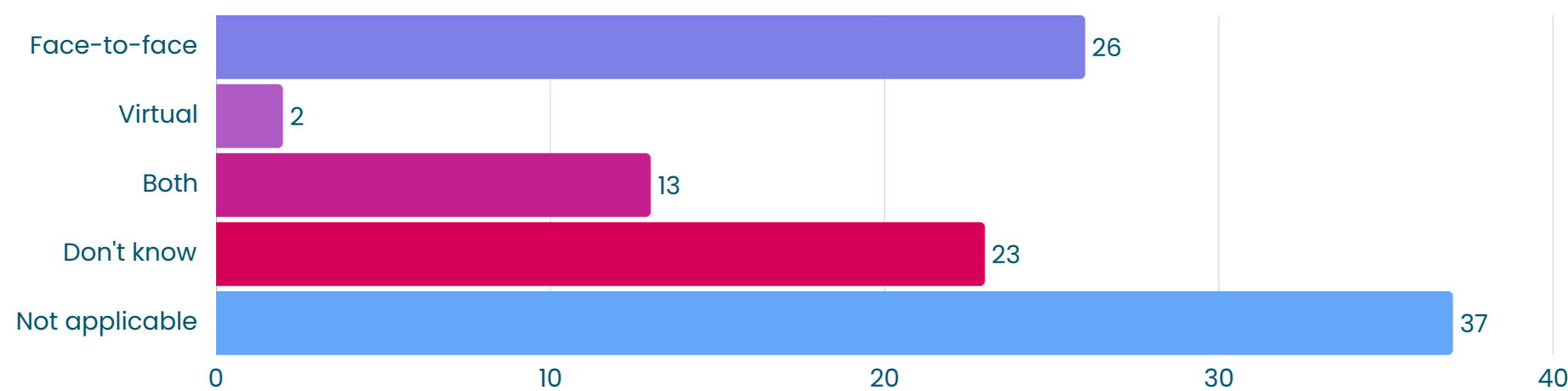
**Q3. Are you currently a member of your PPG? (as percentage) 2 people skipped this question.**



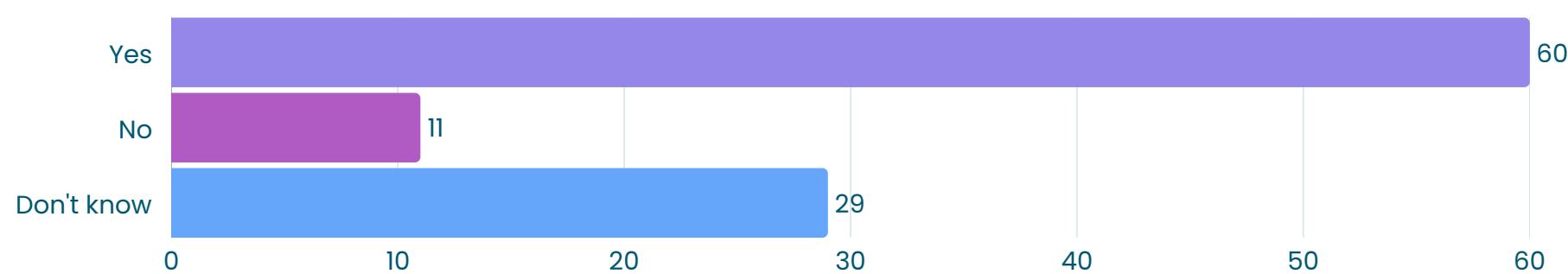
**Q4. Would like to find out more information about the PPG at their Practice? (as percentage)**



**Q5. Members of the PPG, are meetings held face-to-face, virtually or both? (as percentage)**



**Q6. For those respondents that said 'no' to being members of their PPG, they were asked if they would you consider becoming a member of a PPG? (as percentage)**



**Q7. Of the respondents that answered 'no' or 'don't know' to the above question, 24 people answered with comments, the main reasons below:**

- 5 people said 'Lack of time'
- 8 people said 'Flexibility of meeting times'
- 7 said 'Didn't know enough of what a PPG is/does'
- 7 people stated 'Other'
- 5 people said 'They didn't think their opinions would be listened to'

**Q8. When asked what would encourage them to join their PPG, of the 51 responses (people being able to give multiple choices):**

