

Patient Participation Groups in Oxfordshire

What we heard from members of Patient Participation Groups from GP practices in Oxfordshire



July 2024

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Summary

Patient Participation Groups (PPGs) are an important link between GP practices and their patients. Every GP practice is required to have a PPG, but what a PPG looks like and how it works varies between GP practices. Over recent years, the context that GP Practices and hence PPGs, are working in has changed considerably, and continues to do so.

In January and February 2024 Healthwatch Oxfordshire carried out a survey to hear from people involved with PPGs in Oxfordshire. Our aim was to hear about how PPGs are running, what is going well, what challenges PPGs are facing and what support they need. With better insight, we will be able to identify where that support can be provided and by whom.

We heard from 78 people representing 35 Patient Participation Groups and GP practices across Oxfordshire – amounting to 53% of the 66 GP practices in the county. These GP practices were from 18 of the county's 21 Primary Care Networks (PCNs). We heard from a mix of PPG members, chairs and committee members, as well as some practice staff, including Practice Managers and one GP. We mostly heard from women, people aged 65–79, and people with White British ethnicity.

We heard that there is a wide variety in the experiences of PPGs in Oxfordshire. Some PPGs are struggling: they may have very few or no members, few or no meetings and face significant challenges in recruiting members, organising activities or engaging with patients or getting support from their GP practice. Some PPGs are thriving: they have a solid base of active members, good relationships with their GP practices and are managing to engage with patients in a range of ways, and to make a positive difference to patients' experiences. Most PPGs are somewhere between these extremes: meeting regularly and doing some outreach, such as through patient newsletters, but also grappling with challenges around member recruitment, patient engagement and making patients' voices heard by over-stretched practice staff.

What helps a PPG to be successful?

We heard that some of the things that help PPGs to work well are:

- Active, positive and enthusiastic members.
- Good, trusting relationships with GP practices.
- Engagement (and capacity to engage) from practice staff, especially GPs.
- Support from GP practices to communicate with patients and recruit new members.
- Clarity around the remit and role of the PPG.
- Opportunities to support the practice, for example with hands-on activities like vaccine clinics.
- Opportunities for collaboration and learning between PPGs in the PCN area and more widely.

There was a clear voice that patients and PPGs would like more opportunities and pathways to hear from and feed into local health policy and engage with decision-makers from Primary Care Networks (PCNs), Oxfordshire Place Based Partnership and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). They would also like more clarity and structure around the role of a PPG, support to engage with a wider range of patients, and to be kept up to date with news and information about health and care in their local area.

Understanding the value of PPGs

At their best, Oxfordshire's PPGs are valued by both practices and patient volunteers. Their value includes:

- Supporting practices to meet their contractual requirements to engage with patients.
- Supporting GP practices to communicate effectively with patients through news and social media, surveys, face to face and dialogue, as well as linking into the wider community.
- Supporting practices to hear from patients and incorporate patient feedback into planning and decision-making, including wider strategies and plans.
- Sharing health information with patients and supporting health promotion through events and activities.
- Supporting the daily work of the practice - for example vaccine clinics and digital inclusion clinics.

- Running activities that promote patients' health and wellbeing, such as health walks, a gardening group and a 'buddy' scheme to support people attending social prescribing activities
- Benefits to volunteers' own wellbeing and sense of community in being a PPG member.

We identified four interweaving themes in what we heard:

1. A need for greater clarity and guidance around the role and remit of PPGs, and clearer identification of different responsibilities of practices, PCNs and the ICB to support them.
2. PPGs face challenges recruiting and engaging with a diverse set of patients.
3. PPGs can support communication between practices and patients, but they do this best when they are supported by effective communication from the health system and supported to connect with other PPGs.
4. PPGs can be a valuable asset to their practices. In the emerging integrated health and care landscape, patient participation has considerable potential to build wider patient engagement, and support work on prevention and tackling health inequalities. There is scope for thinking as to how PPGs can be part of initiatives and wider patient engagement linking in with local communities and voluntary sector and emerging Integrated Neighbourhood Teams.

Recommendations

This report was shared with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), as commissioner, and with Oxfordshire Place Based Partnership. It was also shared with the Oxfordshire Clinical Directors Committee (OCDC) and with Berks, Bucks and Oxfordshire Local Medical Council. Responses can be seen in the section below.

The final report is published on Healthwatch Oxfordshire website and shared with Patient Participation Groups.

It includes the following recommendations:

For Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

1. Role, remit and responsibilities
 - Embed co-production with patients to explore ways forward based on this report.
 - Work with PCNs and GP practices to better understand the role and remit of PPGs based on findings of this report.
 - To clarify who, where and how best to support them now and within the changing landscape - including emerging Integrated Neighbourhood Teams, and in the light of BOB ICB Primary Care Strategy.
 - Provide “best practice” or “recommended” guidelines for a PPG, which could include a template Terms of Reference.
 - Provide a toolkit and/or training for PPGs.
2. Diversity and inclusion in recruitment and engagement
 - Provide support for practices and PPGs to build skills to recruit and engage with a wider range of patients.
3. Communication and connection
 - Identify a point of contact and communication pathway for PPGs at BOB ICB.
 - Facilitate connection and collaboration between PPGs within PCNs and across the county.
 - Provide PPGs with clear routes for communications with BOB ICB about health and care in Oxfordshire.
4. The value and potential of PPGs
 - Embed patient engagement, including the role of PPGs, in the Primary Care Strategy and all aspects of service development.
 - Explore proactive approaches to patient participation for prevention and to tackle health inequalities, e.g. linking into the Well Together areas, and other local initiatives.

For PCNs, GP practices and PPGs

1. Role, remit and responsibilities
 - Practices to help members of the PPG understand their role, how things can be escalated, and how any actions at meetings are followed up - ‘You said, we did’.

2. Diversity and inclusion in recruitment and engagement
 - Practices to build skills and support PPGs to recruit members and to hear from and engage with a diverse set of patients.
3. Communication and connection
 - Practices and PPGs to work together to make sure information is shared with patients through newsletters, the practice website, social media and options for those who cannot access digital information.
4. The value and potential of PPGs
 - Explore and highlight proactive approaches to patient participation for prevention and to tackle health inequalities, e.g. through development of 'patient champions or ambassadors', links with social prescribing and connections with grassroots community groups.

For Healthwatch Oxfordshire

1. On the basis of responses to the report and recommendations above - to review role played in support to PPGs, working with patients and BOB ICB.

For note: Healthwatch Bucks is carrying out a similar exercise and so lessons learned together can support BOB ICB work across place and joined up working.

Commissioner and provider responses to our recommendations

Response from Dan Leveson

Place Director for Oxfordshire, Buckinghamshire, Oxfordshire and Berkshire West integrated Care Board (BOB ICB). Received by email.

Dear Veronica

Thank you for sharing the report 'Patient Participation Groups in Oxfordshire: What we heard from members of Patient Participation Groups from GP practices in Oxfordshire'.

I would like to thank you for the work undertaken by you and your team. The feedback, themes outlined, and recommendations will enable us to develop our ways of working with PPGs in Oxfordshire, indeed across our wider area.

Please see our response to your specific recommendations for BOB ICB below:

1. Role, remit and responsibilities:

There is wide commitment to improve patient engagement in GP practices and in the work of the BOB ICB. Pockets of exceptional practice could be used as resources for others in improving and developing patient engagement. This could be facilitated through, as stated in the report, the development of a toolkit to support the development of PPGs and support practice staff to involve their patients in the work they do. *'What does good look like and how do we better engage and involve our patients'*, not only in decisions that affect them but in health promotion.

A series of workshops could be delivered to bring together patients, practice staff, GPs clinical leaders and ICB staff to look at how patient engagement might be developed. This would support the commitments outlined in the ICB's Primary Care Strategy to 'build effective relationships with the people and communities we serve and support the creation of an environment where the voices of stakeholders can be heard as part of the design process at the most appropriate level (neighbourhood, Place or system)'.

2. Diversity and inclusion in recruitment and engagement:

- *Provide support for practices and PPGs to build skills to recruit and engage with a wider range of patients.*

We are happy to support the development of relationships between local PPGs, the BOB Voluntary, Community and Social Enterprise Health Alliance (BOB VCSE) and Oxfordshire Community and Voluntary Action (OCVA) so as to develop community contacts at a local neighbourhood level to engage a wider range of people in the work of PPGs.

3. Communication and connection:

- *Identify a point of contact and communication pathway for PPGs at the ICB.*
- *Facilitate connection and collaboration between PPGs within PCNs and across the county.*
- *Provide PPGs with clear routes for communications with BOB ICB about health and care in Oxfordshire.*

The ICB introduced a new [monthly newsletter](#) in January 2024 with news relevant to health, social care and public health across the whole BOB system and an Oxfordshire specific section. There is an option within the newsletter for people to subscribe directly and it is publicised via our social media channels to encourage members of the public to subscribe. I also produce a monthly blog which PPGs can receive. It is available on the [ICB website](#); similar to the monthly ICB newsletter people can subscribe directly to receive it.

Also, senior health and social care staff will be out and about across the county over the coming months to have conversations with the public and promote the [Oxfordshire Way](#). The aim of the conversation is to share the positive improvements in health and care to support people to live well and independently within their communities, remaining fit and healthy for as long as possible. Residents will be invited to share their experiences of health and social care services by having a chat with senior figures in the NHS and county council. This is a change in approach to engaging people through informal conversations about health and care around what's changed, what's coming up and ideas for the future. We will ensure these are promoted to PPGs across the county.

I understand PPGs desire to have a focal point in the ICB, like previous arrangements with CCGs. However, we are no longer resourced for this. The primary contact for PPGs should be practice managers. If there are concerns, complaints or feedback these should go to the ICB PALS team (bobicb-ox.palscomplaints@nhs.net) who will ensure it gets to the right person or team. As an ICB, we are committed to involving and engaging a range of people and there will be different focal points within the ICB depending on the programme of work. Personally, I attend Health Overview and Scrutiny Committee and Health and Wellbeing Boards routinely as a senior representative for the ICB in Oxfordshire and, where my diary allows, I have been invited and attended PPG network meetings in the past.

4. The value and potential of PPGs:

- *Embed patient engagement, including the role of PPGs, in the Primary Care Strategy and all aspects of service development.*
- *Explore proactive approaches to patient participation for prevention and to tackle health inequalities, e.g. linking into the Well Together areas, and other local initiatives.*

There is a commitment within the Primary Care Strategy to work with people and communities who use primary care services in equal partnership and engage groups of people at the earliest stages of service design, development and evaluation.

