

The PPG Toolkit

A Healthwatch Norfolk document on
establishing and running a successful
patient participation group.





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Summary



Patient voice is important for the continued success and improvement of health care services for your local community. Feedback and the experiences shared with your surgery can influence changes and be beneficial to all of the patient population. Patients and carers can share their experiences and feedback, work with their GP surgery, and help to improve services through patient participation groups (PPGs).



“PPGs provide an opportunity for local people to get involved with their practice and influence the provision of local health services. Members contribute their views, make suggestions and provide feedback on services they may have used. Groups can also get involved with supporting local health initiatives and can engage with a wide range of health and care professionals.” – Norfolk and Waveney ICB



There are a number of benefits of having a PPG and listening to the voices of patients.

For patients:



- Patients can feel more responsible for their own health
- Patients will have a better understanding of the practice and its staff
- Communication can be improved with patients
- Patients can be consulted about arrangements before decisions are made
- And the community will have a forum to suggest positive ideas or voice concerns



For staff:



- Practice staff will be able to plan services jointly with patients to increase effectiveness
- They will be able to help patients with non-medical issues
- PPGs can help in meeting targets and objectives
- Staff can become closer to the community, And have a forum to voice concerns, ideas, and suggestions to patients

For the wider community:



- They will have an organisation through which they can help others in need
- They will get an idea of what is needed to improved health care and make sure that their views are represented
- They will be able to increase the accountability of staff by maintaining an open dialogue with professionals
- And will have the opportunity to be more involved in community initiatives

Healthwatch Norfolk have developed this toolkit, commissioned by the Norfolk and Waveney ICB, to provide information and helpful tips and documents for any PPG regardless of format or how long they have been running.

There are some more in-depth sections in this document to help give you a deeper understanding and knowledge of the various aspects of PPGs and the Health and Social Care system with links to further information should you wish to know more.

This document gives an overview of what PPGs are and do and how they fit in to the wider health and social care system. It also highlights that there is no one format/model for PPGs and every surgery and PPG will find success in its own way. Throughout this document there are useful hints and tips for your PPG, with some examples and templates that will typically fit a more traditional style of PPG but which can be used and adapted to fit your needs and those of your PPG.



Introduction

“The patient will be at the heart of everything the NHS does.

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.” – NHS Constitution for England 1 January 2021

(<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>)

Since January 2003, all NHS bodies have had a legal duty to involve and consult the public about the running of local health and care services. The Health and Social Care Act (2012) established new organisations that have a key role in implementing the act to give patients more say and greater involvement in care and treatment decisions in the new healthcare system. These include organisations such as local Healthwatch, and NHS England. The Health and Care Act (2022) introduced new legislative measures with the aim of making it easier for health and care organisations to deliver joined-up care and formalising Integrated Care Systems (ICSs)

This guide is designed to help members of Patient Participation Groups (PPGs) at GP surgeries to understand more about their role, their position in the overall health and care system, and to work together more effectively. The guide also gives wider context about the various organisations and their roles in health and social care in Norfolk & Waveney, with a focus on how knowing about this can help PPG members to make a difference locally.

Each section of the guide can be copied (or printed) as required for PPG use. There are also additional template documents available on the Healthwatch Norfolk website. When using sections of this guide or template documents please acknowledge the source as ‘Healthwatch Norfolk (2022)’.

Patient Participation Groups (PPGs)



What is a PPG?

GP practices have Patient Participation Groups (PPGs) as a way for patients and carers:

- to work with GPs and practice staff to improve local services and the quality of care
- improve communication with patients
- promote health and wellbeing
- ensure practices remain accountable and responsive to patient needs

PPGs generally have their own terms of reference, agreed between the GP practice and the founder members, and should act as representatives of their patient population.

Why are PPG members valuable?

As PPG members you can suggest ideas for improvements and voice any concerns about how services are organised or managed. PPGs have an important role to play in enabling patients to have a say in the way services are delivered to best meet their needs and the needs of the local community. PPGs look at services within the surgery and also discuss with the local

Integrated Care Services (ICS) the local services that they plan and commission (buy).

You may find it interesting to read the NHS 'Call to Action' Document which talks about why involving patient is important.
<http://www.england.nhs.uk/2013/07/11/call-to-action/>

How does a PPG work?

PPGs can work in a number of different ways. They usually include volunteer patients, the GP Practice Manager, and occasionally one or two GPs or other practice staff. The GP practice may also provide some administrative support.

Most groups have regular meetings at their surgery, online, or a hybrid of both. Some also involve a wider group of patients who do not usually attend meetings, using email to communicate news and seek patient views and feedback. Some GP practices only run virtual groups, having found this to be an effective way to engage with patients and carers.

An effective PPG is patient-led and self-organising. Practice staff should not lead the PPG as their role is to help and support the PPG, and to work in partnership with the group.



What does a PPG do?

A PPG acts as a representative group, for the local population, to discuss topics of mutual interest and concern, in their practice, with practice staff. As a representative group, a PPG should seek to support their local population and improve their local services, and not pursue individual personal agendas.

The National Association for Patient Participation (NAPP), set up in 1978, is an umbrella organisation for patient-led groups, describes a PPG as a group of people working in **partnership** with their practice to:

- help patients to take more responsibility for their health.
- contribute to the continuous improvement of services and quality of care.
- foster and improve communication between a practice and its patients.
- provide practical support for the practice and help to implement change.

PPGs can work with practices in several ways, for instance they might:

- provide feedback to the practice about patient experience
- help to design and carry out patient surveys, asking for local views about services
- work with the practice to develop self-help projects to meet the needs of fellow patients, such as carers support
- help with communication between the practice and the local population and monitor the accessibility of communications
- support the surgery practically with organising health promotion days or helping at annual flu clinics

- produce patient newsletters for the practice to help spread information concerning the practice or health and wellbeing events
- encourage health and wellbeing activities within the practice such as, basic first aid training, awareness days for health conditions, awareness for different groups within the community and issues that relate to them
- contribute if the practice is inspected by the Care Quality Commission (CQC) – the CQC may want to speak with the PPG chair, and possibly other members to seek their views

More information on the National Association of Patient Participation is available at: www.napp.org.uk

Meetings and Activities

Working together effectively as a PPG involves patient members taking responsibility for organising and running meetings, supporting the PPG chair, and working to agreed 'ground rules' in meetings as well as when talking to other patients either at the surgery or out in the community.

The PPG should work together to agree what activities they will undertake, for example gathering feedback by talking to patients inside/outside the surgery or fundraising for the surgery or health and wellbeing events. The methods the group chooses for promoting the PPG and seeking feedback from patients, including the views of all patients and carers, should be a part of the PPG's vision.



How can a PPG include the views of all patient and carers?

It is important that the practice and the PPG are able to reach more people than those who are able to attend PPG meetings. Patient and carer populations are diverse e.g., those who are house bound, those who do not speak English as their first language, children and young people, those with disabilities, and those who cannot attend meetings due to other commitments such as work when meetings are held. Additionally, some may not wish to attend meetings as they feel private details of their health and social care needs may be revealed. Empowering people to share their views, anonymously, is always possible with some creative thinking.

As PPGs represent the patient population of a GP surgery it is important that they listen and give a voice to all within that population. This includes gathering the experiences and views of, as well as issues faced by, those of different communities and those seldom heard. Reaching out to health inequality groups and listening to their feedback is important for improving health services for everyone.

Health inequalities are typically defined as '*avoidable differences in health outcomes between groups or populations*'. Health outcomes are things such as how long we live or at what age we get preventable diseases or conditions. Another term used to describe health differences that are linked to social, economic, and/or environmental differences is 'health disparities'. More information on health inequalities, health disparities, and the groups that can be affected, can be found here: <https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health>

Inclusion health is a 'catch-all' term used to describe those who are socially excluded, experience multiple or overlapping risk factors, experience discrimination, and are not consistently accounted for in electronic records. Such groups include, but are not limited to:

- Those who identify as homeless.
- Hostel residents.
- Asylum seekers.
- Sex workers.
- Gypsies, Travelers and Roma's.
- Those involved in the criminal justice system.

The experiences of these can frequently lead to barriers in accessing healthcare and extremely poor health outcomes. The Norfolk and Waveney ICB have produced a resource pack that can provide contacts to help reach out to these groups in order to gather their experiences, which can be found here: <https://improvinglivesnw.org.uk/~documents/documents/edi-resource-hub/nwics-inclusion-health-resource-pack>



An important thing to consider when reaching out to other communities is the language that you use. Any communications you have with other groups and your local community should use inclusive language. The King's Fund provide some thoughts on the use of inclusive language here: <https://www.kingsfund.org.uk/blog/2021/08/inclusive-language-health-and-care>.

Benefits of a PPG

For practice staff, patients, and the wider community, a PPG can be very beneficial.

Patients can feel more responsible for their own health, have a better understanding of the practice and its staff, have improved communications, be consulted about arrangements for primary health care before decisions are made, and have a forum to suggest positive ideas or voice concerns.