- 35 people said 'Knowing the Practice is proactive and supportive'
- 31 people said 'Being listened to'
- 31 people said 'Knowing that change would happen'
- 29 people said 'Being part of a group supporting my local Practice'
- 23 stated 'Co-production'
- 22 said 'Easily accessible information visible within the surgery/on the website about recruitment'
- 18 people said 'Better relationships with staff'
- 6 people said they 'Needed an incentive to join'

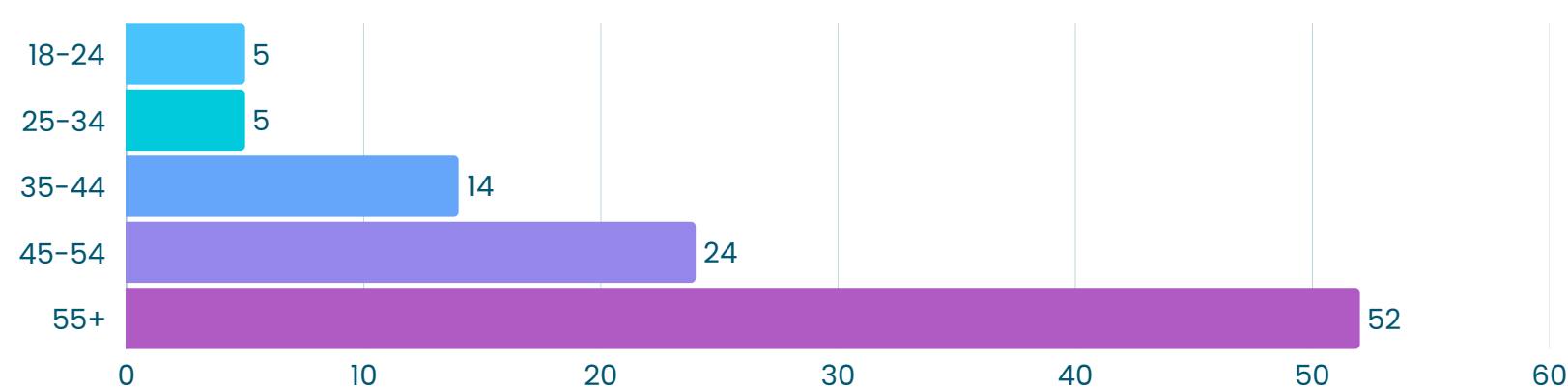
**Q9. Patients were asked which of the above options would be a priority for them and to encourage them to join their PPG, The most common responses were:**

- 'Being listened to'
- 'Co-production'
- 'Knowing the Practice would be proactive and supportive'

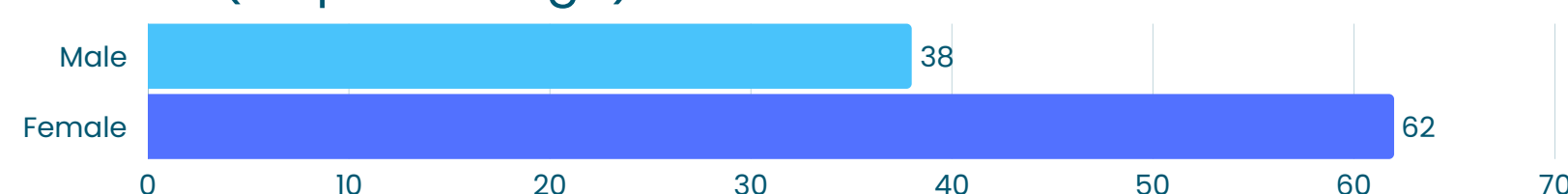
**Patient survey (HWMK)**

A summary of the **42** responses HWMK received from patients including demographic data:

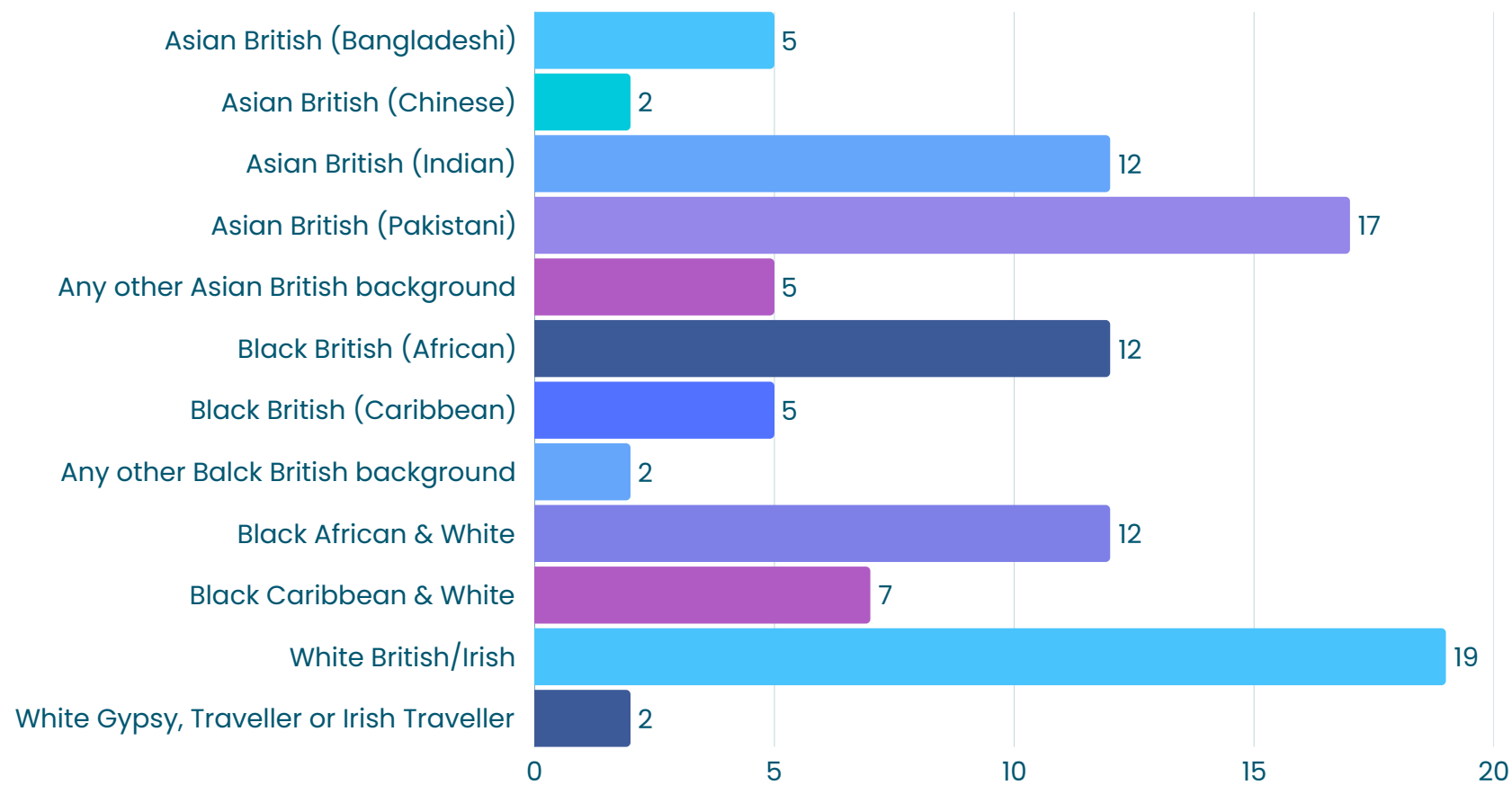
**Age (as percentage)**



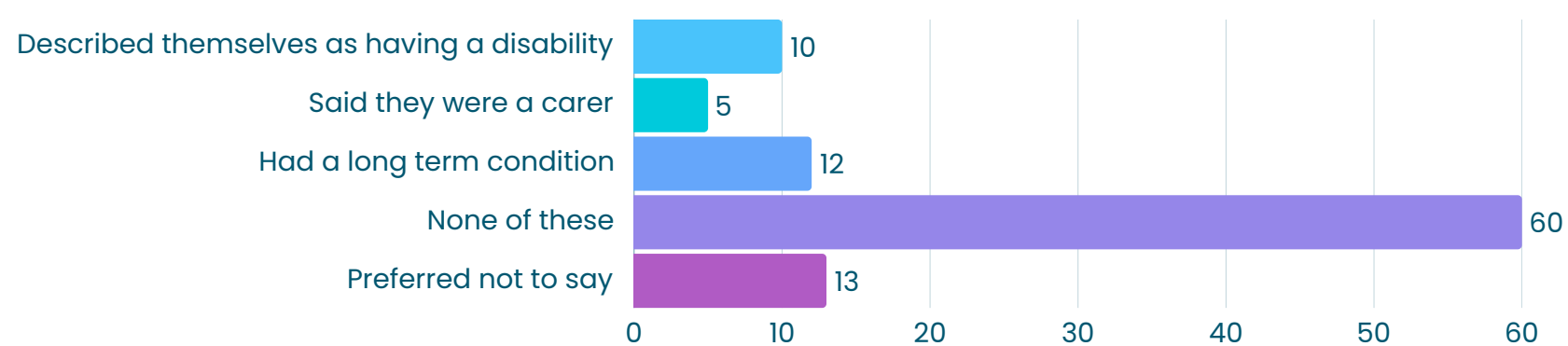
**Gender (as percentage)**



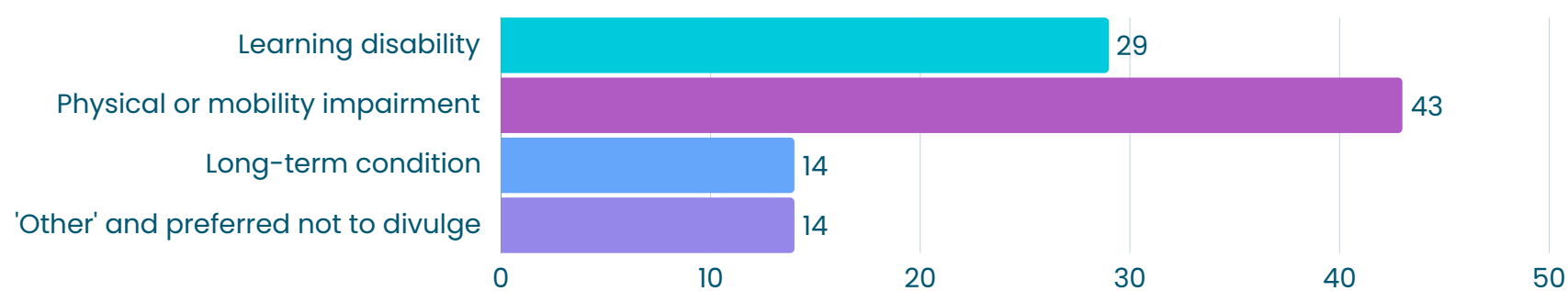
## Ethnicity (as percentage)