First steps including co-producing a communication campaign to raise awareness of:

- New roles within primary care
- How to access to the right care at the right time including use of the NHS app
- What to expect from each pillar of primary care

We are also working with patient, carers and families to develop the local Integrated Neighbourhood Teams, one of the three priorities within the Primary Care Strategy.

I will arrange a conversation to see how best we can work with Healthwatch to deliver some of the intentions, ideas and suggestions covered above.

Daniel Leveson (he/him) | Place Director for Oxfordshire | Buckinghamshire, Oxfordshire, Berkshire West ICB | ✉ E: Daniel.Leveson@nhs.net

Response from Dr Michelle Brennan

Chair, Oxfordshire GP leadership group (Ox.GPLG). Received by email.

Dear Veronica

Thank you for sharing Healthwatch Oxfordshire report on PPGs in Oxfordshire, which provided a good summary of the current situation. The report highlights where PPGs are working well, they are doing some interesting work evidenced by the case studies in the report.

The report supports the comments made by a patient representative at the recent Primary Care Strategy Day in Reading, requesting improved communication from their local healthcare system.

As a healthcare system consideration needs to be given to how providers engage their local population.

Kind regards

Michelle

Dr Michelle Brennan

Why did we look at this?

What is a Patient Participation Group?

Patient Participation Groups (PPGs) bring together patients and GP practice staff to discuss practice issues, patient experiences and improve services at their surgery. PPGs provide a link between patients and their practice – making sure that patients’ voices and feedback are heard by the practice and sharing information about the practice and wider health topics with patients. PPGs can be a ‘critical friend’ to their practice, ensuring that the patient voice is included in decision-making. During inspections of GP practices, the Care Quality Commission speaks with PPGs to make sure that the practice is engaging with service users, staff and the public.¹

Since 2016, the GP contract in England has included a requirement for each GP practice to have a PPG. There is no statutory requirement for what a PPG should look like², but GP practices are expected to engage with patients to ensure they are meeting patients’ reasonable needs, such as around the practice’s opening hours.³ The regulations use a broad definition of PPGs, which could range from a formal group of patients, GPs and practice staff that meets regularly and takes minutes of its meetings, to a group made up of everyone on the patient list, which the practice might seek feedback from through text messaging or social media, for example. PPGs can be run by practice staff or by patient volunteers. The National Association of Patient Participation supports PPGs and GP practices to foster patient engagement, through education, providing resources and policy advice.⁴

PPGs within the wider context

The context that PPGs are working in has changed a lot over recent years. The COVID-19 pandemic led to major changes in how GP practices and

¹ https://healthwatchnorfolk.co.uk/wp-content/uploads/2022/11/PPG_Support_Healthwatch_Report_Sep_22_Final.pdf

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072890/>

³ <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/gp-access-meeting-the-reasonable-needs-of-patients>

⁴ <https://napp.org.uk/>

PPGs operated, with many processes and meetings shifting (and remaining) from in-person to digital⁵. The early months of the pandemic saw a rise in people volunteering across communities, especially by younger people, but since then numbers of people volunteering have reached a historic low.⁶ Several PPGs stopped operating face to face during this time, and some have not been reinstated. Practices are also under increasing workload pressure, financial and demand constraints, along with the wider NHS.

In 2019, as part of the NHS Long Term Plan, GP practices were brought together to create Primary Care Networks (PCNs), which provide primary care services across neighbourhoods (around 30-50,000 people). There are currently 21 PCNs in Oxfordshire, covering 66 GP practices. The Long Term Plan recommends PCNs will work with their PPGs and local communities to include patient perspectives and feedback in making plans and delivering services. As of 2024, the NHS five year contract for PCNs has been extended for a further year. Patient engagement sits within the remit, including the need to engage, liaise and communicate with patients in the PCN, to inform and involve them in service development and to engage with a range of communities including 'seldom heard' groups⁷.

In 2022, following the Health and Social Care Act (2022), the then Oxfordshire Clinical Commissioning Group (OCCG), was replaced by the Integrated Care Board covering Buckinghamshire, Oxfordshire and Berkshire West (BOB ICB). BOB ICB now acts as commissioner of NHS services across Buckinghamshire, Oxfordshire and Berkshire West, including for Primary Care, and ensuring GP contracts are met. In Oxfordshire the Place Based Partnership works to support the integration of health and care services, and moves towards more joined up planning for patient centred care. Building on NHS guidance, including the Fuller

⁵ <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2020/07/PPG-activity-during-Covid-19-report-July-2020.pdf>

⁶ <https://www.theguardian.com/society/2023/may/02/volunteering-in-sharp-decline-in-england-since-covid-pandemic>

⁷ <https://www.england.nhs.uk/publication/network-contract-des-contract-specification-2024-25-pcn-requirements-and-entitlements/>

Stocktake Report (2022)⁸, BOB ICB has set out strategies for working with patients and communities in its Joint Forward Plan for the next five years. Its recently developed Primary Care Strategy outlines its plans for the transformation of primary care, including a vision for more joined-up work between services, the development of ‘integrated neighbourhood teams’, and a focus on tackling health inequalities.⁹

This shift to integrated care around people and communities is welcome, but as pointed out in the Fuller Report and by the Kings Fund¹⁰, patient and community engagement are not just ‘nice to have’ – they are crucial to its success. Healthwatch Oxfordshire and Healthwatch Bucks have raised questions about gaps around patient engagement within BOB ICB’s Primary Care Strategy and asked how patients will “be supported in their role as potential active and empowered partners to support development and delivery of culturally appropriate, accessible and patient centred models of care”¹¹.

Buckinghamshire Health and Adult Social Care Select Committee inquiry (2022) into the development of PCNs gave useful pointers as to potential for working with patients. They recommended that BOB ICB take a ‘back to basics’ approach to PPGs, including:

- Providing clear guidance on the role of a PPG chair.
- Making sure the ICB has an up-to-date directory of PPG chairs.
- Developing ‘a fair, comparable and consistent approach in supporting the development of Patient Participation Groups across the BOB ICS with clear, measurable outcomes’¹², which should be co-produced with PPGs.

⁸ <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

⁹ <https://yourvoicebob-icb.uk.engagementhq.com/primary-care-strategy> and here <https://yourvoicebob-icb.uk.engagementhq.com/29963/widgets/86093/documents/52822>

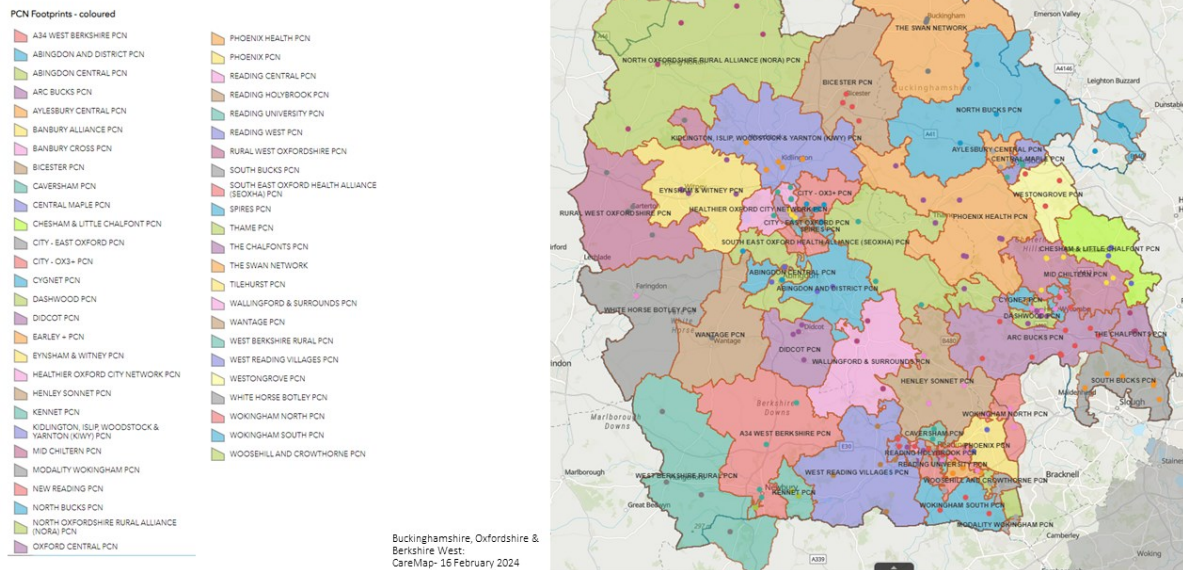
¹⁰ <https://www.kingsfund.org.uk/insight-and-analysis/blogs/importance-working-with-communities>

¹¹ <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/03/Joint-response-from-Healthwatch-Bucks-and-Healthwatch-Oxfordshire.pdf>

¹² Buckinghamshire Council (2022) Health & Adult Social Care Select Committee – Development of Primary Care Networks Inquiry, p.7

- Providing regular communications with PPGs, including newsletters and informational webinars.
- Developing 'basic mandatory practices, including automatic sign-up prompts for new patients and greater collaboration between PPGs and GP practices to recruit PPG members.¹³
- GP practices should have 'clearer and more comprehensive information'¹⁴ about PPGs on their websites, including meeting times, minutes and agendas, and this should be kept up to date.
- Network Managers and Community Board Managers should engage with, supporting them to build strong relationships with partners across the PCN and keeping them up to date with PCN news.

Buckinghamshire, Oxfordshire and Berkshire West PCNs



Map of Primary Care Networks in Buckinghamshire, Oxfordshire and West Berkshire

Healthwatch Oxfordshire has for some years supported PPGs in the county¹⁵. This light touch approach has enabled PPGs to link up and share good practice in Oxfordshire. Healthwatch Oxfordshire has provided bi-monthly PPG newsletters, and additional resources, to support sharing best practice. This has included regular attendance of PPG meetings to hear

¹³ Ibid, p.7

¹⁴ Ibid, p.7

¹⁵ Healthwatch Oxfordshire now receives some funding to support patient engagement from BOB ICB.

from PPG members, and to understand patient concerns, and to link PPGs to health providers and decision-makers. In addition, Healthwatch Oxfordshire hosts regular Patient Webinars¹⁶ to enable PPG members and wider population to hear from health and care providers, and to have their say in strategies and policy development.



Prior to COVID-19 some support and networking took place in face-to-face events supported by Healthwatch Oxfordshire, in each area of the county, and attended by Oxfordshire Clinical Commissioning Group. This gave PPG members an opportunity to hear from the health and care system and to share ideas and good practice. In 2019, Healthwatch Oxfordshire heard from 10 PPGs in South-East Oxfordshire, to share examples of best practice.

