

**Item 8.4**

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| **Report to:** | Primary Care Commissioning Committee |
| **Date of Meeting:** | 26th April 2019 |
| **Subject:** | Practice Participation Group Support |
| **Presented by:** | Colin Hurst, Engagement Manager, NHS Hull CCG |
| **Author:** | Colin Hurst, Engagement Manager, NHS Hull CCG  Gail Baines, Delivery Manager, Healthwatch Hull |

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| **STATUS OF THE REPORT:** |  |
| To approve | To endorse |
| To ratify | To discuss |
| To consider  To note  x | For information |

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| **PURPOSE OF REPORT:**  The purpose of this report is to update the Primary Care Commissioning Committee on work delivered jointly by NHS Hull CCG and Healthwatch Hull to support practices to Patient Participation Groups and agree next steps to ensure equity and quality of PPGs across Hull.  **RECOMMENDATIONS:**  It is recommended that the Primary Care Commissioning Committee:   1. Note the update report. 2. Support further work to ensure equity and quality of PPGs across Hull. 3. Support the principle that PPGs are fundamental in the development of patient participation in primary care networks. |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | | x  No | Yes |
| If yes, grounds for exemption  (*FOIA or DPA section reference*) |  | | |

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| **CCG STRATEGIC**  **OBJECTIVE** *(See guidance notes below)* |  | **ASSURANCE FRAMEWORK**  **SPECIFIC OBJECTIVE**  *(See guidance notes below)* |  |
| The report links with 21st Century Primary Care and to ensure that patients receive clinically commissioned, high quality services. | | * 21st Century Primary Care * Patients receive clinically commissioned, high quality services * GP Forward View | |

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| **IMPLICATIONS:** (*summary of key implications, including risks, associated with the paper*), | |
| Finance | None |
| HR | None |
| Quality | None |
| Safety | None |

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| **ENGAGEMENT:** (*Explain what engagement has taken place e.g. Partners, patients and the public*  *prior to presenting the paper and the outcome of this*) |

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| **LEGAL ISSUES:** (*Summarise key legal issues / legislation relevant to the report*)  None. |

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| **EQUALITY AND DIVERSITY ISSUES:** (*summary of impact, if any, of CCG’s duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA* *and will not be received by the Committee if this is not appended to the report*)   |  |  | | --- | --- | |  | ***Tick relevant box*** | | An Equality Impact Analysis/Assessment is not required for this report. | *√* | | An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment. |  | | An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report. |  | |

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| **THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*)  The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:   1. The NHS aspires to the highest standards of excellence and professionalism 2. NHS works across organisational boundaries and in partnership with other organisations in the interests of patients 3. Quality of care 4. You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide. |

**PRACTICE PARTICIPATION GROUP SUPPORT**

#### 1. INTRODUCTION

The purpose of this report is to update the Primary Care Commissioning Committee on work delivered jointly by NHS Hull CCG and Healthwatch Hull to support practices to Patient Participation Groups and agree next steps to ensure equity and quality of PPGs across Hull.

#### BACKGROUND

Each GP practice has a contractual obligation to support the creation of an associated Patient Participation Group (PPG) and is assessed on its patient engagement as part of CQC inspection rounds. PPGs should be more than a contractual compliance, they provide a mechanism by which representatives of a practice can work constructively with patients to improve the services provided.

Benefits of a PPG include:

* Improved reputation of a practice demonstrating that it listens to patients, involves them in decision-making and understands their healthcare needs and desires.
* Increased understanding of key health issues and problems in the local community.
* Feedback and suggestions from patients contributes to a more effective and efficient service.
* Better patient understanding of the realities of operating a medical practice within the context of the NHS.
* Improved health outcomes (e.g. patient satisfaction, quality of life) are positively associated with greater levels of patient engagement.

The changing primary care landscape, including the development of primary care networks, provides an opportunity to maximise the effectiveness of PPGs and the role they play in effective patient participation.

#### INFORMATION

In May 2016, the CCG held two events for practice staff and the public as part of the development of the Primary Care Blueprint. Invitations and information regarding these events were sent to practice managers and PPG chairs (where that information was available). Both of these events were well attended and whilst these events were not specifically aimed at PPG members, the majority of the public who attended were members of their practice PPG. The discussions were useful during the development of the Primary Care Blueprint and the subsequent progression to the practice groupings we have today.

Further to those events and subsequent changes within both practices and PPGs, it was identified that there was no central list of all PPG chairs in the city. In November 2016, Healthwatch Hull made contact with all GP practices to request information about individual PPGs including the chair, number of members, contact details for PPG members and frequency of meetings. At the time four practices were identified as not having an active PPG. The responses were used to develop a definitive contact list, which included both practice managers and PPG chairs. This list was used by both the CCG and Healthwatch to contact PPG members regarding engagement activity and primary care development.