Practice staff will be able to plan service jointly with patients to increase effectiveness, be able to help patients with non-medical issues, be able to get help in meeting targets and objectives, be able to become closer to the community, and have a forum to voice concerns, ideas, and suggestions to patients.

The wider community will have an organisation through which they can help others in need, they will get an idea of what is needed to improved health care and make sure that their views are represented, increase the accountability of staff by maintaining an open dialogue with professionals, and have the opportunity to be more involved in community initiatives.





Types of PPG

Every surgery is different and this means that there is not one style of PPG that will suit all GP surgeries. Many surgeries have found success in a variety of different ways when it comes to getting feedback and opinions from their patient population. The Norfolk and Waveney ICB are keen to hear about different models being explored for hearing patient voice.

The traditional format of a PPG, scheduled meetings between members and practice staff, may work for some practices but not for others. Some PPGs have found more success in communicating with their practice online. Others have looked to run their meetings using hybrid methods allowing some to attend meetings virtually to fit their personal lives/ schedules.

Since the Covid-19 pandemic some surgeries have been faced with challenges in recruitment of members, or in finding members willing to take up traditional roles in their PPG such as being Chair. Keen to still have their patient populations involved in activities, providing feedback and experiences, and supporting the surgery some surgeries have looked to employ new and alternative methods.

Examples of different PPGs, and models, can be found on the Norfolk and Waveney ICB website here: <https://improvinglivesnw.org.uk/get-involved/working-with-people-communities/patient-participation-groups-ppgs/>

One example where a surgery struggled with recruitment but have implemented an online model for patient engagement is the surgery in Aldborough. They had previously had a very successful PPG running for several years. Rather than having patients sit on a committee the chair now goes out into the community representing the PPG at all community opportunities. Additionally, they have developed a 'Patient Voice Forum' on the GP website to keep patients informed and up to date, as well as giving the surgery the opportunity to learn more on patient needs and ideas. More about this example can be read here: <https://improvinglivesnw.org.uk/patient-voice-in-aldborough/>

The sections following on from here give advice on how to run a traditional style of PPG which involves regular meetings with a committee and representatives of the GP surgery.



How to run PPGs

All those who attend meetings have their part to play. You will need to be prepared and be able to take part in discussions and work as a part of the group in line with the agreed terms and aims.

When and where

One of the challenges of organising PPG meetings is finding the right day and/or time to suit everyone. This is usually a process of trial and error to find a date and time that suits most members, most of the time, and which can be accommodated within the working schedule of the GP practice.

Some groups will find it best to stick to a regular day and time in the month, others may find that it works well to vary the time or day of a meetings. Whichever approach is used your PPG should ensure that dates and times of meetings are circulated and advertised well in advance to ensure people can arrange to be available and have an opportunity to prepare for the meeting.

Most PPGs will meet at their surgery, in a space that accommodates the group. The choice of venue usually means it is conveniently located for people to get to and easily accessible for all attendees.

Ground rules

It may be helpful to have some agreed ground rules for PPG members which could include the following:

- We recognise that this meeting is not a forum for individual complaints and single issues.
- We aim to start and finish on time and stick to the agenda.
- We aim to avoid disruptions to the meeting including the use of mobile phones.
- We respect all members of the group – one person speaks at a time; questions and contributions are usually directed through the chair of the meeting.
- Silence tends to indicate agreement.
- We recognise that constructive, honest debate is useful.

Confidentiality

When you join the PPG the practice representative may ask you to sign a confidentiality agreement.

From time to time confidential information may be discussed at the PPG (not relating to confidential patient information, but confidential to the business of the practice) and you will be asked to treat information accordingly.

If you are asked to sign any such agreement the member of staff will fully explain the details and purpose before you agree to sign.



Top tips for drafting Terms of Reference

PPGs should draft and agree a simple constitution or 'Terms of Reference'. This document should be reviewed regularly and made available to new members of the group. The Terms of Reference should include an outline of the vision, objectives, work of the PPG (what it will do), outline the roles and responsibilities within the PPG (who can take part), and outline how the PPG will carry out its functions. An example for your use can be found in [Appendix 3](#).



AIMS/PURPOSE



MEETINGS



MEMBERSHIP



REPORTING



STRUCTURE

Patient Participation Group Terms of Reference (Sample)

PPG Aims / Purpose



- To promote good relations between the practice and patients by communicating the experiences, interests, and concerns of patients, and by providing feedback to the practice and patients on current procedures and proposed new developments.
- To explore ideas and areas for improvement or change identified by patient surveys and feedback.
- To be a forum for ideas on health promotion and self-care.
- To be consulted on service development within the surgery, or wider secondary healthcare services commissioned by the Integrated Care Service (ICS).



Membership

- Membership is open to all registered patients aged 16 or over and their carers (who may be registered elsewhere).
- Members should be there to support the group, the practice and the local population, rather than to pursue their own personal agenda.
- Membership should aim to be representative of the practice population.
- Support will be provided by the practice manager and designated staff from the practice as deemed appropriate.
- PPG members will meet quarterly at a minimum. Meetings will be online, in person, or a hybrid of both.



Structure

- Chair of the PPG will be nominated and elected by PPG members in March of each year. Term of office will be one year.
- Secretary of core group will be nominated and elected by core group members in March of each year. Term of office will be one year.



Reporting

- The group's meetings will be recorded as minutes with highlighted action points.
- The practice manager or nominated practice representative will act as the point of liaison within the practice.
- The group can expect direction, feedback and suggestions from the practice when required.
- Minutes will be made available to the wider practice population via information in the waiting rooms/notice boards and via the practice website.



Meetings

- Meetings will be held on the first [Day of the Week e.g., Thursday] of each month in March, June, September and December each year at a minimum.
- The quorum (minimum number of people required to be present for decisions) for meetings is six PPG members plus one practice representative (e.g., the Practice Manager).
- An agenda and any meeting papers will be sent to all members (in a suitable format for them) at least five working days before each meeting date.
- All members can contribute agenda items. Agenda planning before the meeting will be managed and finalised by the chair, supported by the secretary.

Be sure to include a date agreed and to set a review date for a year in advance.

Agreed and adopted on [date]. Review date [date].



Other example Terms of Reference and support and information for PPGs are available from the National Association for Patient Participation: <http://www.napp.org.uk/constitutions.html>





The role of the chair and the role of members

A PPG is open to every patient on the GP practice list. All communities, groups, genders, ages, ethnicities, and disabilities representing the local population are encouraged to join. There are no other membership requirements other than patients must be registered with the practice. A PPG should, at a minimum, meet at least 4 times per year.

PPG members should, as far as possible, be representative of the local population for the practice. In its first instance a PPG might consist of 3 – 10 patients, along with representation from the practice who should always be in attendance, such as the Practice Manager. GPs should also attend meetings either as a regular slot on the agenda, or when requested by PPG members.

Being a PPG member

PPG members make a contribution by working with the PPG chair and the staff at their GP practice. The chair and the member of staff who support the PPG can help members by finding out what the members information needs are and how they would like to receive information.

As a member you may have ideas and views that you wish to contribute but are unsure of how PPG members are expected to work. Through the PPG it should be possible to have opportunities to speak to other patients and carers at the surgery, or to listen to their views (e.g. by looking at survey results), giving you information that you can then bring into PPG discussions.

Below are some suggestions for being an effective member, who represents the views of local patients and carers:

- Be well-prepared – Read about PPGs or ask someone involved in your PPG what to expect and how to contribute. (Links to some online resources can be found later in this document)
- Work with others – you may find other members share your views as well as some who have different views and priorities – think about how all members views can be heard and respected and considered. (The Chair can help with this)
- Understand what PPG's role is and the role of members – read the terms of reference or ask for them to be explained. (You can ask the chair for any help understanding this).
- It is fine to be a topic champion – topic experts (e.g., diabetes issues, or elderly care) can make a very valuable contribution in making sure the patient population is accurately represented. It is also important to be able to contribute across a range of issues. The chair may ask for your expertise and help with gathering views.
- Help the PPG to work well – suggest what would make it easier for you or others to be involved in meetings and the group's work – for example, having a chance to suggest 'agenda' items, having a copy of the agenda a week ahead of any meeting, in a format suitable for you and others.
- Keep up to date with local health issues if you can.
- Don't refer only to personal experience – and only refer to it when it helps to illustrate a point. Ensuring this, will maintain your credibility and focus. Although your own experience is important your role as a PPG member is to represent all patients and carers for you practice.
- Ideally, develop an understanding of the structure of the NHS and the place of PPGs within it – more on this later in this guide to help increase your knowledge.
- Be confident that you have a contribution to make – remember: your views are valuable, so express them clearly and without apology, all the while respecting views of other members.



A PPG will sometimes also have a **Secretary**, who may be either a patient member or a member of practice staff, to take notes/minutes of the meetings. This will help structure PPG meetings and activities. This role could also rotate among members.