Oxfordshire Clinical Commissioning Group historically supported 'Locality Forums' of PPGs in the five areas of Oxfordshire. Although disbanded, some of these networks reformed, run by patients including South Oxfordshire Patients Association (SOPA) and an Oxford Patient Network¹⁷. However, there is a feeling (reflected in the findings of this report) that communication with health and care commissioners has weakened since the establishment of BOB ICB. Elsewhere in England, ICBs are leading on support for PPGs. For example, Norfolk and Waveney ICB worked with their

¹⁶ <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>

¹⁷ <https://oxfordpatientnetwork.com/>

local Healthwatch to evaluate local PPGs and develop a toolkit, and are currently developing a programme of support for PPGs at ICB level¹⁸.

Given this changing context, Healthwatch Oxfordshire felt it was important to revisit the current status of PPGs in 2024 – how PPGs are currently working, what their needs are, how they can best be supported, and to better identify where that support sits and what role BOB ICB can play. Elsewhere in the Integrated Care System, Healthwatch Bucks, (building on Healthwatch Oxfordshire’s survey) has been carrying out a similar look at how PPGs are operating in 2024.

Patients have a central role to play in supporting more sustainable, joined up and future facing models of care, and if effectively engaged and supported can be valuable assets in realising these aims.

What did we do?

Between January and March 2024 Healthwatch Oxfordshire ran an online survey to hear from people involved in PPGs, including patient volunteers and practice staff. We asked people about:

- How their PPG is constituted and run.
- What the PPG is doing.
- Who is involved with the PPG, and how it engages with patients from different backgrounds.
- What is going well for the PPG, what is challenging and what would help to overcome these challenges.
- How well the GP practice supports and listens to the PPG.
- Whether the PPG links with other PPGs in their PCN.
- What the personal benefits are of being involved in the PPG.
- What support people would like to see for their PPG.

¹⁸ <https://improvinglivesnw.org.uk/get-involved/working-with-people-communities/patient-participation-groups-ppgs/>

We sought initial feedback on the survey from PPG members, BOB ICB and incorporated this in the final design. We then circulated the survey to PPG members and GP practices by email, providing paper copies where requested. The survey was open for five weeks between January and March 2024.



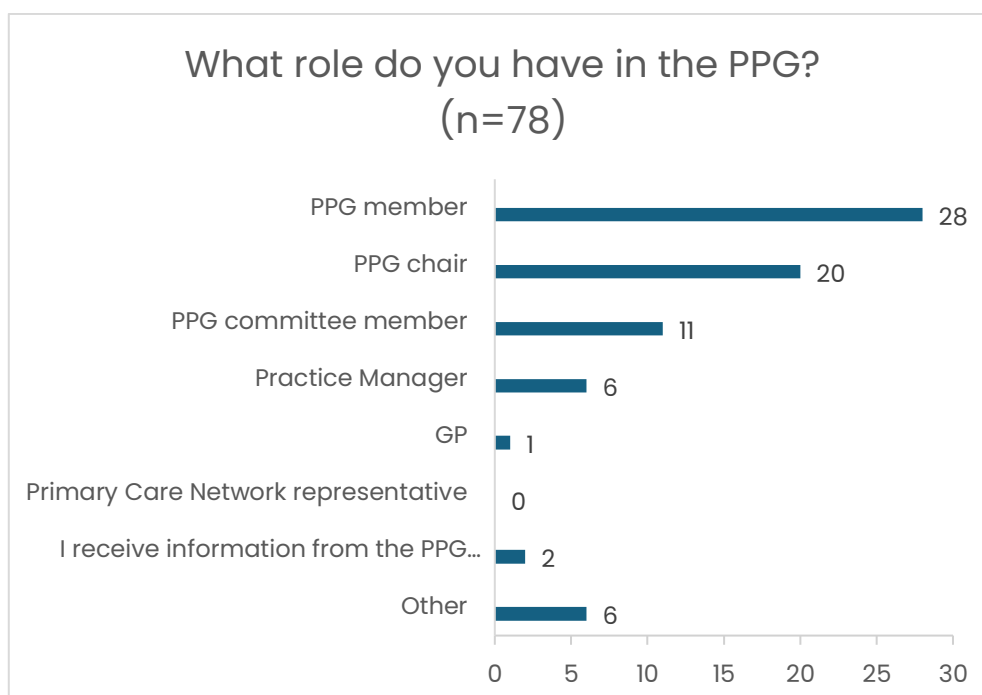
Patient Participation Groups - share your views in our new survey

We would like to hear from people involved in Patient Participation Groups (PPGs) in Oxfordshire. We want to hear from PPG members and their practices about what you are doing, what is going well, what is challenging and what support you would like. We will use what you tell us to help improve support for PPGs.

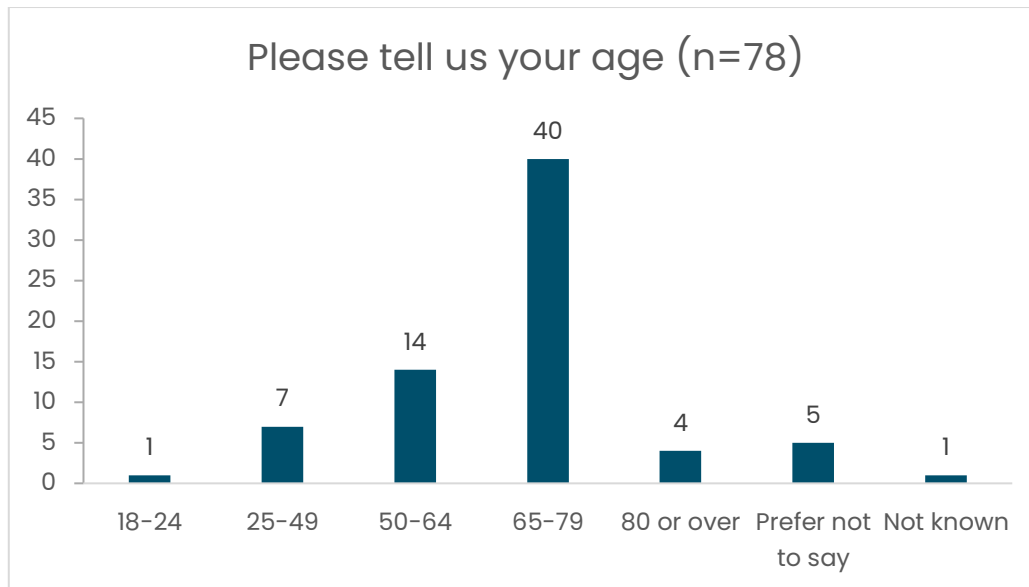
Please share your thoughts with us by completing [this survey](#).

Who did we hear from?

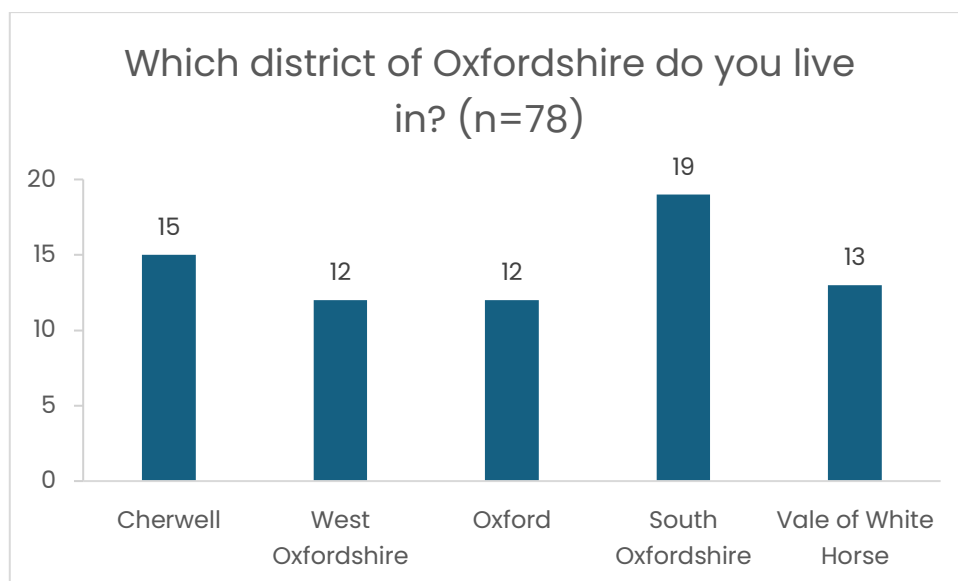
We heard from 78 people representing 35 Patient Participation Groups and GP practices across Oxfordshire – amounting to 53% of the 66 GP practices in the county. These GP practices were from 18 of the county’s 21 Primary Care Networks. We heard from a mix of PPG members, chairs, and committee members, as well as some practice staff including Practice Managers and one GP.



Most of the people we heard from are aged 65-79 (40 people out of 78 responses, 51%) and are White British (61 people out of 78 responses, 78%). We heard from nearly twice as many women (44 people out of 78 responses) as from men (25 people out of 78 responses).



We heard from people across the five districts, but particularly from South Oxfordshire. The most represented postcode was RG9 (Henley) with 8 responses.



A note on the data

We heard from just over half of Oxfordshire's PPGs. These are likely to represent the most active PPGs – those with members with the capacity and interest to respond to our survey.

We received multiple responses from several PPGs. Where questions were factual (e.g. does your PPG have terms of reference?), we have amalgamated the data to show one answer per PPG. In cases where members of a PPG gave different answers, we have used the answer given by the most members of that PPG, or where there was a tie, the Chair's response – but the discrepancies in themselves illustrate some of the confusion and lack of clarity that some PPG members feel about how their PPG works.

Where questions were more subjective (e.g. what support would you like to see for your PPG?), we have shown results for all responses. We have indicated throughout whether we are talking about responses from the 35 PPGs or the 78 individual respondents.

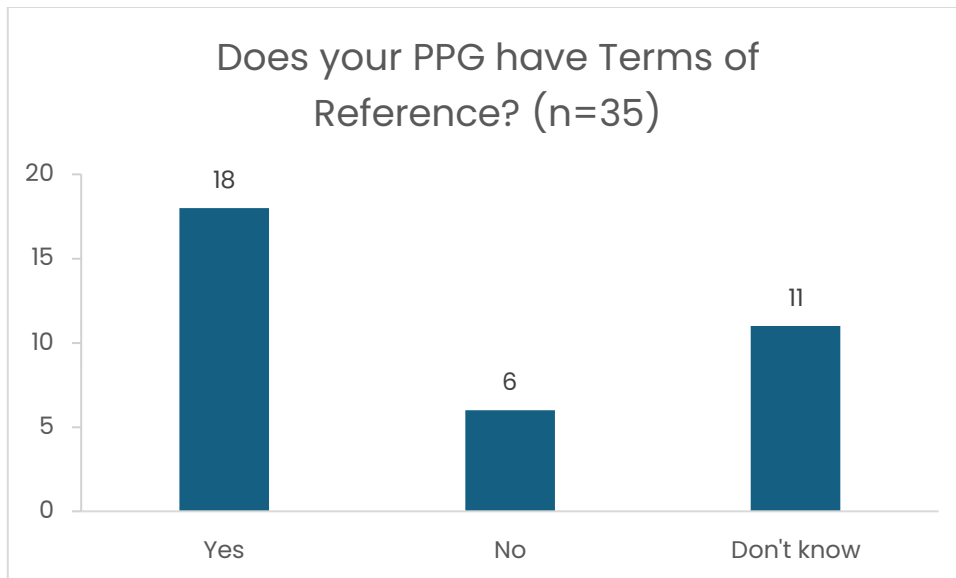
What did we hear?