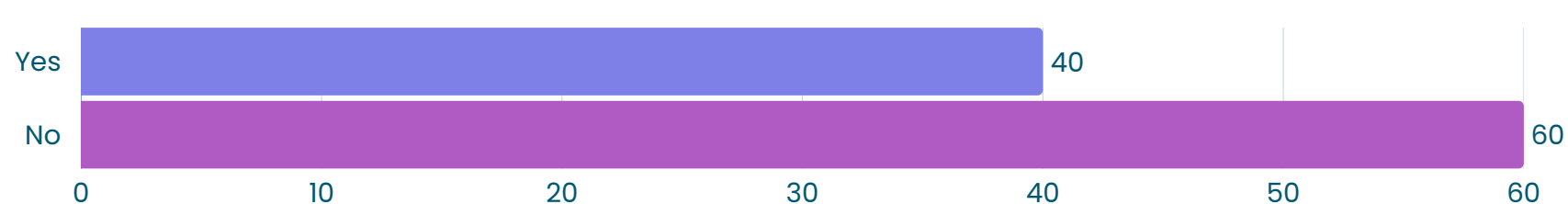
## Other (respondents could choose more than one option) [as percentage]



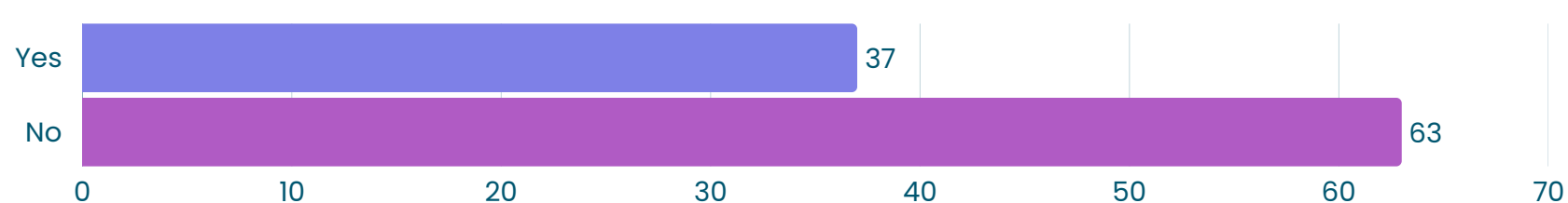
## Of those that had a disability... (as percentage)