The **Secretary** should:

- Take notes/minutes at the meeting and circulate them. These should include all action points agreed in the meetings.
- Notes should be shared using an agreed method of communication for PPG members. E.g., email or via post.





Being a chair

The PPG chair manages meetings and is the main link between the patient group and the practice staff.

PPG members should elect a Patient Chair after their first or second meeting. Having a patient who chairs PPG meetings empowers the group to share their views and encourages co-production between patients and practice.

Being the chair of your PPG is a valuable contribution to the group. For those who are new to this type of role you may ask the chair of another PPG to mentor you informally or find similar support from someone who has a similar role in another community group.

An Effective Chair

- Provides leadership to the group, to help the group work well, ensuring that everyone has an opportunity to contribute within the timeframe of the meeting, and that the group's work is guided by its Terms of Reference.
- Has the confidence to question information, evidence, and explanations supplied by members and staff, in a pleasant way, facilitating a consensus style of decision taking when decisions are needed.
- Has the ability to remain impartial and see issues from all sides.
- Has the ability to communicate effectively, listening to others and actively sharing information both within the group and with other relevant people – e.g., the practice and the ICS/ICB.
- Prepares/helps to prepare the agenda with practice staff.
- Plans the meeting in advance (e.g., think about how much time to spend on each agenda item).
- Manages and shapes the discussion on the day, ensuring that all points of view are heard, decisions are made (where possible), and that all the agenda items are covered within the meeting time.
- Ensures that decisions, which must be made, are made. E.g., by stating options clearly and asking everyone to vote on these, if necessary – although it is usually best to reach decisions by agreement through discussion.
- Helps the minute taker record the main points of the meeting by summarising key points verbally during the discussions, ensuring that actions are recorded, and steps taken to implement them.



Running Meetings

Top Tips for preparing meeting agendas

The agenda is an important part of a PPG meeting. It sets out what the group needs to discuss and what actions need to be taken or agreed. Additionally, it sets out a plan for the meeting, so it is key to make sure it is focussed as it will support the aims of the meeting and help to keep members interested.

All group members should be able to put forward agenda items, and this is then usually co-ordinated by the Secretary and agreed by the Chair and/or practice representative. Members may be allocated agenda items to lead on, and items may also be allocated timings to ensure meetings run to time, whilst sufficient time is given for each topic and potential discussions.

The text of the agenda, and supporting information/papers, should be settled, and agreed before meetings. These 'papers' should then be circulated to the group with plenty of time before meetings. This will allow members an opportunity to read them and prepare for the meetings. For some it may be useful to distribute papers 1 – 2 weeks in advance of a meeting, and each member should agree what format they require papers. Below is an example of a meeting agenda, a template for your use can be found in [Appendix 1](#).

PPG Meeting Agenda (Example)

Date: Thursday 4th August 2022

Time: 6.00pm – 7.30pm

Location: Surgery meeting room (& online)

Agenda Items

1. Introductions & welcome new members
2. Apologies
3. Minutes of last meeting
4. Actions/Matters Arising
5. Group Business – include items for discussion, agreement and/or action.
(e.g., 2022 Patient Survey – Review findings, Agree items to be addressed, Agree outline action plan)
6. News from the Practice
7. News from the ICB/Patient Voice Meeting
8. Any other business

Date/Time/Location of Next Meeting: To be agreed





Top Tips for keeping minute of PPG meetings

Keeping minutes is an important part of any regular meetings. They are a written record of key points from a meeting, the discussions, and any agreed decisions or actions. Minutes also provide the group with a historical record of activity. They can be useful to new members to refer to for information about the group and a record of what the group has achieved.

Taking meeting minutes typically falls to the group secretary, however if there is no elected secretary then an individual should be chosen to record minutes at the beginning of each meeting. This is not necessarily a role for practice staff involved in the PPG, however support may be offered to the elected secretary by the practice.

Each PPG will likely develop its own format/style of meeting minutes. However, consistency of a style that works for the group is important. There should be an aim to have a balance between detail and summarising. Minutes should be kept brief but informative, capturing key points, agreed actions, and all decisions. It is not usually necessary to record every point, or even a summary of everything that has been said by members. It may be that you seek advice from the Practice Manager, or other contacts in the local community who run/attend formal meetings, regarding minute-taking style. Keeping formal records isn't something that everyone needs to do in their everyday life so ask for any advice should you need it.

Typical minutes will include:

- When and where the meeting took place
- A list of names of those present
- A list of names of those who were unable to attend the meeting and sent formal apologies in advance.





List of agenda items to include in minutes:

- A summary of any discussions
- Any proposals or suggestions
- All official decisions that are made
- Any actions agreed along with who the action has been assigned to
- A record of any other business (A.O.B) or items that have been raised
- Data and details of next meeting
- Time and close of meeting

It's a good idea for minutes to be drafted as soon as possible after a meeting to ensure that the minute-taker can remember the meeting while referring to their notes. This was an accurate record of all relevant details can be kept. Meetings can be recorded to make this note taking and type up more accurate and efficient, however, GDPR laws and rules must be followed if any sensitive information is discussed.

Normally draft minutes will be sent to the chair and practice manager for checking and flagging any amendments that are needed before they can be circulated to the rest of the PPG. Draft minutes are then formally approved at the next meeting. Sometimes minutes may not be circulated

until the next agenda is sent out, so members may wish to make their own notes during meetings to remind themselves about the previous meeting.

Minutes can be a way of sharing information with other patients, who are with the practice, about what the PPG is doing, as well as other practices, PPGs, and groups that your PPG may be associated with.

Your PPG may want to consider whether minutes should be available:

- On the PPG notice board in the surgery
- In a PPG information folder available in the surgery
- On the PPG page of the practice website or on a separate PPG website
- If the group is virtual in a shared access location
- With practice staff

In addition, your PPG may wish to consider regular updates for surgery newsletters. Presenting and promoting the work of the PPG with links to activities, as well as links to surveys and options to join the PPG.

Example minutes can be seen on the next page and a template for your use can be found in [Appendix 2](#).



Sample Minutes:

Surgery Patients Participation Group (PPG)

Minutes of the meeting on Thursday 4th August 2022
held at local Surgery, 6pm

Present: List names

Agenda items:

1. Apologies – list names.

2. Introductions & welcome any new members – Note any new members.

3. Minutes of the last meeting– Record if accepted or note any amendments required.

4. Actions/matters arising – Record updates and outcomes from actions and record any further actions required and completion dates.

5. PPG – Development – Record key points from discussions, decisions made and agreed actions.

6. 2022 Patient Survey – Record key points from discussions, decisions made and agreed actions.

7. Report back from ICB/ICS Meeting – Record key points and any agreed actions.

8. Practice Website – Record key points from discussions, decisions made and agreed actions.

9. AOB – Record any items raised as ‘Any Other Business’– often mentioned to the chair of the group in advance, or may be an open forum for raising items that have not been raised in advance.

10. Next meeting Thursday 15th September 2022 6.00pm at Surgery with online option



Promoting your PPG

PPGs differ from practice to practice in how they run, but many face the same challenges with promoting their existence to the wider population and in recruiting new members. One of the biggest challenges that PPGs face is forming a group that is truly representative of the practice population.

Plan your PPG promotion – Make this an agenda item

Effective communication is key and requires thought and planning. PPGs should take time to consider the following points:

- *What do we want to achieve from this promotion activity?*
- *Do we want to recruit more members to the PPG?*
- *Is our main aim to increase the size of the PPG or the diversity, or both?*
- *Do we have enough members but want to recruit more patients to respond to surveys and activities carried out by the practice/PPG?*

The PPG should agree and be clear on the aims from the beginning and then consider:

- *What PPG communication/promotion has been done in the past?*
- *What communication/promotion is currently in place and how is it working/performing?*
- *What information is in place in the surgery and online?*
- *Do we have clear and consistent messages to meet the agreed aims (e.g., recruiting more patients to survey groups)?*
- *Do we have consistent “branding” of our PPG promotions (e.g., posters, flyers, newsletters, webpage)?*
- *What can we do differently to get messages to the wider practice population?*

Different approaches work for different PPGs and Practices. Consider if your PPG can communicate messages by using some methods that may already be in place in your practice. Depending on the type of promotion it may be worth considering how to best get your messages into the practice as well as the wider community.



Some suggested methods to promote your PPG or your messages are:



Within the GP Practice:

- Creating posters/flyers/leaflets to have displayed/available in the surgery waiting room and the local area, all these should be clear to understand and accessible for anyone who may see them.
- Make use of the practice electronic message board where possible to post PPG messages.
- Ensure that the practice and PPG webpages carry the same clear, consistent, and accessible messages.
- Place PPG “adverts” in practice and community newsletters and consider a regular PPG feature where possible.
- If there is no dedicated notice board space for PPGs in your practice discuss with your practice manager how it might be possible to get something within your practice.
- Find out if flyers can be added to repeat prescriptions for a period of time.
- Existing members could volunteer to be available in the waiting room area to provide information about the PPG, answer questions, and conduct surveys from time to time.
- Staff and patients can spread the word or invite individuals to take part. Practice staff may be able to nominate suitable candidates who they think may be interested in getting involved.
- Host an open event within the practice to promote the PPG. This could be combined with other health promotion activities.