The status of PPGs

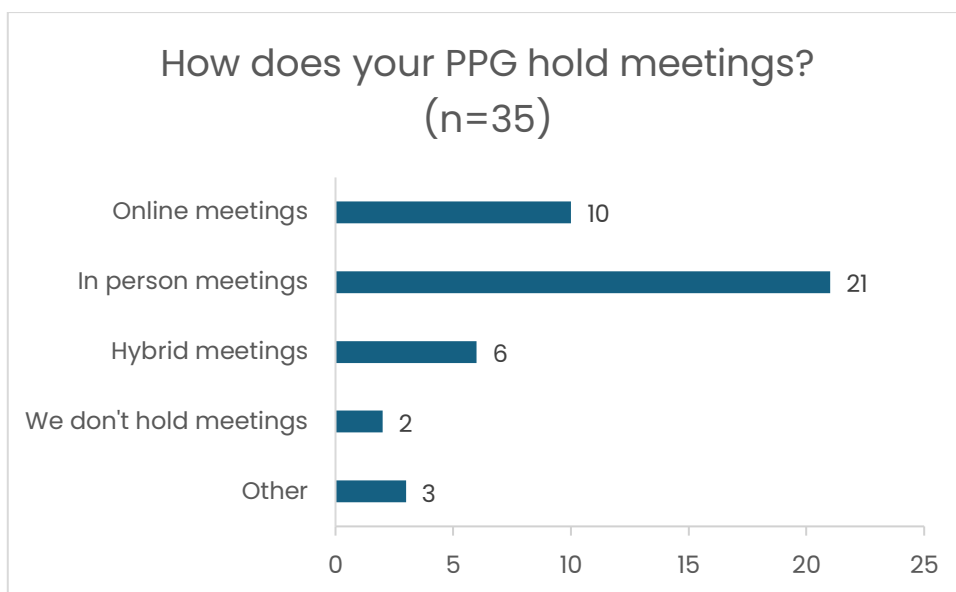
Responses to the survey presented a mixed picture: some PPGs are thriving, while some are struggling and some have stopped functioning altogether.

PPGs vary in size, though most of those we heard from have between 5 and 10 members, who regularly attend meetings or get involved in the PPG's activities. The biggest has around 20 active members. We also heard from two PPGs with one sole member and two with no members.

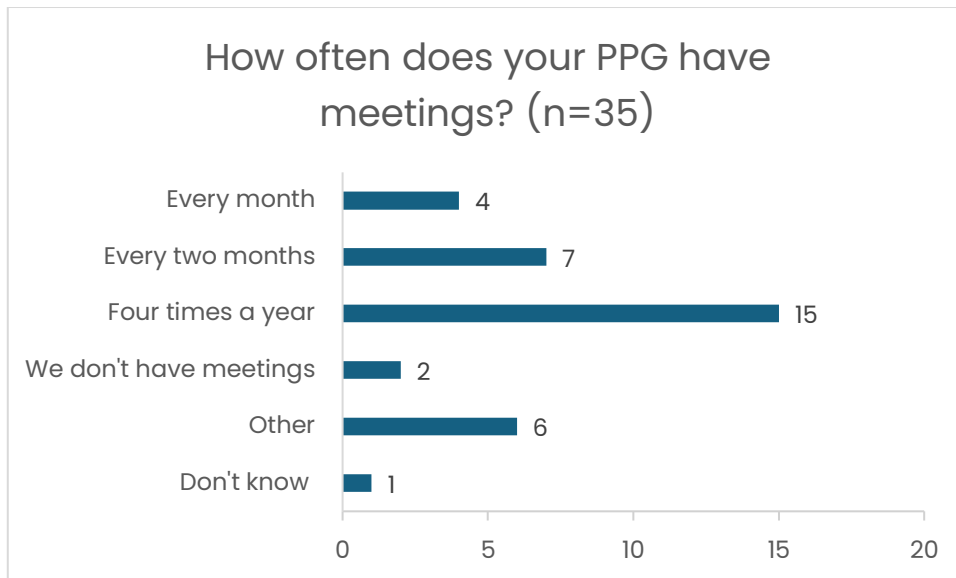
Just over half of the PPGs we heard from (18 out of 35, 51%) have Terms of Reference or another formal founding document like a Constitution, but PPG members did not always know about this – 28% of respondents (22 out of 78) did not know the answer to this question.



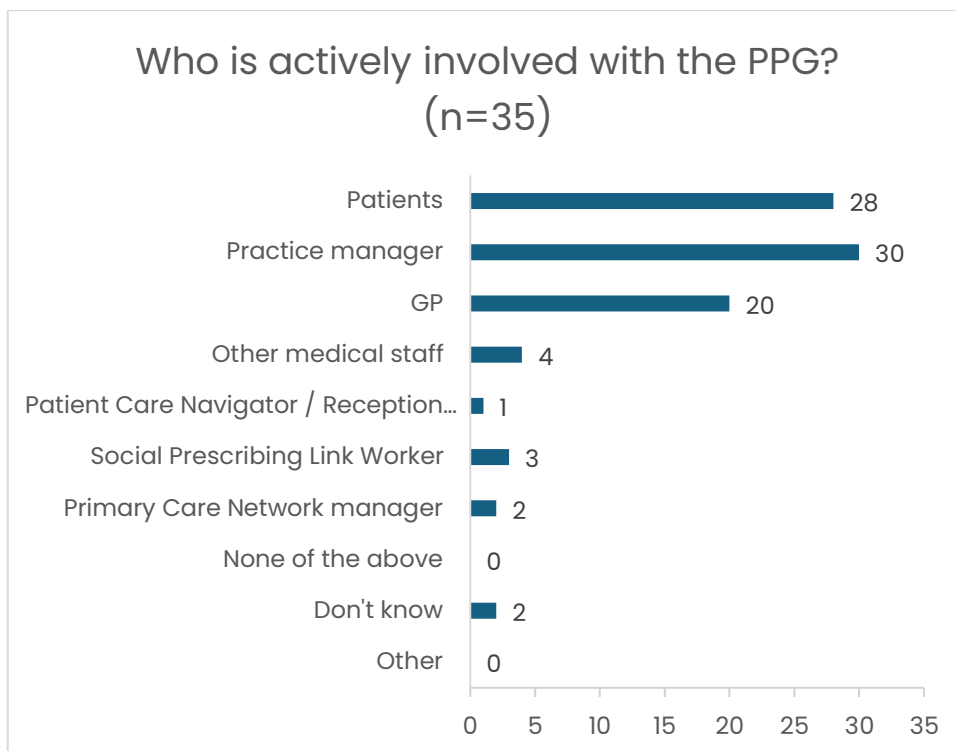
Most of the PPGs we heard from have in-person meetings (21 out of 35 PPGs, 60%). Some PPGs have online meetings (10 PPGs, 29%). Four PPGs use a mixture of in person and online or hybrid meetings. We also heard from people who did not know how their PPG holds meetings or whose PPG had not held a meeting recently.



PPGs meet with different regularity, but the most common frequency was quarterly (15 out of 35 PPGs, 43%). One respondent said that their PPG has subgroups to focus on particular issues, which hold meetings between the main PPG meetings.



We asked PPG members who was actively involved with the PPG. Nearly all the PPGs we heard from said that they have active involvement from patients (28 PPGs out of 35, 80%) and the Practice Manager (30 PPGs out of 35, 86%). Most PPGs we heard from also have a GP who is actively involved (20 PPGs out of 35, 57%). A small number of PPGs also have active involvement from other medical staff, reception staff, a social prescribing link worker, a Primary Care Network manager or another member of practice staff such as an administrator or communications representative.



What are PPGs doing?

PPG members told us about a wide range of activities that they have been involved in to support their surgeries. These include different ways of sharing information with patients and supporting patient communications, such as:

- Collaborating with the practice to produce a patient newsletter.
- Creating and circulating patient leaflets.
- Writing information articles in local magazines.
- Running a women's health evening.
- Running a Health and Wellbeing Day with other PPGs in the PCN.
- Running information talks on different health issues with specialist consultants and health professionals.

PPGs told us that they hear from patients through surveys, engagement in the practice waiting room, and outreach events such as coffee mornings, at libraries and visits to retirement homes.

PPGs also pass patient feedback to the practice, offer a patient perspective on practice decision making, and work with practices to improve services and environment. For example, one PPG suggested improvements to the practice website and facilities, some have supported redecoration of waiting areas or helped create gardens. Other PPGs said they commented on plans for the surgery or passed on patient complaints. PPGs can also keep their 'finger on the pulse' and feedback real time comments and issues, for example highlighting patient issues with using varied GP access routes.

Some PPGs have been more hands-on in supporting the running of the practice and promoting the health and wellbeing of patients by:

- Fundraising for the practice, for example to purchase new equipment, and helping improve the environment.
- Stewarding at vaccine clinics (COVID and flu etc).
- Running or supporting digital literacy clinics, for example in conjunction with a local library or working with a social prescriber
- Supporting understanding of the different practice roles.
- Promoting practice staff morale, for example by giving staff thank you cards and fruit baskets.
- Volunteering as car park monitors.

- Running a voluntary transport service to take local residents to hospitals and collect medications.
- Facilitating support groups e.g. carers group, bereavement groups.
- Running health and social activities for patients, such as a walking group and a gardening group (tending the practice garden), and a 'buddy' service for people referred to social activities by a social prescriber.

A small number of PPGs have also got involved in the wider planning context for patients' health and wellbeing:

- Campaigning and raising awareness on local health issues and challenges.
- Liaising with the parish council, for example on planning applications.
- Linking with strategic facing GPs and with health and care system directly.