## Q1. Have you previously heard of a Patient Participation Group? (as percentage)



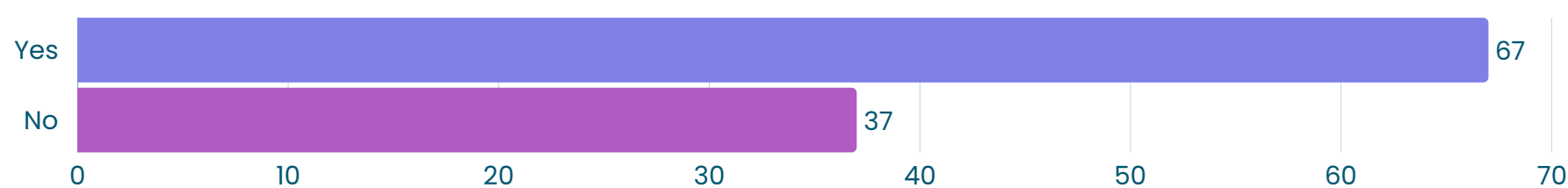
## Q2. Do you know if your Practice had an active Patient Participation Group (as percentage). 4 people skipped this question.



## Q3. Are you currently a member of your PPG? (as percentage). 2 people skipped this question.

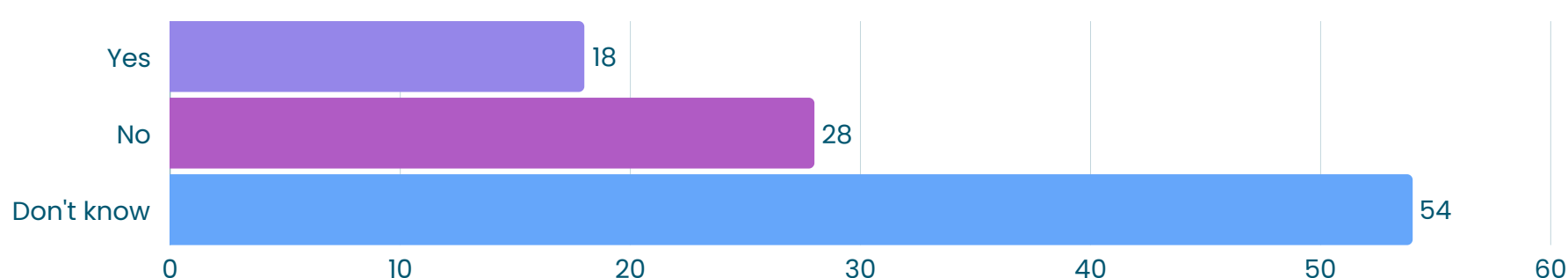


**Q4. Would like to find out more information about the PPG at their Practice? (as percentage)**



**Q5. When members of the PPG were asked if the meetings were held face-to-face, virtually or both, all respondents who answered said 'face-to-face'**

**Q6. For those respondents that said 'no' to being members of their PPG, they were asked if they would you consider becoming a member of a PPG? (as percentage)**



**Q7. Of the respondents that answered 'no' or 'don't know' to question 6, 36 people answered with a range of answers from the multiple choice options:**

- Q 30 answered 'I don't know enough about what a PPG is/does'
- Q 10 said 'I don't believe my opinions would be listened to'
- Q 4 stated 'Access to the GP Practice'
- Q 8 said 'Language/communication barriers'
- Q 4 said 'The GP Practice staff'
- Q 6 stated 'Lack of time'
- Q 11 answered 'Flexibility of meeting times'
- Q 4 said 'My age'
- Q 8 people said 'Cultural/ethnicity/religious reasons'
- Q 3 said that they 'have a physical/learning disability'

**Q8. When asked what would encourage them to join their PPG, people were able to give multiple choices answers, 33 answered with:**

- Q 11 said 'Knowing the surgery is proactive and supportive'
- Q 20 said 'Being listened to'
- Q 8 said 'Knowing that change would happen'
- Q 9 said 'Being part of a group supporting my local Practice'
- Q 8 said 'Co-production'
- Q 12 said 'Easily accessible information visible within the Practice/on the website about recruitment'
- Q 9 said 'Better relationships with staff'
- Q 9 said they 'Needed an incentive to join'

**Q9. Patients were asked what a priority for them would be to encourage them to join their PPG. Common answers were the same as those in Central Bedfordshire:**

- Q 'Knowing the Practice is proactive and supportive'
- Q 'Being listened to'
- Q 'Co-production'



## Staff & PPG member survey (HWCB)

Below are the **32** responses to the GP staff and PPG member survey.