In the wider community/practice population:

- Existing members who are members of other community groups could share PPG messages or use their experience to help promote messages.
- Local community publications, such as parish magazines, or free publications for families and young people could be a good method of sharing PPG news and messages.
- Social media, such as surgery and community Facebook pages, could be used to share news and messages.
- Local media could also be approached for sharing news and messages from your PPG.

Remember whatever your method of promotion and recruitment, always ask people to contact you if they wish to attend, so you can get an idea of numbers for your meetings and plan accordingly. It is always going to be difficult to get a group that exactly reflects the demographics of the local population, so ensure that activities carried out by your PPG try to include as many communities and demographics as is reasonably possible. Consider setting up a secondary virtual/online group to reach those who may not be able to attend in person meetings.



Preparing promotional materials

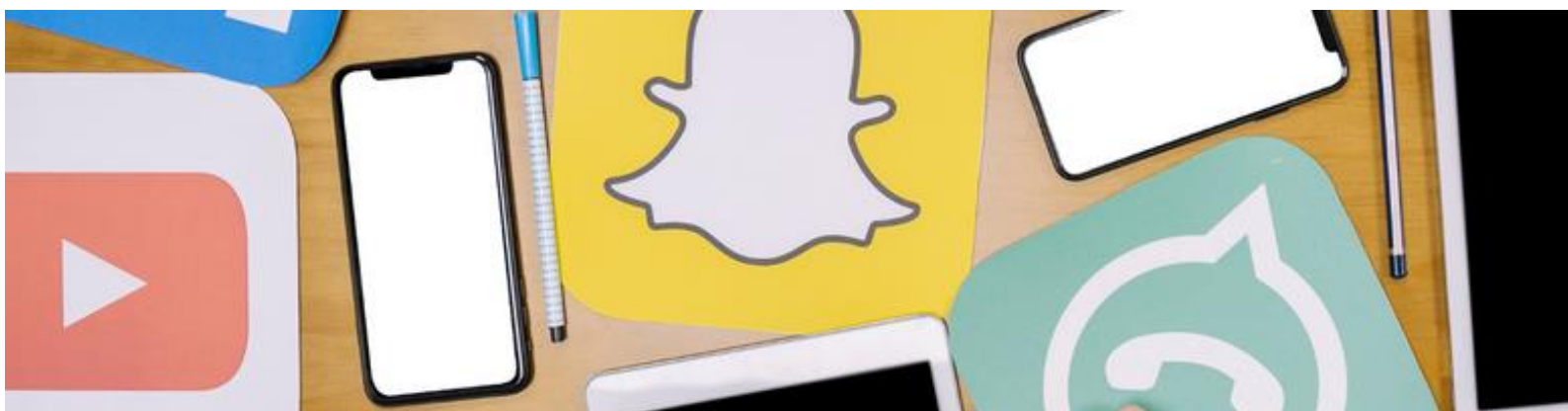
Each section below relating to promotional materials can be printed for PPG Meetings, some elements may be repeated in these sections such as 'establishing a brand' and 'making promotional material widely accessible and clear' as these are common themes.

Top Tips for Promoting Online

PPGs should work with their practice manager to understand the scope of the PPG information that can be included on the practice website. A good starting point would be to view the practice website and what information it contains, and then look at the PPG section and consider:

- Is PPG information available via a link on the home page or is it 'hidden' and requires navigation to find. Ideally the information should be accessible from the home page.
- Is the information clear for anyone who has no knowledge about the practice PPG and its purpose?

- Does the website give clear information on the type of PPG? (e.g., when does it usually meet, is it an online/virtual group, and what are the types of activities or focus of the group.)
- Does the practice website explain/describe what a virtual group is and how patients can get involved?
- Is it easy for new members to join the PPG? Who do patients contact to register interest in becoming a member and how? Make it clear and simple by providing a name, email address, and telephone number.
- Consider what happens when people register interest in becoming a PPG member. Does the practice manager get in touch with them? Are they provided with any information? Does the website give an idea of what to expect? Always do your best to avoid situations where people might say "I gave my details and registered my interest in joining but never heard anything back."
- Is the information on the website up-to-date and relevant?
- Are PPG messages and promotions consistent with the PPG messages within the surgery? Check this as part of the promotion activity.





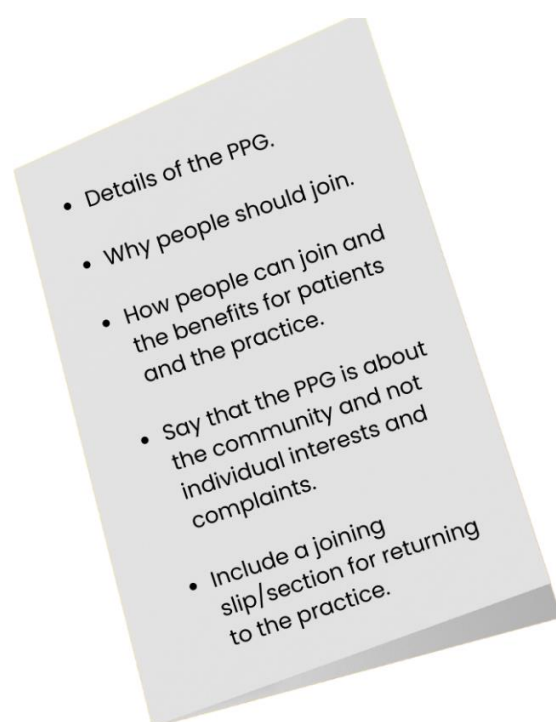
PPG leaflet – Do you need one?

As part of your promotion of your PPG you may think about producing a PPG leaflet/flyer/postcard, and in some cases small 'business card' style cards may also be useful. These can be made available at the surgery or other venues such as pharmacies, local libraries, or schools that have 'useful information for parents'. Having a hard/paper copy of your promotional material is key for reaching as many of your practice population as possible. It is important to consider a range of formats and designs to ensure that promotional material is accessible for everyone.

Your PPG may want to consider:

- When and where would the leaflet be available for patients?
- Does the practice have a suitable space for leaflets in the waiting room?
- Does the practice have patient booklets and are details of the PPG included?
- Does the practice prefer to keep patient messages in digital format on patient information screens?
- The Practice Manager should provide guidance on the collection and storage of contact information and personal details that people are asked to provide when registering interest to join.

- If your PPG decides a leaflet would be helpful, think about what information you want to include:



- The 'branding' of the leaflet should be considered, so that it is consistent with other information and documents from the PPG and Practice.
- The cost to produce and print leaflets and where funding for these may come from?
- How quickly information will need to be updated or revisions made, as this will affect decisions about how many leaflets to produced and when.



Top Tips for your notice board poster

When creating materials, such as posters or flyers, for your PPG, you should consider:

- The 'branding' of the leaflet should be considered, so that it is consistent with other information and documents from the PPG and Practice.
- Ensure that your message is clear.
- Ensure that you have included key points that people will need to know e.g., date, time, and location of meetings.
- Always include clear contact details.
- Where posters will be placed in the practice (think about if people will be able to see them clearly).
- Ensure that posters and other PPG notices that are displayed are kept up to date as old notices may give the impression that the PPG is not very active.
- Some practices have dedicated notice boards for their PPG. This could be discussed with your practice manager and could include current news items, agenda items, action plans, and other activities that the group are working on. This may interest and encourage other patients to find out more and get involved.

Patient Participation Group (Example)

Are you interested in finding out more about your surgery?

Would you like to share your views and help influence the development of the surgery and local health services?

The surgery has recently set up a Patient Participation Group (PPG)

Would you like to get involved?

All patients and carers of patients registered with the surgery and welcome to join!

If you are interested or want to find out more, why not come along to our next meeting?

The meeting will take place at the Surgery on:

Thursday 15th September 2022 at 6.00pm

with the option to join online through Teams/Zoom.

If you would like to come along to the meeting or are interested in the PPG the please contact:

John Smith (Practice Manager) on #####

or via email at John.Smith@surgery





Top Tips for your social media posts

Using social media is a fantastic way to broaden your reach and connect with more of your patients. But it can be tricky if you've not used social media platforms before.

What are social media platforms?

There are many social media platforms which you can access as an app on your phone or via your computer. The platforms we will be focusing on are Twitter, Facebook, and Instagram. There are others but we feel these are best suited for PPG groups.



TWITTER

A Tweet only has 280 characters so keep your content short and sweet. Include relevant details such as dates, times and locations. People use hashtags on this platform.

EXAMPLE:

"The next [surgery name] PPG meeting will take place in the surgery at 6pm on Tuesday 24th. Join our discussion on improvements and developments for the surgery. For more details about the PPG: email@address.co.uk"



FACEBOOK

Facebook is an online community platform. There is no cap on characters and your audience are likely already familiar with you. You do not need to use a hashtag here.