Case study: The Nuffield Practice PPG

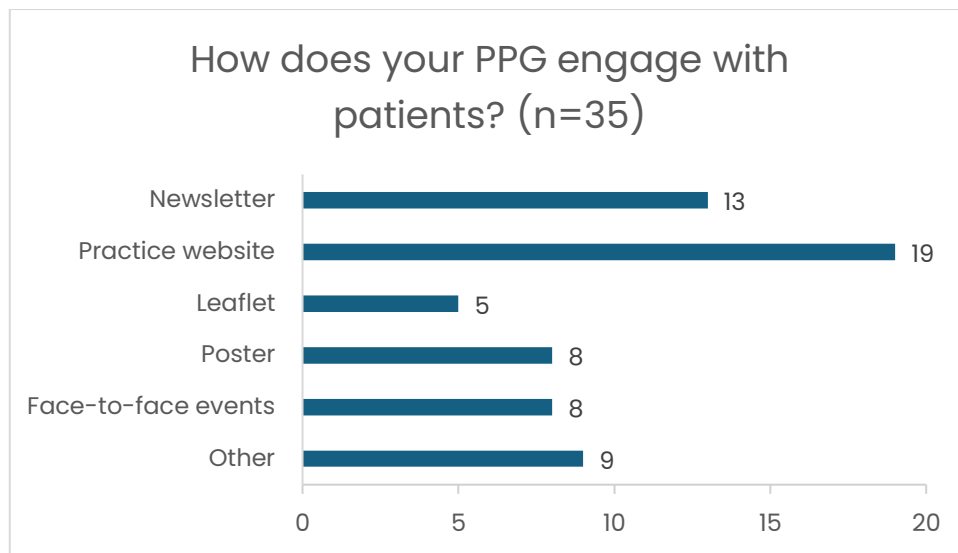
The Nuffield Practice Patient Participation Group (PPG) vows to work in partnership with the practice 'to ensure that through excellent communication, practice decision-making is informed by the best possible understanding of patients' needs and concern'.

In addition to annual periodic meetings and informative newsletters, the Nuffield PPG continually strive to promote healthy 'green' activity within their community. They currently support local walking and cycling initiatives and continue to promote their ongoing gardening project which was established in 2021. The gardening project has transformed an unkept piece of land into an attractive bee friendly garden, featuring bee loving plants such as lavender, tulips and cowslips. The PPG say: 'Beyond attracting happy bees, the garden aims to provide health benefits for people...interacting with the natural landscape has proven health benefits, reinforcing the importance of this initiative'.

Reaching and engaging with patients

PPGs use a variety of methods to engage with patients. The most common ways PPGs reach patients is through their practice website (19 PPGs out of 35, 54%) and through a newsletter (13 out of 35, 37%). Just under a quarter

of PPGs (8 out of 35, 22%) use face-to-face outreach events like coffee mornings or drop-ins to engage with patients.



Other ways that PPGs are engaging with patients include:

- By email or text messaging to the practice's patient list.
- Through a noticeboard or information screen at the practice.
- Local magazines and websites.
- In-person outreach, such as at a local farmers market and local community events.
- Partnerships, for example with local pharmacies.
- Social media, such as a PPG Facebook page.
- Including leaflets in welcome packs for new patients.
- Through surveys.

Several respondents said they did not know how their PPG was engaging with patients.

Some PPGs also use these methods to recruit new PPG members, although respondents commented that these were not always successful, and felt they did not reach a wider demographic. In particular, respondents said they were finding it difficult to recruit younger members and were exploring ways to improve this.

"Difficult to engage with patients - we would like to be able to meet those in the patient waiting area, for example. We have tried very hard to recruit new members - newsletter requests, request to local groups

e.g. WI, using a weekly market stall to talk with those out shopping – no success at all unfortunately.”

“Difficulty foreseen in getting younger generation to join.”

“We advertise for new members in the newsletter and in the surgery. The GPs have encouraged patients to join. We are always thinking of better ways to attract members such as young mothers, disabled etc.”

In some cases, PPGs recruit new members through the practice – for example, practice staff approach patients. In other cases, PPGs recruit new members through the personal connections of existing members.

“The committee regularly discusses, diversity representation, and is looking to fill-in identified gaps. PPG Committee members are actively recruited through personal networking.”

Case study: Windrush Medical Practice PPG, Witney

Windrush Medical Practice PPG has been active since 2007 and consider every patient to be a member by right. Led by a Patients Team consisting of twelve members, they meet every six weeks and ‘help patients by answering non-medical questions, keeping an eye on the information area and helping the Practice staff whenever appropriate’. Keeping their finger on the pulse, they work together to produce bi-monthly newsletters and their PRG (Patient Reference Group) sends out an email bulletin every time they have five useful pieces of information to impart.

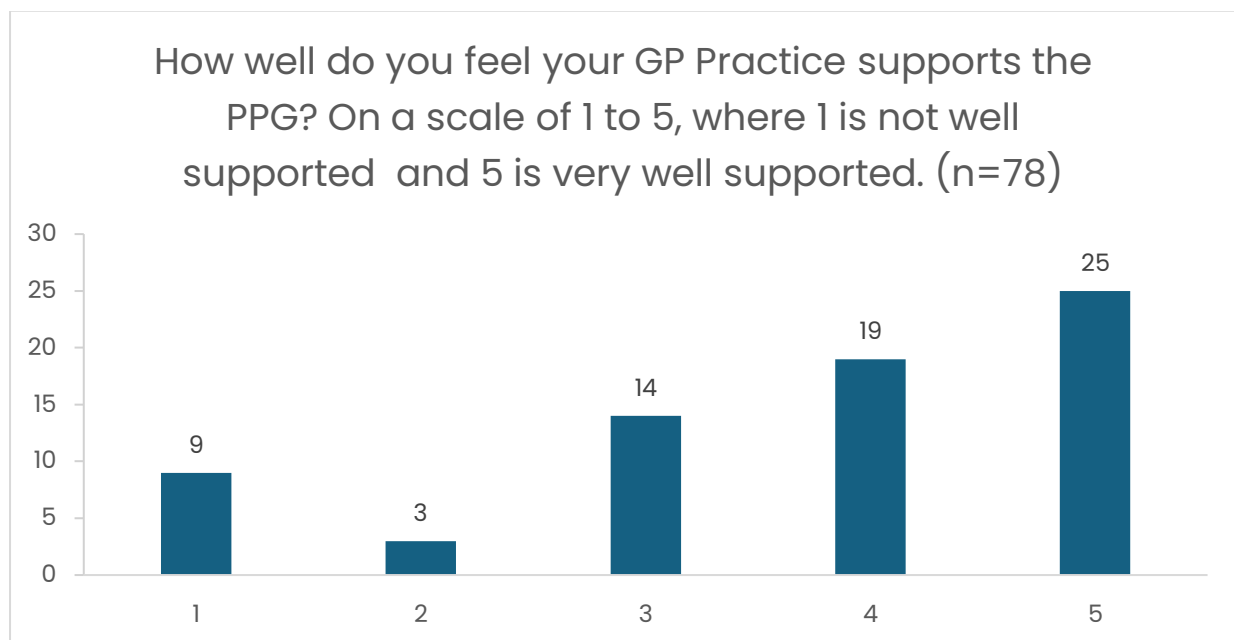
Their newsletters contain practice updates, health advice and are also used to raise awareness. Their most recent newsletter stressed the importance of cervical screening checks – ‘it is not a test for cancer – it is a test to help prevent cancer’. They also share practical information such as ‘what to do in the event of a fall’ and ‘useful tips to start the day’.

Both groups are actively involved in community outreach and aim to be inclusive for patients who do not have access to modern technology by producing printed updates which are available in waiting rooms. Both the newsletters and email bulletins are well received and accessible –

anonymous feedback: *"I think it's great the way you keep us all abreast of useful information in such a friendly manner"*.

Relationships with GP practices

We asked PPG members how well they feel their GP practice supports the PPG. Just over half of respondents said they felt the GP practice supports the PPG well or very well. In their feedback, seven people commented that they appreciated the involvement and support of GPs and other practice staff, while three commented that they would like to see staff involvement beyond the Practice Manager. People also noted the impact of workload, staff changes and staff illness on practice support for the PPG.



People had mixed views about how well patients' voices were listened to by the GP practice, with several people pointing out the difference between effective listening and making changes – although there was a recognition that this was often due to constraints outside the practice's control.

"I think they're pretty good at listening but they don't have the resources needed for meaningful change."

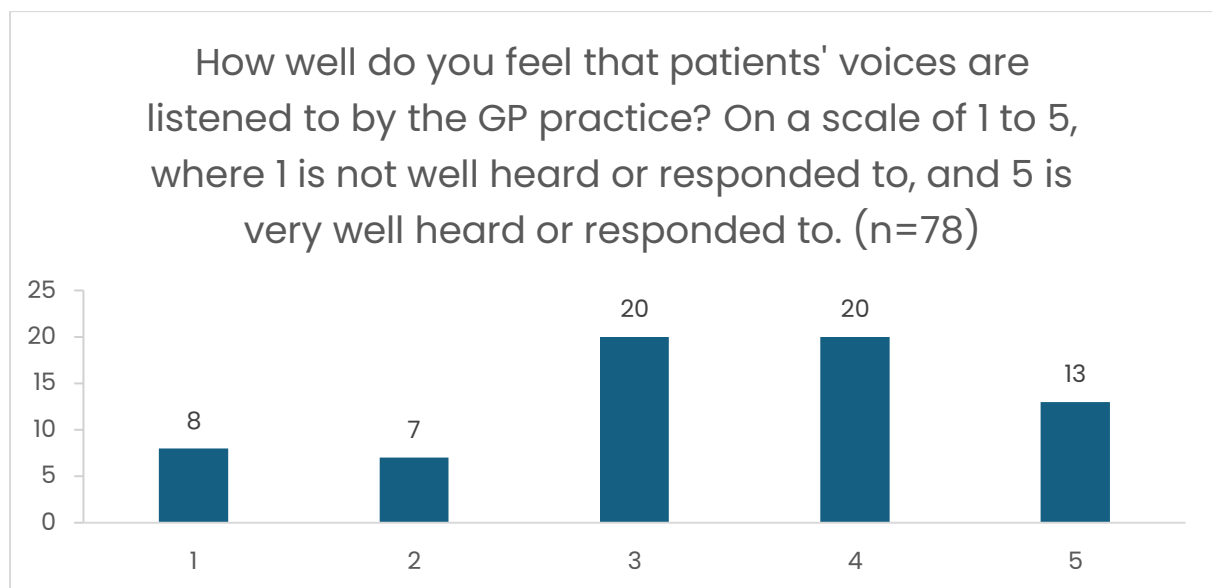
Members of practice staff pointed out some of the challenges of responding to negative feedback, especially where it is not specific to a practice or relates to a bigger problem.