**Q1. When asked if their Practice have an active PPG?** 70% said 'yes', 30% said 'used to have'.

**Q2. GP staff were asked if they were staff members and/or PPG members?** 50% were staff members, 47% were PPG members and 3% were both.

**Q3. Staff were asked to give a rating for each current action they feel that their PPG represents, Leadership (Open, consensual & engaging),** 28% were 'very satisfied', 47% were 'satisfied' and 9% were 'very dissatisfied.'

**Q4. GP staff were asked about how their levels of satisfaction in 'activities' (that reach the majority of patients) run by the Practice/PPG?** 75% of staff were either 'very satisfied or satisfied', nearly 16% were 'neither satisfied nor dissatisfied' and 9% were either 'dissatisfied' or 'very dissatisfied'.

**Q5. When asked about the level of satisfaction with 'engagement' (the PPG network is two-way):** 63% were either 'very satisfied' or 'satisfied'. 25% were 'neither' and 12% were 'dissatisfied' or 'very dissatisfied'.

**Q6. When staff were about their levels of satisfaction with 'reach' (into all communities on your Practice list),** 63% were 'very satisfied' and 'satisfied', 31% were 'neither satisfied nor dissatisfied', 36% were 'dissatisfied' and 'very dissatisfied'.

**Q7. When staff were about their levels of satisfaction with 'diversity' (in its structure and approach),** 56% were 'very satisfied', 35% were 'neither satisfied nor dissatisfied' and 6% were 'dissatisfied' and 3% 'very dissatisfied'.

**Q8. GP staff were asked about their satisfaction levels in how supportive (working in collaboration) they felt the PPG was:**

78% were either 'satisfied' or 'very satisfied', 13% were 'neither satisfied nor dissatisfied' and 9% were 'dissatisfied' or 'very dissatisfied'.

**Q9. Asked the age ranges of PPG members (if known):**

- Q 8% aged 18-24
- Q 16% aged 25-34
- Q 12% aged 35-44
- Q 48% aged 45-54
- Q 84% aged 55+

**Q10. The Practice was asked if they had young people (25 years and under) involved in their PPG, how did they recruit them? (tick all that apply):**

Only 16 people answered this question:

- Q 19% Direct invitation
- Q 31% Website
- Q 25% Working with schools
- Q 19% Social media
- Q 19% Work experience
- Q 13% Age specific meetings
- Q 19% Posters
- Q 6% Religious groups/churches
- Q 6% Sports Teams
- Q 6% Social clubs
- Q 38% Other (see below):

The majority of comments to this question indicate that PPG did not have many young people, for example, *“Not involved and the PPG needs to look at other diverse groups to become more inclusive.”* and *“We don’t.”*

**Q11. When asked what changes they thought would benefit their PPG? staff were given multiple options and could choose more than one.**

40% of staff and PPG members said that the PPG required more members, 53% saying that the PPG required more diversity in its membership, 28% said that improved communications about the PPG is required, and 31% said that there should be more flexibility for PPG meetings. 37% of respondents thought that the patients should have greater influence on services provided by the Practice and 28% said that patients should have greater involvement with activities at the Practice. Finally, 28% of respondents let that a greater social media presence was required.

Comments received to this question include:

*“We used to know about meetings, now no information. Seems to operate in secret.”*

*“Virtual meetings will encourage younger and diverse members, in my opinion. Access to meetings for diverse members of the patients can be difficult due to work/lifestyle/families/etc. Virtual meetings enable diverse attendance.”*

*“They should actually do something other than moan about petty items.”*

*“The Practice should consult the PPG before making any changes and seek the agreement of the PPG.”*

*“Resource and the ability to clearly demonstrate effective 2 way communications via PCN PPG through to and from ICB.”*

*“More accurate and balanced communication on social media which is representative of Practice and patient views.”*

**Q12. When asked what type of additional support/guidance they thought would support the PPG in making these changes, respondents were given multiple options and could choose more than one.**

37% of respondents said that they would like more leadership, commitment & support from Practice management with 40% saying that they would like better communication with Practice management. 67% of respondents would like to be able to network more with other PPGs/community groups and 28% of respondents wanting to use toolkits. 28% of respondents said they would like more financial support, 25% wanting to be more proactive and have more autonomy. Also, 34% of respondents wanting to be able to negotiate with the practice their own aims, terms of reference and activities.