EXAMPLE:

"The next [surgery name] PPG meeting will take place in the surgery at 6pm on Tuesday 24th. We will be discussing and sharing ideas on improvements for our local surgery and how we can make the service work best for patients, families and staff.

If you would like to join us and share your thoughts we would be happy to hear from you! To find out more about the PPG and how to join, please contact: email@address.co.uk

Thank you."



INSTAGRAM

Instagram is primarily for sharing photos or images. People use hashtags to help users find content. You cannot share links via Instagram. Images, video, captions and hashtags only.

EXAMPLE: Photo of your surgery / the waiting room / a photo from a previous meeting



The next [surgery name] PPG meeting will take place in the surgery at 6pm on Tuesday 24th. We will be discussing and sharing ideas on improvements for our local surgery and how we can make the service work best for patients, families and staff.

If you would like to join us and share your thoughts we would be happy to hear from you! To find out more about the PPG and how to join, please send us a direct message and someone will get back to you with more information.

#PatientParticipation #PPG #Norfolk

Healthwatch Norfolk recommends:

A PPG could use social media to advertise upcoming meetings, recruit new members and share developments with the community.

To do this we recommend using Facebook as the primary social media platform. This is because Facebook has groups and pages used by communities based on locality, this means you will be able to speak directly to your target audience. You will also be able to speak with both patients and staff on this platform, showing transparency and avoiding exclusion.



There are 53 million active social media users in the UK, which is 77.9% of the UK population. 98% of UK users use social media on their mobile devices. The average UK user spends 110 minutes on social media per day. Social media penetration in the UK is 66%, while internet penetration in the UK is 94.9%.

- Out of 57.6 million UK social media users, 46.58 million use Facebook
 - 53.5% of Facebook users in the UK are women
 - The majority of UK Facebook users are aged 25 to 34
 - Users aged 65 years and older are the platform's fastest-growing demographic
- www.thesocialshepherd.com / www.statistica.com / www.cybercrew.uk

How to use Facebook groups

Facebook has the option to join and create “groups”. There may already be a local community group for your area. Join the group to instantly connect with Facebook members in your locality, and tell them about your PPG!

Share your own post and invite people to attend and join your PPG. Use the online platform to hold discussion about concerns or suggestions regarding the surgery and engage with members. The more engaging the PPG is the more members you will recruit.



Patient Surveys

Many PPGs may already be involved in regular patient surveys carried out by their practice, as one of their main activities. PPGs and practices may work together and agree on designing surveys specifically for their local population. Since 2015 practices have been required to participate in the national patient survey known as the Friends and Family Test, and practices may approach their PPGs to help in running this and collecting feedback.

More information about the Friends and Family Test can be found on the NHS website <https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/>

Despite this requirement, many practices and PPGs may decide it is still valuable to run other surveys for patients each year, or at set intervals, about their experiences or views on the services provided by the practice.

Some hints and tips for your PPG to consider when designing your practice survey:

- Ensure your questions are clear and in a language that your participants will understand.
- Keep the questions short and direct.
- Ensure you only ask one question at a time.
- Avoid using abbreviations and jargon.
- Avoid leading or loaded questions.

Other types of questions that can be used include ranked/rated/scaled questions

- Think about the length of the survey and the number of questions (try avoiding making it too long as people may be less likely to complete it).

Think about what information you want and what type of question can best collect this. For example, closed question will enable respondents to provide simple yes/no answers or select a response from a list. E.g., “How do you usually book your appointments? – In person, By Telephone, Online”.

Open questions enable respondents to provide a fuller response in their own words. These types of question can sometimes put people off giving their full and may not complete these questions. Others, however, may use this as an opportunity to give full detailed feedback or additional feedback related to the practice but not the question which can then take longer to analyse. When designing surveys, keep in mind that direct quotations from members of the public, which provide a ‘snapshot’ of feelings from a sample of respondents, can provide powerful support for points, suggestions, and arguments. This approach should be done carefully as obtaining representative feedback usually involves listening to community views over a considerable period of time and making sure that a significant, diverse, and inclusive range of people are listened to, and their views collated.

which enable respondents to indicate easily what is important to them when rating a



service or indicating experiences of a service. An example would be asking a respondent to rank/rate their experience of a visit out of 5, which would give 2 negative, 1 neutral, and 2 positive options. Removing the neutral option would ensure respondents had to give either a negative or positive response. This approach makes it easier to process subjective comments more easily, although it may leave respondents feeling that they have been unable to tell their story. If your PPG has the capacity to review and report on detailed stories you could consider adding a “Tell us why” box to these questions.



Sample size

It is unlikely, and rarely possible, that your PPG would be able to obtain the views from every patient and carer registered with your practice/surgery. PPGs, therefore, need to ensure that the sample responding to a survey is as representative of the patient population as is reasonably possible.

Survey results are often used as “evidence” for making cases both for and against a change. The change may involve many people and the reallocation of resources or money, and if this has the potential to impact the patient population it will be important to gather representative views.

PPGs leading surveys need to ensure that the evidence is of high quality, which means that even though the sample may be far smaller than the relevant population, there is a high probability that the results are representative.

In the context of a PPG surgery survey: this could mean managing the survey so that there is a suitable proportion from each of the relevant subgroups. Typically, these include age groups, genders, and frequent/less frequent users of the surgery services. An individual can be chosen to be the manager of a survey, and it would fall to them to set up the survey so that each of the suitable subgroups are included. If a subgroup is inadequately represented the survey may be of limited use as “evidence”.

As a guide, we cannot suggest a specific sample size for a practice. The number of patients per practice can differ greatly and it can be difficult to get patients to voluntarily complete surveys. With this in mind, we recommend that, if you are running a survey, you aim to collect as much feedback as is reasonably possible by making sure that your survey is accessible in several ways (e.g., paper-based and online), and ensuring that you do your best to gather a representative sample for the population – you can do this by approaching other community groups that represent demographics for your local community including but not limited to, LGBTQIA+ groups, faith groups, young people groups, and parent/mothers groups. Approaching some groups may require more creative methods, such as use of social media like Twitter.



Finishing touches to surveys you could consider:

- Include a short introduction with your survey that states the purpose of the survey, who is conducting it, confidentiality, how the responses will be used and published, and why it is important that for people to give their views.
- At the end of a survey always thank people for taking part.
- Encouraging people to complete surveys and answer all questions even if simply stating N/A (not applicable).
- In the past, practices will have used various methods to encourage patients to complete surveys. It may be a good starting point to review those methods and find ways to adapt and apply them.
- It is worth considering potential costs of providing postage, such as pre-paid envelopes.
- Paper surveys, within the practice, and reception staff briefed and able to encourage patients to complete and return into a secure box.
- Have some PPG members volunteer to support reception staff during busy times, or to be present and hand out surveys in waiting rooms. In some case they may be able to sit with other patients and talk to them about the survey and the PPG. This would need to be planned with the practice staff and volunteers would need to be sensitive and aware to respect people's confidentiality.
- Does the practice and space to include the survey on the website message board?

Patient surveys are a great way to engage with the patient population of your GP surgery, help empower the voices of patients, and help improve how your surgery works. It is a good idea to include patient surveys as a part of your PPG workplan and agenda as this can be a regular discussion topic for meetings.

Useful resources for surveys

www.smartsurvey.co.uk

www.surveymonkey.com

www.surveymoz.com

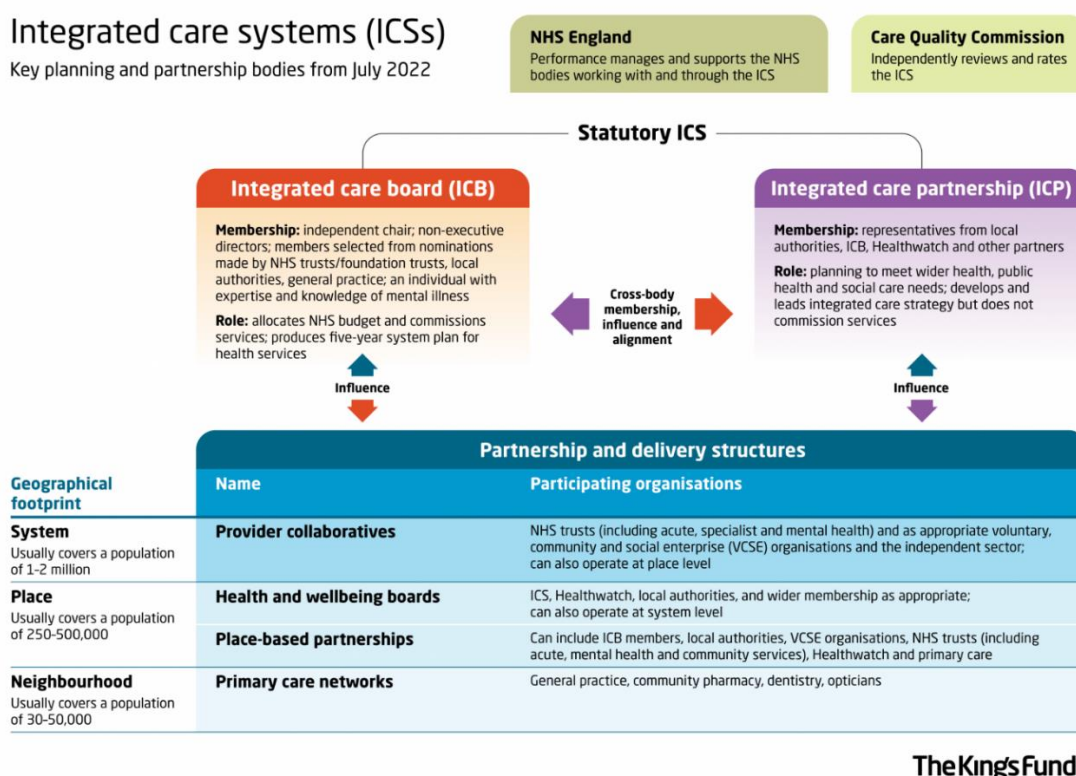
www.napp.org.uk – a sample questionnaire can be found on this page: <http://www.napp.org.uk/ess.html>