“Facebook chat groups appear to be the favoured area for feedback. It is felt that by giving a response to any negative feedback, we would be validating and inviting more of the same. Some of the feedback received is not necessarily relevant to the practice, but more a regurgitation of what is said in the news.”

“Notes are taken of any clear, well defined issues; difficult to deal with vague “I am not happy” type complaints”

“The same old gripes (about which the surgery can do nothing) come up, so it becomes frustrating and a bit pointless. Our patients want what everyone else wants, which is speedy access to hospital appointments, operations and good after care. We nor the surgery can help with this, it is an NHS issue.”

Some PPG members shared examples of concerns being listened to and addressed, such as problems with making appointments or dealing promptly with safety concerns, and sharing this with patients with “you said, we did” messaging. People also made some practical suggestions about how to reach more patients with patient surveys, such as running them both online and in person.



Case study: Didcot Health Centre PPG

The Didcot Health Centre PPG is a volunteer group working in partnership with the practice. They represent patients' views and work together with the surgery to 'provide services that patients want and need, whilst encouraging patients to take responsibility for their own health'.

Establishing strong relationships with the Didcot Primary Care Network and other PPGs in their local area, they tackle issues affecting all Didcot patients as well as changes in local and national NHS services. The committee meets at the Didcot Health Centre every 2-3 months to discuss a range of topics such as practice updates, patient services and health issues and sends out regular newsletters to their subscribers.

Through their webpage, they encourage patients to take part in Patient Surveys and are currently inviting patients to complete the [*Friends and Family Test*](#). This is a platform where patients are able to provide feedback on care or treatment they have received, every time they visit the surgery. Participants can remain anonymous, and the feedback provides an insight into patient experience.

What is working well?

People told us about the successes of their PPGs in bringing together patients and practices and making positive changes in response to patient feedback. Several people said that they felt the PPG enabled a useful exchange of information between patients and the practice. We heard that PPGs worked well when there was good communication and trust between the PPG and the practice, and when members took an active role in the group.

"Giving a patient perspective on proposed patient communications and feedback on various patient issues"

"A close and good working relationship with the practice - we trust each other. Good communication channels with our patients."

"We have worked hard on building relations with the GP staff, which has been strained in the past. We have developed a new

constitution to address the needs of our group and we are slowly trying to get other participants to take a more active role in the group. We are making slow but constructive progress in developing our PPG."

People also commented that PPGs worked well when they had a clear remit, and when members were pragmatic about what changes or decisions they could influence, or proactive about organising activities to benefit the patient community.

"The surgery staff are very happy to work with us and we have a good relationship. Most members are realistic about the potential for change."

"The PPG is active and we enjoy doing things that make a difference. This works well as we are not a 'talking shop'. Finding members interests and strengths and working to these is important. Our relationship with the Practice Manager and GPs is very good. We are respected and valued. We set priority areas at the start of the year to give us a focus. We have gained a reputation for leading on educational talks and are very willing to share across other PPGs."

Several people praised their PPG committee members, highlighting the importance of effective administration in running a successful PPG. Others noted the wealth of experience, expertise and enthusiasm that members bring to PPGs.

"Well-attended meetings thanks to the excellent work of an outstanding Minuting secretary. Disciplined timing of meetings maximises numbers able to attend. Range of activities on offer generally appreciated."

"Excellent chair and committee dedicated and exceptionally hard working and giving of their time."

Things that people felt are going well included new and proactive approaches to reaching more patients.

"We have an outreach communication strategy which has already transformed outreach for notices and digital support."

"We have recently recruited a male committee member who is working on setting up a 'men's group."

Some people, noting the challenges of recruiting volunteers and keeping a voluntary organisation going, were pleased just to have kept a PPG going.

"That it is still in existence."

Case study: Benson Mill Stream Surgery PPG

This is an active group, with strong participation from the surgery. The PPG communicates with patients via Facebook page, and website. It supports working groups within practice with focus on different areas, including Carers and bereavement group, links to local care homes and learning on Dementia. The PPG runs Digital Literacy support for patients to sign up to NHS app - working alongside Age UK Oxfordshire at the local library. It has links with the social prescriber and local initiatives such as health walks.

What is working less well?

Fourteen people told us that they were not sure what was working well, or that nothing seemed to be working well for their PPG.

"Almost nothing. A drain on practice time."

"Very little but no one seems interested in change."

"I feel that the practice only has a PPG because they are contracted to organise one."

Some PPGs we spoke to had struggled to get engagement and communication with their practice and had as a result felt undervalued and unsure about continuing.

Case study: Church Street Practice PPG and Newbury Street Practice PPG, Wantage

Church Street Practice PPG and Newbury Street Practice PPG are active patient participation groups of neighbouring practices in the Wantage Primary Care Network. They work together to produce a quarterly newsletter for patients. The newsletter is sent out by email, and PPG members also deliver physical copies to public spaces for people to collect.



The newsletter includes updates from the practices, and health information and advice such as ‘how to make the most of your GP appointment’ or how to get to the health centre by bus. Both PPGs have a page on their practice’s website, where they share information about the PPG including minutes of meetings, newsletters and how to contact the PPG.

The PPGs are involved in outreach in the community, such as in care homes. They have supported the practices with tackling digital exclusion by producing explanation notes to help people access digital services. They organise a biannual Health and Wellbeing Day and work with their practices to put on talks, including ‘My child is ill, what shall I do?’ for local parents and ‘General Practice is changing – how Newbury Street Practice is changing’.

What challenges does your PPG face?

When we asked people about the challenges their PPGs face, some respondents talked about the difficulty of making change happen, especially in the context of frequent changes to the GP contract, capacity, and how GP practices and PPGs are run.

"No one is bothered about any changes or challenging anyone to do anything different."

One barrier mentioned was the lack of connection and communication needed to make change happen – for example with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), with their Primary Care Network or with other PPGs. One person said the loss of a locality network (previously supported by the Oxfordshire Clinical Commissioning Group OCCG) in their area had left their PPG feeling *"extremely isolated and disconnected to the care system"*.

"Bucks, Oxon and Berks West Integrated Care Board do not seem to be interested in hearing patients' views."

"Our local Primary Care Network is not communicating at all with our PPGs."

Several PPGs said they were struggling to recruit enough active members, especially younger members and members from across the patient base, such as from different ethnic groups or rural locations. For some, there was a concern that the older age of many PPG members, and associated health problems, was limiting the activity of the PPG – while others said that they were finding it hard to participate in their PPG due to a lack of reasonable adjustment, such as flexibility around meeting times. Some people said they felt that their PPG functioned as more of a social group or a 'clique' than an inclusive and active group.

"Recruitment of a diverse committee for full representation of the patient demographic."

"Recruiting volunteers is very difficult and trying to recruit people who can contribute to the group rather than using it as a personal agenda for complaining."

Linked to this were problems engaging and communicating with the wider patient base. One person noted that for many patients at their practice,

giving feedback was not a priority compared to issues like health and housing.

"It would be good to have a regular newsletter or another way of communicating with patients and encouraging involvement with the PPG but the surgery staff no longer have capacity to do this and PPG do not have a way to communicate with patients directly."

"Getting patients to participate, which is very difficult and when they do join, sorting out dates for meetings that everyone can attend. People just don't want to take part, whatever we do."

Some respondents told us they felt there was a lack of support from the practice, for example perceived 'gatekeeping' by Practice Managers, or a lack of consultation before making changes, and lack of feedback and response. For some people, they felt this was caused by apathy from the practice, while others felt it was because practice staff were over-stretched.

"Everything we want to do has to go through our Practice Manager, leading to lengthy delays and sometimes a dead end. So we would like more autonomy. Also we seek input with a GP once or twice a year - this is never agreed with the Manager however. [...] Since we write the Newsletter as a PPG Newsletter why cannot we circulate this without waiting for the Manager's approval (sometimes for months!)"

"I feel that the PPG is considered a necessary evil by the practice. They are required to have one but I am not too sure that it makes much difference to how the practice operates."

"They don't want to engage. The practice manager gives me the impression it's a tick box requirement."

"The practice seems to barely tolerate us, not open to any offers of help (e.g. helping with flu vaccine days, familiarising patients with new machines etc) just want money for new kit."

"It's difficult when the practice is so busy – trying to get time to work on PPG things when they are seeing so many patients all the time."

"The clinical and admin staff are so very stretched that we do not always want to disturb them."

Other issues we heard about were a lack of clarity about the role and objectives of a PPG.

What would help your PPG to work better?

We asked PPG members what would help their PPG to work better. Their ideas included more members or volunteers and greater autonomy for the PPG. Several respondents felt that things would be improved if there was more engagement from practices, primary care networks or the Integrated Care Board (or all three), including listening to and implementing the PPG's recommendations and involving PPGs and patients early on in decision-making.

"If the practice did what it agreed to do in the minutes."

Respondents said they would find it helpful to have more clarity and straightforwardness around the role of a PPG.

"Reduce NHS bureaucracy surrounding PPGs. There are far too many different groups and committees all pursuing similar aims. PPG members are unpaid volunteers and cannot devote time and expense to attending a string of 'talking shops'."

"More knowledge about authority and duties."

"The PPG would potentially work better if it had clear aims and aspirations year on year which can be implemented and measured."

People said they would like to hear about the experiences of other PPGs and share best practice, especially around overcoming challenges.