One person commented:

*"None of the options in Q.12 really fit and since we work as a PCN PPG anyway, to share information and best practice. Whilst we have a PCN Patient Champion there is no direct patient representation either at PCN Board and or to and from ICB. In fact, it's unclear if at PCN level and above there is any obligation and commitment to work with PPGs. The way ICB represents its patients has no connection with or to PPGs so it's very much like pushing water uphill as members of PPG readily become disenchanted with what they find in spite of best endeavours can be heard or influenced."*

**Q13. When asked if they would consider being part of a 'buddy' system?** 50% of respondents said, 'yes', 22% of respondents said, 'no', 28% of respondents said, 'unsure'. Comments received to this question include:

*"I have already reached out to another PPG outside of the area to share good practice."* and *"Does Marston Health Care have a functioning PPG?"*

**Q14. When asked if PPG members would consider being part of a 'universal membership' model (all patients are PPG members unless they opt out)?** 38% of respondents said 'yes', 22% said 'no' and 40% said 'unsure'.

A PPG member said *"This isn't just about the commitment of the Practice which is stretched and cooperative but the level of management to service and operate a universal model building such into a successful group would also need to be able to demonstrate if and how it could operate and influence decision making in the primary care infrastructure. At present it's where we learn of what's being cascaded to PCNs and on to Practices and work hard to see if and where we can support change with the patient population, but this is all reactive and being done to hardly patient engagement or full participation."*

Another member added *"The PPG management say, if you miss 3 meetings you are not a PPG member anymore!"*

One person said *"I am a new member and therefore still learning how it all works."*

**Q15. When asked if they would consider a 'universal membership' be easy for their Practice to communicate with its patients,** 28% of respondents said 'yes', 6% said 'no' 66% said 'unsure'.

**Q16. When asked of their PPG be interested in taking part in a case study with Healthwatch Central Bedfordshire to highlight your PPG journey using a newly developed toolkit? (sharing your approach, outcomes lessons learned),** 22% of respondents said "yes", 3% said "no", 75% said "unsure".

Responses came from the following Practices: Bassett Road, Dr JL Henderson, Greensands, CMK Medical Centre (Milton Keynes), Larksfield and Arlesey Medical Practice, Stotfold, Marston Forest healthcare, Leighton Buzzard. There were, however, some responses from out of area practices: Lea Vale, Luton, Putnoe Medical Centre Bedford, De Parys, The Ashcroft Practice, Goldington Avenue Surgery (Bedford Borough).

### **Staff & PPG member survey (HWMK)**

Below are the **26** GP staff and PPG member survey responses collected by HWMK:

**Q1. When asked if their Practice have an active PPG**, 73% said 'yes', 8% said 'no' and 19% were answered 'don't know'.

**Q2. When GP staff were asked if they were staff members and/or PPG members**, 69% were staff members, 19% were PPG members and 12% were both.

**21** people answered **Q3-Q8** and **5** skipped.

**Q3. Staff were asked to give a rating for each current action they feel that their PPG represents, Leadership (open, consensual & engaging)**. 24% were 'very satisfied', 62% were 'satisfied' and 14% were 'neither satisfied or dissatisfied.'

**Q4. GP staff were asked about how their levels of satisfaction in 'activities' (that reach the majority of patients) run by the Practice/PPG**. 5% were 'very satisfied', 43% were 'satisfied', 29% were 'neither satisfied or dissatisfied' and 24% were 'dissatisfied'.

**Q5. When asked about the level of satisfaction with 'engagement' (the PPG network is two-way)**, 24% were 'very satisfied', 57% 'satisfied' and 19% were 'neither'.

**Q6. Staff were about their levels of satisfaction with 'reach' (into all communities on your Practice list)** 10% were 'very satisfied', 43% were 'satisfied', 24% were 'neither satisfied nor dissatisfied', 24% were 'dissatisfied and very dissatisfied'.

**Q7. When staff were about their levels of satisfaction with 'diversity' (in its structure and approach)**, zero answered 'very satisfied', 10% were 'satisfied', 48% answered 'neither satisfied nor dissatisfied'. 38% were 'dissatisfied' and 5% stated 'very dissatisfied'

**Q8. GP staff were asked about their satisfaction levels in how supportive with PPGs working in collaboration with the Practice**. 14% were 'very satisfied', 76% were 'satisfied'. Staff answered that 10% were 'dissatisfied' or 'very dissatisfied'.