How is health and social care currently arranged in England?

The health and social care system is complex, so it may be helpful to have some understanding of how the NHS and local services are structured. Having this knowledge may help you and your PPG be more effective in influencing both your GP practice and the local commissioning body – the Integrated Care System (ICS). Additionally, knowing about relevant regulators, such as the Care Quality Commission (CQC) can be helpful, as they will talk to PPGs if they are inspecting your GP practice. Your Chair and practice manager may be able to answer any questions that you have about these topics after reading this information or put you in touch with someone who can help.

NHS organisations within an ICS, including the ICB, NHS Trust, and Foundation Trusts, are accountable to NHS England for their operational and financial performance. In addition to the CQC's responsibilities for regulating and inspecting health and care services, they will also review the quality of partnership working within an ICS.



Source: <https://www.kingsfund.org.uk/audio-video/integrated-care-systems-health-and-care-act>



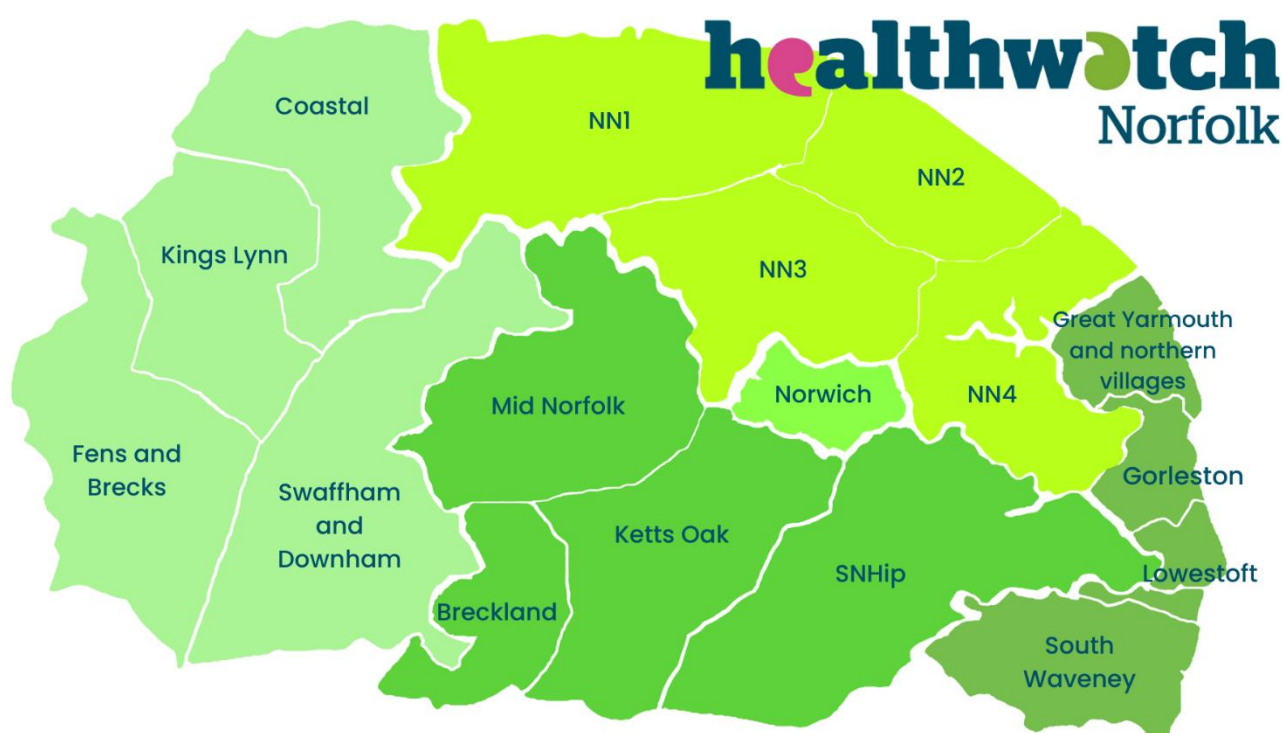
The Health and Care Act 2022 has changed the previous structure of the NHS with the aim to make it easier for organisations to work together. Organisations have come together across large areas to form Integrated Care Systems (ICSs), which are made up of 2 parts: Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). ICSs are partnerships of health and care organisations that plan and pay for health and care services in their region. There are around 40 ICSs across England, and the Health and Care Act 2022 has given them legal status, new powers, and responsibilities.

ICBs decide how the NHS budget for their area is used, as well as developing plans to improve the populations health, delivery higher-quality care and better the value for money. The ICPs look at bringing the NHS together with other key partners, such as local authorities (e.g., local councils), to enable the ICS to improve health and wellbeing in its region.

An animated guide to the new changes to the NHS from the King's Fund can be viewed here: <https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

You may also find more information about Integrated Care useful – <https://www.england.nhs.uk/integratedcare/>

At a more local level GP surgeries have come together to form Primary Care Networks (PCNs). Groups of practices and other primary care services, such as community pharmacies, work together by sharing resources and working closely with other local communities and services, they can provide a wider range of services than a single GP. In Norfolk each area has 4 'Neighbourhoods' with a PCN for each, except in Norwich where there is 1 PCN for 4 'Neighbourhoods'.





Who decides what health and social care is in place in Norfolk?

In Norfolk and Waveney, the organisations that decide what health and social care is in place are:

- The Norfolk and Waveney Health and Care Partnership ICS
- Norfolk County Council & other District Councils
- NHS England

This is done through ‘commissioning’ which, simply, means the process of planning, designing, and buying services that are needed locally, through contracts it places with providers of services.

Do PPGs have a role to play in commissioning?

PPGs have a vital role when it comes to commissioning. PPGs pass patient opinion, experience, and suggestions on how people want services to meet their needs to the commissioners. Additionally, PPGs who are networked across their area and PCN can collectively add strength to the process of engagement with commissioners and providers of local health and care services, such as enhanced access (see <https://improvinglivesnw.org.uk/enhanced-access-for-general-practice-services-october-1-2022/>).

How the local ICS carries out its role

Norfolk and Waveney ICS are a partnership made-up of a wide range of organisation working together. This includes the 105 GP practices across the region covering 1.1 million people.