During the past 12 months, discussions between Healthwatch, NHS Hull CCG and practice managers revealed difficulties in maintaining PPGs and that some practices were struggling to recruit and engage practice populations in PPGs as they had in the past. Reasons for the difficulties were attributed to changes in practice staff and increased workload as well as the advancing age and failing health of existing PPG members.

Subsequently Healthwatch led a piece of work, supported by the CCG to work alongside practices to refresh the PPG offer and hosted a series of events designed to support those practices that had experienced difficulties and to provide expertise around effectiveness and practical tools to help with recruitment and retention.

**3.1 Citywide events**

The initial event in July 2018 was attended by 26 individuals (both practice staff and PPG members) representing 12 practices and covered functions of PPG, recruitment and use of digital media to support a PPG.

A second PPG member only event was held in November 2018 and attended by seven PPG members representing six practices. This event covered how each PPG was currently functioning and how an outstanding PPG would look. The event gave reassurance that whilst some PPGs were struggling, the motivation and aspirations of the PPGs were broadly in line with the national guidelines and accepted good practice.

The third event was held in February 2019 and was promoted at the provider forum and PTL event held in February. The event was attended by 28 people representing 19 practices. The event aimed to provide practices with a toolkit and practical help to enable them to set up or refresh a PPG as well as specific skills that could support a PPG.

In addition to the city wide events, Healthwatch Hull has attended 12 PPGs meetings and met with 16 Practice Managers to discuss PPGs and how they can be promoted and fulfil their potential.

It has been apparent that there is a wide variation in the quality and effectiveness of PPGs across the city. Practice managers and PPG members alike have raised concerns regarding the administration of PPGs, the resource impact and the direction and influence PPGs can have over primary care service delivery.

**3.2 Current Position**

Following the citywide event in February 2019 Healthwatch Hull contacted practices again to ascertain the position regarding PPGs. Responses were received from 32 of 39 practices with one of the practices not required to have a PPG as it is a Walk in Centre. Details can be found in Appendix 1. This shows that of the practices who responded four do not have an active PPG. Those who responded yes included virtual PPGs and PPGs that are known to be dysfunctional or which have not met for a considerable period of time.

Issues have been raised by both PPG members and practices about how PPGs currently work. These issues included that administration of PPGs can be time consuming for the practice manager and that they are unsure of what to do with a PPG. In addition, there were concerns from PPG members that they had no influence on the agenda and felt that they were having no input into meetings that had become information sessions led by the practice. Both PPG members and practice staff felt that recruitment of PPG members was an issue.

There are a number of practices who have very active PPGs which are well attended and support the work of the practice; these have overall not been represented at the citywide events.

Two of the practice groupings who have moved towards a combined PPG model have experienced issues with PPGs with both seeing a large reduction in numbers and issues with scheduling and location of meetings. This has led to PPG members feeling undervalued and overlooked. There have also been issues with PPG expectation and this has led to poor relationships with practice staff.

PPG recruitment is primarily done via the practice web site and by posters in the practice reception; some practices have included PPG information in the information given to new patients on registration. The majority of Practice Managers spoken to felt that the two main issues around a PPG were recruitment and demands on their time.

1. **CONCLUSION**

There are a number of PPGs in the city who are well established, well run and well attended, however, since the impetus for PPGs changed from an enhanced payment to part of the standard GP contract; some PPGs have become dysfunctional, a few have ceased to exist, some have merged with mixed results. It is clear that there is a greater variation in quality of PPGs and that it is difficult to give a definitive quantifiable position of the health of PPGs across the city.

1. **NEXT STEPS**

Given that primary care continues to face service change in order to deliver the primary care blueprint and Primary Care Networks (PCNs), the next steps are recommended:

* Healthwatch Hull and NHS Hull CCG continue to support PPGs.
* Following a period of time for implementation of the “PPG in a box”, Healthwatch Hull and NHS Hull CCG review PPGs in Hull in line with the National Association Patient Participation (NAPP) framework, to ensure PPGs are fit for purpose and able to support the changes in primary care.
* Given that one of the areas identified for development by Primary Care Networks (PCNs) is ‘Empowering People and Communities’ it would be advantageous for Practices to have strong PPGs to support them in achieving this element. It is recommended that a specific requirement for patient participation form part of the checklist for the development of PCNs.

##### 4. RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

1. Note the update report.
2. Support further work to ensure equity and quality of PPGs across Hull.
3. Support the principle that PPGs are fundamental in the development of patient participation in primary care networks.