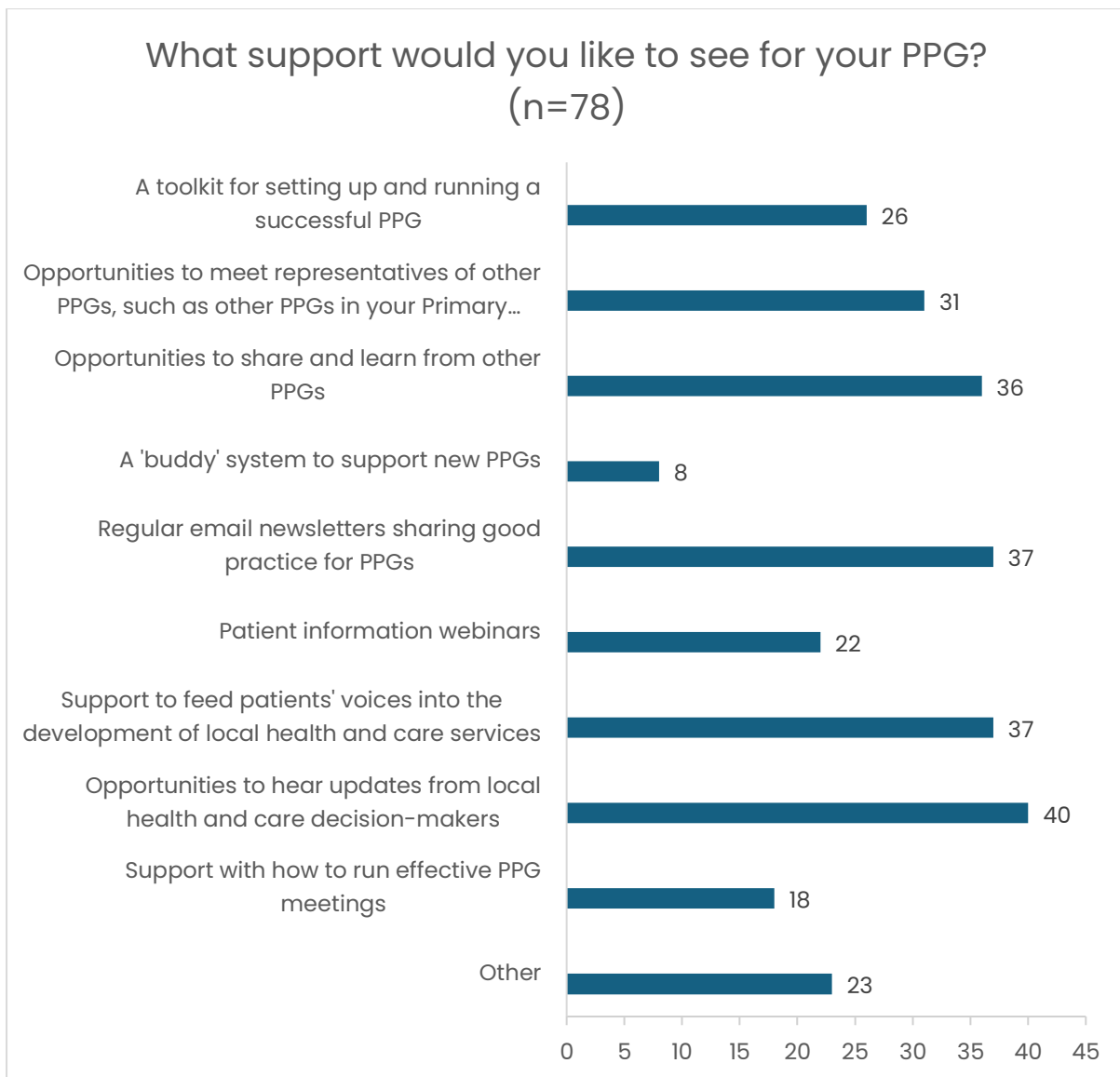
“Gaining insight into how other PPGs have managed to communicate with their entire patient base, without putting a high burden on already overworked Practice staff.”

Other suggestions removing barriers to engaging with the practice, for example around data sharing and NHS email addresses (clearer guidance may be needed around GDPR); more practical support from the practice, for example hosting Zoom meetings or providing a noticeboard for the PPG; and specific funding allocated to the PPG, which could be used to pay for activities or administrative support, for example.

In the survey, we suggested some options for support for PPGs and asked respondents which of these, if any, they would like to see.

The options which over 40% of respondents said would be helpful were:

- Opportunities to hear updates from local health and care decision-makers (40 out of 78 respondents).
- Regular email newsletters sharing good practice for PPGs (37 out of 78 respondents).
- Support to feed patients’ voices into the development of local health and care services (37 out of 78 respondents).
- Opportunities to share and learn from other PPGs (36 out of 78 respondents).



Other suggestions included greater capacity for GPs to engage with PPGs, more buy-in to support PPGs from practice staff, and information to help PPG members understand the local healthcare system.

“Be nice to have some guidance rather than just joining the meetings and expected to understand everything - especially NHS structures e.g. BOB and the fact that they change so often.”

Several people said they would like opportunities to influence local health policy and planning beyond their GP practice, which may be a response to the frustration some respondents voiced about their ability to influence change at GP practice level.

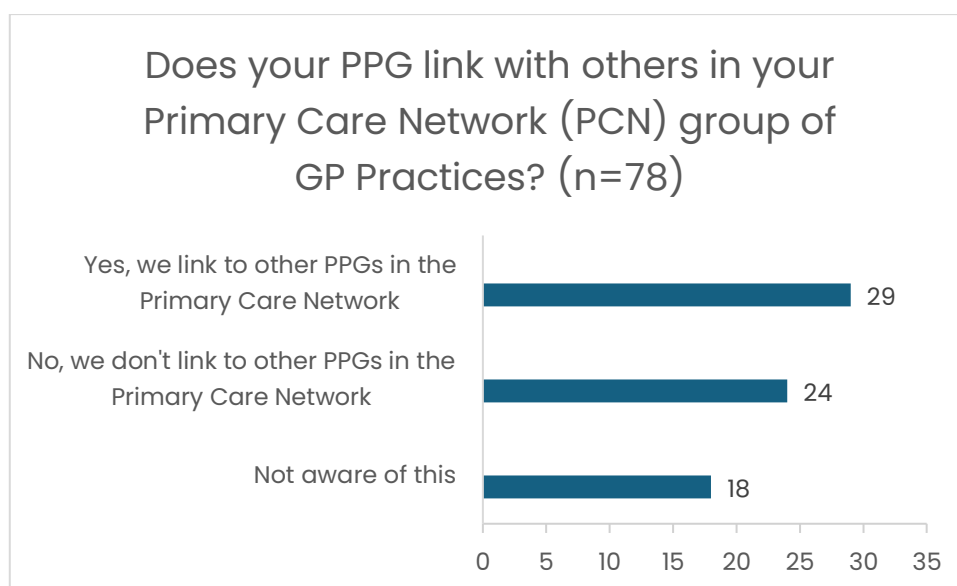
“Support from ICB BOB which seems to be yet another faceless body that operates in a vacuum. A visit from a senior member of the organisation to the PCN, to listen to our views would be useful.”

In some cases, PPGs have organised their own support, such as the South Oxfordshire Patients’ Alliance (SOPA) (developed from a former locality network), which meets quarterly with regular attendance from strategic facing GPs, and Oxford Patient Group, both providing opportunities for sharing best practice across the area, and for patient voice to be heard.

“We have set up SOPA to share best practice across South Oxon. The fact [doctor] attends is a bonus and shares a view from the ICB.”

Connections across Primary Care Networks

29 people (from 17 PPGs) said their PPG links with other PPGs in the same Primary Care Network (PCN), while 24 people (from 13 PPGs) said this is not something that happens in their PCN. People from across another 10 PPGs said they were not aware of this happening. There was considerable variation in responses from the same PPGs, suggesting that even where there are links between PPGs across PCNs, these are not always well established or understood by PPG members.



Comments about this included that it was hard to do in a PCN where other PPGs are not active or did not want to do link up, or that only the PPG chair was involved in these kinds of links. Other barriers included not having the

contact details of other PPGs and a lack of capacity in the PCN management to liaise with PPGs.

“There is no appetite from the other PPGs in the PCN to work together, despite trying to organise this for some 18 months.”

“We used to but did not find it a good use of our time.”

Some PPGs have annual or quarterly cross-PCN meetings, and in one PCN, two PPGs had worked together to organise a local Health and Wellbeing Day. Several members of PPGs in South Oxfordshire mentioned that they are involved in the South Oxfordshire Patients’ Association (SOPA).

Communications from Healthwatch Oxfordshire

As noted above, Healthwatch Oxfordshire has supported PPGs with a light touch approach. This has included regular communications, attending PPG meetings, regular Patient Webinars ([Our webinars - Healthwatch Oxfordshire](#)) to support patients to learn about health and care system, and to give opportunities for patients to link into local strategies. In addition, PPGs received email updates and newsletters ([Patient Participation Group newsletters - Healthwatch Oxfordshire](#)). Prior to COVID, support included hosting face-to-face networking events with the then Clinical Commissioning Group. It also provided support for establishment of the original Luther Street Practice PPG, making a film with patients https://www.youtube.com/watch?v=3ZLJ_G-3QMw.

Healthwatch Oxfordshire webinars 2024

Wednesday 28th February - Have your say on a draft Primary Care Strategy ▼

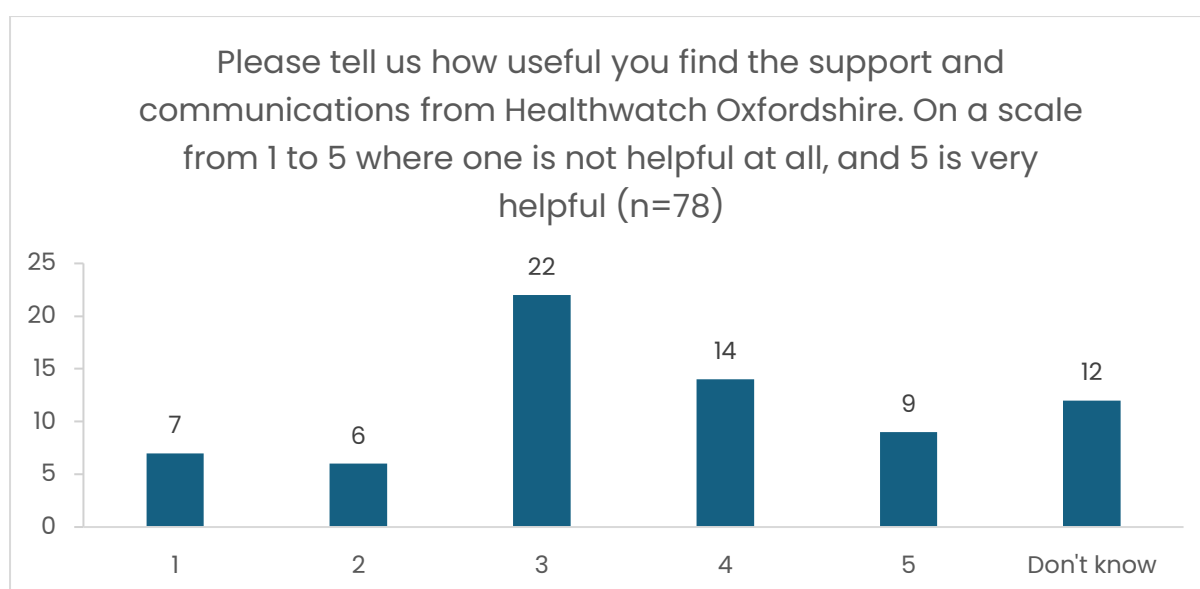
Healthwatch Oxfordshire webinars 2023

Friday 1st December - Have your say on a new Primary Care Strategy ▼

Friday 24th November - A presentation from Reducing the Risk ▼

Thursday 9th November - Have your say on the new Health and Wellbeing Strategy for Oxfordshire ▼

In 2024, survey respondents from PPGs were mostly positive or ambivalent about the support and communications that Healthwatch Oxfordshire provides to PPGs. A significant number (12 out of 78, 15%) answered 'don't know' to this question, suggesting that not all PPG members are aware of the support available to them, or that communications go via Chairs and Practice Managers and may not reach members.