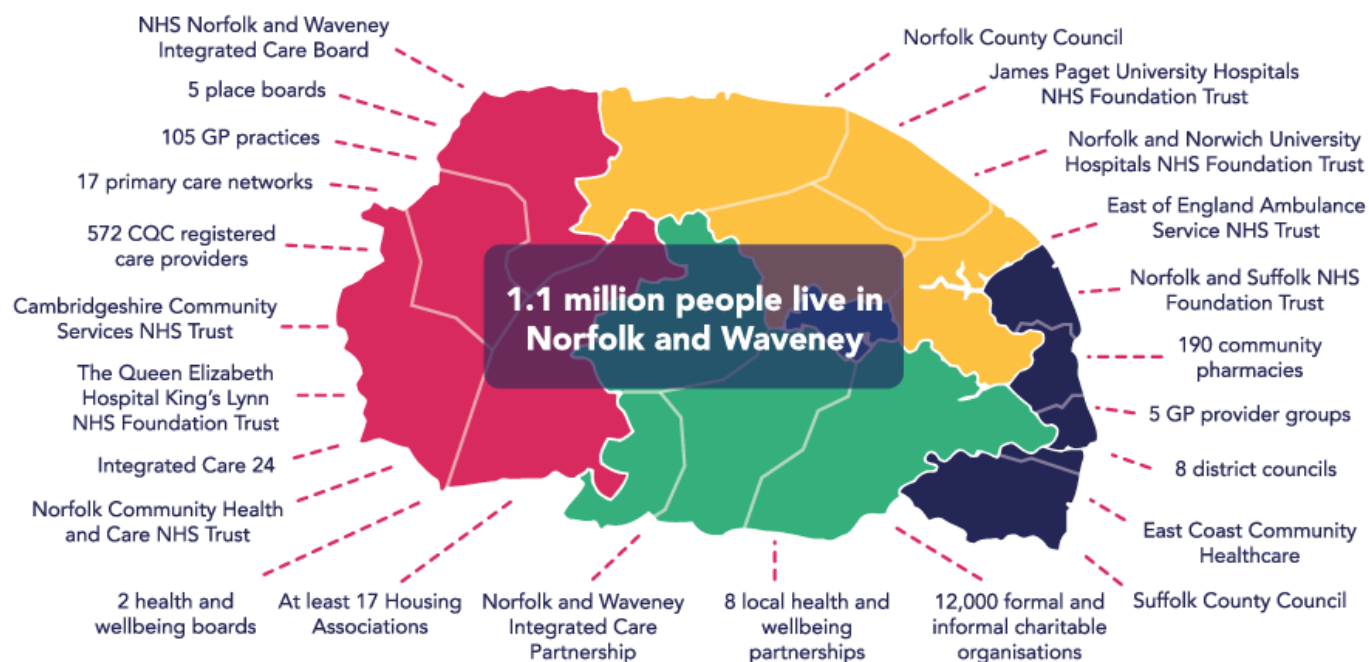
All ICSs in England will work to:

- Improve outcomes in the population’s health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Support broader social and economic development.

By working alongside local authorities, the ICS has the potential to drive improvements in population health and tackle health inequalities.



Norfolk & Waveney Integrated Care System



Source: <https://improvinglivesnw.org.uk/about-us/developing-our-integrated-care-system/>

The Norfolk and Waveney ICS have set themselves the following 3 goals:

1. To make sure that people can live as healthy a life as possible.
2. To make sure that you only have to tell your story once.
3. To make Norfolk and Waveney the best place to work in health and care.

For more information on the Norfolk and Waveney ICS, see <https://improvinglivesnw.org.uk/>

The ICB called NHS Norfolk and Waveney, that forms part of the Norfolk and Waveney ICS, is responsible for the planning and buying of healthcare services for the local population as well as being accountable for the performance and finances of the NHS across the region. They work together with local people, health and care professionals, and partner organisations to improve health and wellbeing.

The other statutory part of the ICS is the Integrated Care Partnership (ICP), which promotes the close collaboration of health and care systems in the region, bringing together health and social care providers, local government, voluntary, community and social enterprise (VCSE) sector, and other partners. The ICP is responsible for coordinating the development of an integrated care strategy that sets out the challenges and opportunities to improving health and care in Norfolk and Waveney.



Further information on the ICB and ICP can be found here,

<https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/>

<https://improvinglivesnw.org.uk/about-us/our-integrated-care-partnership/>

Norfolk County Council

Norfolk County Council commissions social care for the population, such as home care help, or care home places. Residents may have to pay for some of the care provided by the council.

Norfolk County Council, Suffolk County Council, and 8 District Councils make up part of the Norfolk and Waveney ICS and work collaboratively with the other partners.

Commissioning decisions are voted on at public meetings by local councillors who represent residents.

NHS England

NHS England is responsible for commissioning:

- Dentists
- Opticians
- Prison healthcare
- Armed forces healthcare.

NHS England's workplan also covers:

- Improving patient experience (e.g. using the results of the Friends and Family Test)
- Technology, systems and data (for example the Care.data work)
- Quality Improvement and clinical leadership
- Patient Safety.

For more information about NHS England visit: <http://www.england.nhs.uk/>

Norfolk and Waveney ICB

The Norfolk and Waveney ICB are responsible for commissioning:

- Primary care, through contracts with individual GP practices

Additionally from April 2023 the ICB will also be responsible for commissioning Dental, Pharmacy, and Optometry services across the region.

Other factors influencing commissioning

Commissioners are guided in their decision-making by their local 'joint strategic needs assessment (JSNA)', the statutory health and wellbeing board, and Healthwatch.



The JSNA assesses current and future health and wellbeing needs of the local population. For more information you can visit <http://www.norfolkinsight.org.uk/jsna/population/>

Information on the Norfolk County Council Health and Wellbeing Board and Strategy can be found here, <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/strategy>

Healthwatch

Healthwatch launched in April 2013, following the Patient and Public Involvement Act (2012), to give people a powerful voice locally and nationally in respect of their views and experiences of health and social care services. Healthwatch is the consumer champion for health and social care. Healthwatch exists on a national level as Healthwatch England and on a local level there are over 150 independent local Healthwatch groups across England, of which Healthwatch Norfolk is one.

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

What does Healthwatch Norfolk do?

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

More information can be found at the Healthwatch Norfolk website at www.healthwatchnorfolk.co.uk



How PPGs can work with Healthwatch?

PPGs can use Healthwatch Norfolk in a number of ways to support their role, including:

- Asking Healthwatch to come and give updates about the work it is doing to get better health and social care for people in Norfolk & Waveney.
- Asking Healthwatch to take evidence and feedback about important issues from the group, individuals, and the practice.
- Asking Healthwatch how the NHS complaints system works and the advocacy service it can provide for individuals.
- Asking Healthwatch for advice on how to handle 'crisis' situations that impact on patients. E.g., how to deal with lots of media/public interest if a practice receives a poor CQC rating.

Healthwatch England influences the discussion and policy debates at a national level on the key issues that affect all service users for health and social care. Based on evidence from:

- Views and experiences of people who use services locally and nationally
- Views and experience from local Healthwatch organisations
- Evidence gathered and shared by stakeholder and partners, including charities, professional bodies and those who support vulnerable people

Healthwatch England develops an intelligent view of trends and experiences on a national level.

All of this is used to highlight the major issues and aid in seeking changes in policy, regulation, and the delivery of health and social care services. Where very important issues arise that are raised with the Secretary of State for Health, the NHS Commissioning Board, the CQC, or local authorities. By law the organisations must respond to what Healthwatch England has to say.

Healthwatch England also provides support and advice to local Healthwatch. More information can be found at the Healthwatch England website at www.healthwatch.co.uk





Who provides all the health and social care in Norfolk?

A 'provider' is an organisation that provides health care services to individuals, families, or communities. In Norfolk our main local health providers are:

- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Norfolk Community Health and Care NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Primary and community care provided by GP practices, dentists, pharmacies, and opticians

Norfolk and Norwich University Hospitals (NNUH) NHS Foundation Trust

The NNUH is one of the biggest teaching Trusts in the country consisting of the Norfolk & Norwich (N&N) as the main hospital and a small hospital in Cromer. Serving the population of Norfolk and north Suffolk, the NNUH carries out nearly one million outpatient appointments, day case procedures, and inpatient admissions annually.

More information can be found at <https://www.nnuh.nhs.uk/>

Norfolk and Suffolk NHS Foundation Trust (NSFT)

The NSFT provide mental health and learning disability care across Norfolk and Suffolk. Supporting over 1.6 million people over more than 50 locations in the region they provide services in inpatient, community, and primary care settings.

More information can be found at <https://www.nsft.nhs.uk/>

Norfolk Community Health and Care (NCH&C) NHS Trust

NCH&C provide community-based NHS health and care, operating from more than 70 different service locations in Norfolk and serving a population of nearly 900,000. The NCH&C provide a range of services for both Children's and Adult's health and social care needs.



More information can be found at <https://www.norfolkcommunityhealthandcare.nhs.uk/>

James Paget University Hospitals (JPUH) NHS Foundation Trust

The JPUH is a university hospital that provides a full range of acute and a number of specialised services to around 250,000 residents across the Great Yarmouth, Lowestoft, and Waveney areas, as well as visitors to the region. The JPUH is made up of a main site in Gorleston with support from the Newberry Clinic and other outreach clinics in the local area.

More information can be found at <https://www.jpaget.nhs.uk/>

The Queen Elizabeth Hospital (QEH) King's Lynn NHS Foundation Trust

The QEH provide health care services to a population of around 278,800, serving patients across the borders of West Norfolk, Northeast Cambridgeshire, and South Lincolnshire.

More information can be found at <http://www.qehkl.nhs.uk/>

East of England Ambulance Service (EEAST) NHS Trust

EEAST provide 24-hour accident and emergency services to those in need of emergency medical treatment and transport across Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk, and Cambridgeshire 365 day of the year. Additionally, they provide non-emergency transport services for patients who can travel unaided and are needing to get to and from hospitals, treatment centre, and other facilities.

More information can be found at <https://www.eeastamb.nhs.uk/>

Each of the above foundation trusts are accountable to their local communities through their members and governors; to commissioners through their contracts; to the Care Quality Commission through the legal requirements for their registration and to Monitor through their NHS provider licenses.

Primary Care provided by GP practices, dentists, pharmacies, and opticians.