**Q9. Asked staff the age ranges of PPG members (if known)**. 18 responses were gathered:

- Q 4 stated they believed members were aged 18-24
- Q 6 said aged between 25-34
- Q 11 stated members aged 35-44
- Q All 18 answered aged 45-54
- Q and all 18 answered aged 55+

**Q10. The Practice was asked if they had young people (25 years and under) involved in their PPG, how did they recruit them? (tick all that apply):**

Only 6 people answered this question with one stating, *"via posters."*

'Other' answers to the question included: *"I believe it was from an advertisement flyer in the waiting room."* and *"From flyers that we distributed."*

Others stated that, *"We don't have members under 25 years old"* and *"I would have to ask the Chair of the group but fairly certain there are no members of that age."*

**Q11. When asked what changes answers they thought would benefit their PPG, staff were given multiple options and could choose more than one. All 26 participants who took the survey answered:**

- Q 12 said 'More PPG members'
- Q 24 stated that they'd like to see 'More diversity of PPG members'
- Q 6 said 'Co-design of services'
- Q 19 said 'Improved communications about the PPG'
- Q 6 stated 'An increase in meetings per year'
- Q 7 said they would benefit from 'Flexibility in how meetings are held (face-to-face and/or virtual)'
- Q 18 said 'More improvement in activities at the Practice'
- Q 9 stated that 'Patients having a greater influence on services delivered by the Practice'
- Q 20 noted having a 'Great social media presence'

Four comments were also added with one staff member saying that *"It'd be a nice idea to have a laptop in the room for members that wish to join the meetings virtually."* One commented stated *"It would be good to see something more on socials but I understand the group is made up of volunteers."*

Two other comments came from those who were unsure if their Practice has an active PPG stating *"As I don't know if we have a group, all of the above would be useful."*

Another added *"I don't know if we have one so more communication would be ideal."*

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Another added, *"I don't know if we have one so more communication would be ideal."*

**Q12. When asked what type of additional support/guidance they thought would support the PPG in making these changes, respondents were given multiple options and could choose more than one.**

- Q 5 said 'More leadership, commitment & support from Practice management'
- Q 11 said 'Better communication with Practice management'
- Q 17 stated that 'Networking with other PPGs/community groups'
- Q 11 said 'Use of toolkits'

- Q 23 said 'More financial support' would be beneficial
- Q 23 also said 'PPGs can have autonomy and be proactive'
- Q 10 staff members said that 'PPGs can negotiate with the Practice their own aims, terms of reference and activities'

**Q13. When asked if they would consider being part of a 'buddy' system to help sharing support/guidance from another PPG, 58% of respondents said, 'yes', 4% said 'no' and 38% were 'unsure'.**

Comments received to this question included: *"Sounds like a great idea, if this can help the group in anyway."* Several comments stated that, *"Our PPG already does this within our PCN (Primary Care Network)."* Others added comments saying: *"We would like more information about buddying up with another, or more groups before we commit"*

**Q14. Staff/PPG members were asked if would consider being part of a 'universal membership' model (all patients are PPG members unless they opt out)? 12% of respondents said 'yes', 58% said 'no' and 31% were 'unsure'.**

Comments on this particular question included: *"This could cause a problem in the long run with an ever growing patient list"* one added, *"What happens when too many people then attend a PPG meeting?"*

A few of the more positive comments to this approach included: *"I think this could help with having different voices in the group which would only be beneficial. It would also help with a activities if more people were to automatically be enrolled with the PPG. The only issue I see is people wanted their voices to be heard."*

**Q15. When asked if they would consider a 'universal membership' be easy for their surgery to communicate with its patients, 23% of respondents said 'yes', 19% said 'no' and 58% said 'unsure'.**

**Q16. Question 16 asked of their PPG be interested in taking part in a case study with Healthwatch Milton Keynes to highlight your PPG journey using a newly developed toolkit? (sharing your approach, outcomes lessons learned), 27% of respondents said 'yes', 23% said 'no', and 50% were 'unsure'.**

Responses from this survey came from staff and/or PPG members at CMK Medical Centre, Whaddon Healthcare, Oakridge Park Medical Centre, Ashfield Medical Centre, Westcroft Health Centre and Newport Pagnell Medical Centre.

**End of report.**

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