Most respondents said that in Healthwatch Oxfordshire's communication, they would find it helpful to have updates from local health and care providers and decision-makers (49 out of 78 respondents, 63%) and news and stories sharing best practice from other PPGs (41 out of 78 respondents, 53%). Other suggestions included a glossary of healthcare acronyms and what they mean, and advice on how to reach a wider range of patients. Again, the comments highlight the significance of the changes that have taken place since COVID, and with reorganisation of local NHS structures for communication – Healthwatch Oxfordshire has likewise needed to build new relationships across the system.

What are the benefits of being involved in your PPG?

We asked respondents what benefits they personally experienced because of being involved in their PPG.

Three people said they had not experienced any benefits from being involved in their PPG.

"No benefit whatsoever."

However, overwhelmingly, respondents had positive experiences to share. People told us that they liked helping others and making a difference, including using their experience or expertise to help patients or the practice to overcome challenges.

"To help improve the health & care of local people & improve the fractured health system which is endemic within NHS."

"Being aware of issues affecting the delivery of Practice services. Helping to try and devise solutions to Practice issues."

"I have been able to put views of elderly patients forward to the Manager, when special attention is required and to try and make sure that those not using computers and mobile phones are NOT forgotten."

"Healthcare and GP practices are going through a huge transition and old ways of working are no longer viable. I want to be able to use my experience, knowledge and skills to help the Surgery staff and their patients negotiate this transition."

"It feels good to help people, to feel that you have done your bit."

People mentioned benefits including improving communication between patients and the practice, and improving their own and other patients' understanding of how a practice is run and the pressures the NHS is facing.

"Being able to understand the issues the practice faces and being able to offer unbiased views to progress issues for the benefit of the community."

“Some understanding of how the practice operates and also of the problems facing it.”

One person mentioned that being part of the PPG is useful experience for their career development.

“I am a student nurse and it gives a good insight into how general practice works. I have met some lovely people too.”

Practice staff said they appreciated the support that the PPG provides to the surgery. People said they enjoy sharing their views and experiences, keeping up to date with what is happening with their practice, keeping busy and being involved in their local community.

“Great team and more connection with community and patients.”

Perspectives from practices

Through the survey, we heard from 6 Practice Managers and one GP. Low response may be indicative of capacity pressures reflected elsewhere in this report. One of these was unhappy with their PPG, while the other five had mostly positive comments. At their best, PPGs were seen to be an asset to the practice, supporting the practice with outreach, patient engagement and providing useful feedback.

“The group puts together a newsletter and distributes it to the various village bulletins in our catchment area. The content of the newsletter is updated each month and provides a wealth of information for our patients.”

“They are very supportive, especially helping with the Covid clinics, completing surveys and analysing the Friends and Family data. excellent chair and committee dedicated and exceptionally hard working and giving of their time.”

“Intelligent analysis of the efficiency of the practice, honest feedback, increased patient awareness of other services through leaflet production.”

“Better communication with patient body.”

Most of the practice staff who responded told us that recruiting new members, and reaching wider patient demographics including those from diverse backgrounds, was a challenge for their PPG. Funding and capacity were mentioned as factors that would support the practice to engage better with its PPG.

“It is very hard to make time to look at the PPG's products, attend the 2 hour meetings and stay in regular contact”.

“Some funding specifically for PPG given to practice to allocate.”

We have also heard from practice staff through informal or more in-depth conversations throughout the year. Their comments are reflected below.

We heard from a Practice Manager who felt there was a lack of guidance about how the practice should work with PPGs. They told us they felt unclear about where and how patients' voices should be fed back to within the practice.

From our survey, it was not clear that many PCNs have developed coordinated patient engagement and involvement of PPGs from their combined area – there was more of a view that PPGs still sit within and at the local GP practice level.

“I think the PCNs are made up of individually managed practices – primarily the approach should still rightly be through individual practices. Any two practices work incredibly differently, and the patient response is very different.” (practice staff)

Some noted that they have changed approach to PPG since COVID and offered more online and blended opportunities, as well as widening their view of patient engagement through regular surveys – which have increased their ability to reach a wider audience and gain wider feedback to the surgery.

“I am not convinced that meetings with a very small number of people coming to them – they are not necessarily representative or the best way of getting feedback. We’ve had really useful patient feedback by using accurate surveys and questionnaires, and you get a much more varied uptake in response to that.” (practice staff)

Exploring the potential benefits of greater public engagement

Our conversations suggested that there is a stereotypical perception of PPGs among some practice staff – that they are a ‘talking shop’ of older, often more privileged, patients. However, some practice staff we heard from are involved in envisaging wider ways of engaging with patients, beyond a traditional PPG model.

There may be a need for rethinking of how PPGs are viewed and operate. One person commented on the potential for working with social prescribers to build more diverse and wider patient engagement, for example by providing support and links to local voluntary groups. Practice staff we mentioned that pointed out that in communities most exposed to health inequalities, people may have less confidence in taking up leadership roles, less trust in health institutions, and more constraints on their time and energy. Meaningfully engaging with people from these communities needs support, time, skills, creativity and development.

Recently, there has been significant growth in the number of programmes in Oxfordshire that proactively engage with local communities as key partners in shaping health and care, and particularly prevention, in their local area – often with an emphasis on communities most exposed to health inequalities. These include the public health community health development workers, Oxford Community Champions programme¹⁹ in Oxford City, the ‘Brazilian’ integrated neighbourhood care pilot in Barton²⁰, Well Together programme, with funding for grassroots health promotion and prevention activities in Oxfordshire’s ten most deprived wards from Public Health and the Integrated Care Board.²¹

¹⁹ <https://www.oxford.gov.uk/community-champions-programme/oxford-community-champions-programme>

²⁰ <https://www.oxford.gov.uk/bartonhealthynewtown>

²¹ <https://ocva.org.uk/well-together-programme/>

This kind of community development approach could support a greater focus on inclusion and wider prevention. In this light, patient participation is both a goal in its own right and a tool for promoting health and wellbeing. Volunteering can also bring its own benefits to mental and physical wellbeing for patient volunteers. Examples – already successfully happening in some PPGs – include health walks and health awareness days, run by patients with support. One surgery described working with an external agency to support the development of ‘Practice Vision Champions’, and ‘GP ambassadors’ linking patients into health initiatives and getting involved in practice activity.

Some practice staff we spoke to felt mixed about the value or benefits a PPG could bring although recognising that positive engagement from patients could not only reduce the practice workload but be a real support.

“Having a very supportive PPG the benefit is that there’s so much change – from a practical point of view really having the patients on your side when the practice is struggling and so stretched, can be really helpful...having their support is really nice and having them ‘on side’”.

What does this mean? Key themes

Four interweaving themes have emerged from what we heard from PPGs:

1. Role, remit and responsibilities

We heard that many people involved in PPGs would like greater clarity around the role and remit of the PPG, and the responsibility of the practice with regard to engaging with the PPG. PPGs work well – and are more likely to have an active and enthusiastic membership – when practices engage with and support them. While the GP contract defines PPGs broadly, we heard that PPGs work best when they have a well-defined remit, for example one set out in a Terms of Reference, and when there is clarity about how and when they can shape planning and decision-making – both around practice matters and broader healthcare issues.

2. Diversity and inclusion in recruitment and engagement

We heard that one of the biggest challenges PPGs experience is engaging a diverse range of people from the patient list, and recruiting a diverse set of volunteers to the PPG. This is important to making sure that PPGs are representing the experiences and voices of different patients, especially those most exposed to health inequalities. There is no magic bullet answer to this challenge, but addressing it will need a combination of support (e.g. the practice circulating PPG communications to the full patient list where appropriate), training and resources, and more creative approaches (for example working with social prescribing link workers to involve community groups), and extending patient engagement to link into wider initiatives as described above.

3. Communication and connection

We heard that, while effective PPGs can work as a good mechanism for communication between practices and patients, this relies on a good relationship between PPGs and practice staff. There is likely to be considerable potential for PPGs to play a key role in communication and feedback between patients and BOB ICB, but this is not being realised. We also heard that in most areas, the potential for connection between PPGs across PCNs has not been realised.

4. The value and potential of PPGs

We heard that when both patients and their practices engage well with PPGs, they can be a real asset to the work of the practice and have benefits everyone involved. There is also interest and potential for BOB ICB, PCNs and GP practices to build on the work of successful PPGs and local community health development programmes to harness a grassroots community-led approach to patient participation as a way address health inequalities. Patients have a central role to play in supporting more sustainable, joined up and future facing models of care, and PPGs and other forms of patient engagement will be valuable assets in realising these aims.

Useful links

- Guide to Patient Participation Groups from The Patients Association
<https://www.patients-association.org.uk/pages/category/patient-participation-groups>
- National Association of Patient Participation
<https://napp.org.uk/>
- PPG Toolkits
 - Healthwatch Reading
<https://healthwatchoxfordshire.co.uk/wp-content/uploads/2021/06/HWR-PPG-Toolkit-2019.pdf>
 - Healthwatch Haringey
<https://www.healthwatchharingey.org.uk/patient-participation-group-ppg-toolkit>
 - Healthwatch Norfolk
https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/03/Healthwatch-Norfolk-PPG-Toolkit_updated-March-2023.pdf
- Examples of PPG webpages
 - <https://www.oaktreehc.co.uk/about-the-patient-group>
 - <https://wantagechurchstreet.co.uk/patient-groups/join-ppg/>

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haruka email mai ami iha hello@healthwatchoxfordshire.co.uk

ሄልዝዎች ኦክስፎርድሺር (እኛ) ተግባቢ ባልደረቦች አሉን፤ ጥያቄዎቻችሁን በመመለስ ለመርዳት እንዲሁም በአክሲዲርድሼር ውስጥ ስላሉ የጤናና የእንክብካቤ አገልግሎቶች መረጃ ለመስጠት የሚችሉ ናቸው። ተጨማሪ መረጃ እና ምክር ቢያስፈልጓችሁ በስልክ ቁጥር **01865 520520** ደውሉልን፤ ከሰኞ እስከ አርብ፣ ከጥዋቱ 3 ሰዓት እስከ ቀኑ 10 (9 ኤኤም - 4 ፒኤም) ጥሪ እንቀበላለን። ደግሞም

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