These services are commissioned regionally and provided locally. To find local providers of these services you can visit <https://www.nhs.uk/nhs-services/>



Who checks standards of care?

In Norfolk and Waveney, the regulator of services for health and social care is the Care Quality Commission (CQC). Additionally, Healthwatch Norfolk is an independent watchdog who gathers public views and feedback to be reported back to those in charge of health and social services in the region.

Care Quality Commission (CQC)

The CQC is an independent regulator of the quality of health and adult social care in England. They ensure that the care that is provided by hospitals, dentists, GP practices, the ambulance service, care homes, and home care agencies are up to government standards for quality and safety.

All health and social care services across the country are required to be registered with the CQC, who inspect them to check if standards are being met. During inspections the CQC will ask service users about their experiences of the care and treatment they receive. Inspectors will also talk to care staff and check the right systems and processes are in place. They will then review and judge if the standards are being met and publish a report of the findings. If a service is not meeting standards the CQC takes action to ensure the service improves. The CQC has a range of powers to ensure the changes are made and if not can take action to suspend or cancel the providers registration and prosecute if necessary. The CQC works with local authorities, regulator, and other agencies to ensure the necessary actions are taken.

The CQC also continually monitor all information it is given about a service. They encourage patients and the public to get involved, especially sharing experiences about particular care services, both good and bad. This information aids the CQC in deciding where, when, and what to inspect and helps the inspectors spot them problems and concerns in care.

From 1st April 2013 all GP practices must be registered, by law, with the CQC and show that they are meeting the national standards. The CQC inspectors normally speak with members of the PPG if there is one at the practice they are inspecting. Usually this would be the chair plus an additional member. Your PPG may wish to learn more about the CQC and inspections to be prepared for any future inspections at your practice.

For more information about the CQC you can visit the CQC homepage: <http://www.cqc.org.uk/> and for how they work with local groups and PPGs here, <https://www.cqc.org.uk/get-involved/local-groups/working-local-groups>

Contact information



You can contact the ICB using the following webpage: <https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/icb-contact/>

A list of the GP practices in Norfolk and Waveney along with their contact details can be found here <https://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=154219>

You can also contact **Healthwatch Norfolk** and provided any feedback using any of the following:

Office Address: Healthwatch Norfolk, Suite 6 The Old Dairy Elm Farm, Norwich Common, Wymondham, Norfolk, NR18 0SW

Website: www.healthwatchnorfolk.co.uk

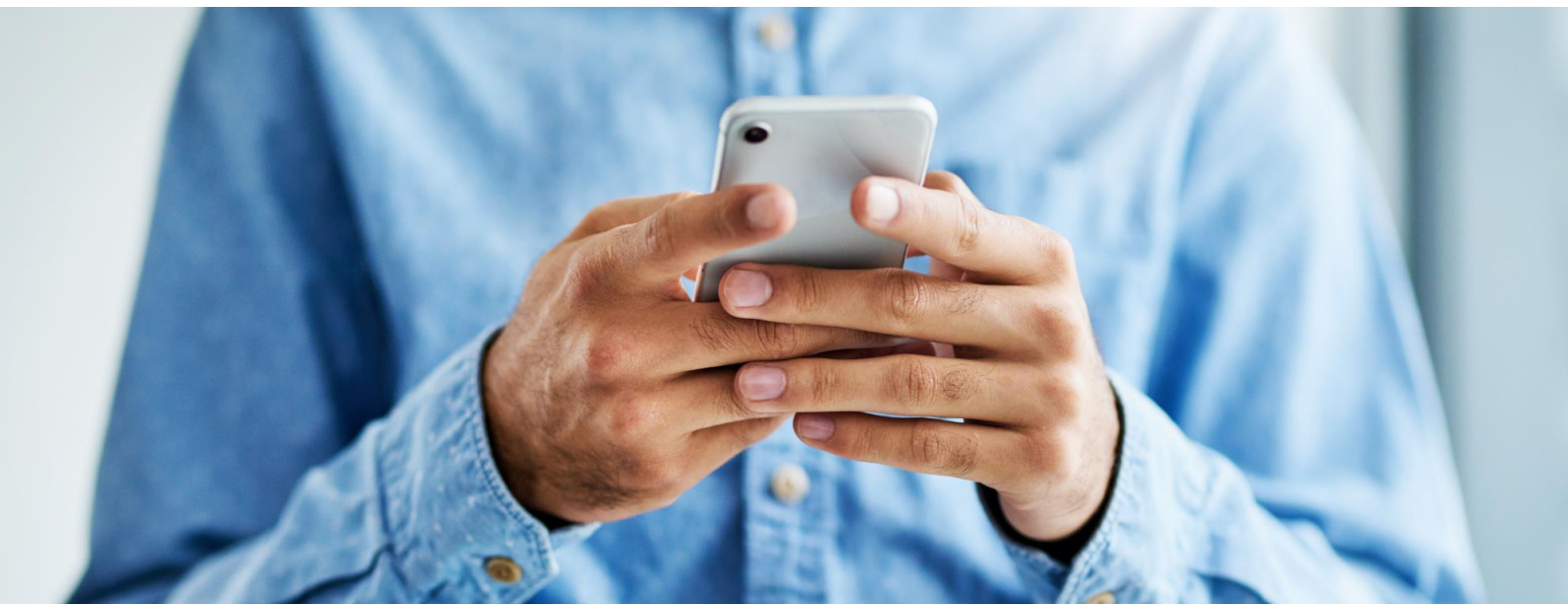
t: 0808 168 9669

e: enquiries@healthwatchnorfolk.co.uk

Twitter: @HWNorfolk

Facebook: [Facebook.com/healthwatch.norfolk](https://www.facebook.com/healthwatch.norfolk)

For more information on Patient Participation Groups the ICS website provides a range of useful information and can be viewed here <https://improvinglivesnw.org.uk/get-involved/working-with-people-communities/patient-participation-groups-ppgs/>



Acknowledgements



Healthwatch Norfolk would like to thank all the participants who provided their views and experiences of PPGs in Norfolk & Waveney. And all those who have given their time to review this guide.

We would like to thank the Norfolk and Waveney ICB for commissioning this work and providing review to help shape the content of this document.



Publication Date:



Appendix

Appendix 1: Meeting Agenda Template

PPG Meeting Agenda (Example)

Date:

Time:

Location:

Agenda Items

1. Introductions & welcome new members
2. Apologies
3. Minutes of last meeting
4. Actions/Matters Arising
5. Group Business
6. News from the Practice
7. News from the ICB/Patient Voice Meeting
8. Any other business

Date/Time/Location of Next Meeting:



Appendix 2: Meeting Minutes Template

[Surgery name] Patients Participation Group (PPG)

Minutes of the meeting on [Date] –
held at [Location and Time]

Present: List names

Agenda items:

1. Apologies –
2. Introductions & welcome any new members –
3. Minutes of the last meeting–
4. Actions/matters arising –
5. AOB –

Next meeting [Date and Time] at [Location]



Appendix 3: Terms of Reference Example

Example Patient Participation Group (PPG) Terms of Reference

These Terms of Reference may be reviewed according to emerging needs.

PPG Aims / Purpose

- To promote good relations between the practice and patients by communicating the experiences, interests, and concerns of patients, and by providing feedback to the practice and patients on current procedures and proposed new developments.
- To explore ideas and areas for improvement or change identified by patient surveys and feedback.
- To be a forum for ideas on health promotion and self-care.
- To be consulted on service development within the surgery, or wider secondary healthcare services commissioned by the Integrated Care Service (ICS).

Membership

- Membership is open to all registered patients aged 16 or over and their carers (who may be registered elsewhere).
- Members should be there to support the group, the practice and the local population, rather than to pursue their own personal agenda.
- Membership should aim to be representative of the practice population.
- Support will be provided by the practice manager and designated staff from the practice as deemed appropriate.
- PPG members will meet quarterly at a minimum. Meetings will be online, in person, or a hybrid of both.

Structure

- Chair of the PPG will be nominated and elected by PPG members in March of each year. Term of office will be one year.



- Secretary of core group will be nominated and elected by core group members in March of each year. Term of office will be one year.

Reporting

- The group's meetings will be recorded as minutes with highlighted action points.
- The practice manager or nominated practice representative will act as the point of liaison within the practice.
- The group can expect direction, feedback and suggestions from the practice when required.
- Minutes will be made available to the wider practice population via information in the waiting rooms/notice boards and via the practice website.

Meetings

- Meetings will be held on the first [Day of the Week e.g., Thursday] of each month in March, June, September and December each year at a minimum.
- The quorum (minimum number of people required to be present for decisions) for meetings is six PPG members plus one practice representative (e.g., the Practice Manager).
- An agenda and any meeting papers will be sent to all members (in a suitable format for them) at least five working days before each meeting date.
- All members can contribute agenda items. Agenda planning before the meeting will be managed and finalised by the chair, supported by the secretary.

Agreed and adopted on [date]. Review date [date].

