





The Healthwatch Participation in Practice Award – a good practice award for Patient Participation Groups Interim report February 2022

About Healthwatch Gateshead and Healthwatch Newcastle

Healthwatch Gateshead and Healthwatch Newcastle are two of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012.

Healthwatch Gateshead and Healthwatch Newcastle are independent not-for-profit organisations. We help children, young people and adults to have a say about social care and health services in Gateshead and Newcastle upon Tyne. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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1. Introduction

In spring 2019 the Healthwatch Newcastle and Healthwatch Gateshead Committees chose Patient Participation Groups (PPGs) as a priority work area for the 2019–2020 period. PPGs were chosen for the following reasons:

- 1. From 1 April 2016, it has been a contractual requirement for all GPs to have a PPG that gathers the views of patients and carers, to engage with that PPG and to make reasonable efforts for it to be representative of the practice population. In addition, inspections by the Care Quality Commission (CQC) look for evidence that GP practices encourage patient participation and act upon patient feedback.
- 2. We had been contacted by several GP practices and PPG members to tell us their PPGs were not working effectively and/or to ask for help to enable them to become more effective.
- 3. We were aware that the Newcastle Gateshead Clinical Commissioning Group (CCG) was also concerned that some local PPGs were not functioning well. We believed our work in this area would support the CCG's aim of increasing the effectiveness of local PPGs.
- 4. A key Healthwatch remit is to ensure that all service users and the public are involved in the ongoing development of health and care services, especially those who may struggle to have a voice or to get involved.

Initial research highlighted that several PPG good practice toolkits were already in existence. The National Association for Patient Participation (NAPP), the Patients Association, other local Healthwatch (Sunderland and Leeds) had all produced toolkits or other forms of guidance. To avoid duplication, we decided to take a different approach and introduce a best practice award, the 'Healthwatch Participation in Practice' award, which local PPGs could work towards. We decided the award should be based upon the requirements outlined in the 2015–2016 General Medical Services (GMS) contract, which are for all practices to:

- Develop and maintain a PPG for the purpose of obtaining the views of patients and enabling the practice to obtain feedback from the practice population.
- Make reasonable efforts for this group to be representative of the practice patient population.
- Engage with the PPG at a frequency and in a manner agreed with the group to review patient feedback (whether from the PPG or other sources) with the aims of the practice and PPG agreeing on improvements that could be made to services.
- Act on suggestions for improvements, where the practice and PPG agree.

Setting up the Healthwatch Participation in Practice Award

For each requirement, we developed a set of criteria that PPGs had to meet (see appendix 1), based upon accepted best practice for patient involvement. The criteria were intended to promote the development of effective and autonomous PPGs, that can deliver the crucial 'critical friend' role for practices.

They included criteria that were mandatory and others that were non-mandatory. To achieve the award, practices and their PPGs had to meet all the mandatory criteria. To achieve the award with distinction, practices and PPGs had to meet at least 90% of all the criteria – at least two criteria from each requirement and all of the mandatory criteria.

We decided to pilot the award with a group of local practices during 2019–2020 and then evaluate it. If the award proved to be effective and viable, we would also consider how it could be made available to all local GP practices and their PPGs.

We also planned to hold a celebration event at the end of the pilot to share learning, thank all those who took part in the pilot and award those who successfully completed the pilot with their certificates.

2. The Participation in Practice Award pilot

We launched the award at a Healthwatch event in September 2019, to which all local GP practices and their patient participation groups (PPGs) were invited. The award was introduced and practices were invited to sign up to take part in a pilot run. We anticipated the pilot would run for six to twelve months.

Twelve GP practices and their PPGs from across Newcastle and Gateshead signed up to take part in the pilot. We limited sign-up to 12 as this was the maximum number we could reasonably support. Practices were selected on a strictly first-come, first-served basis. We were aware this meant some practices and PPGs were left disappointed at not being able to take part.

The following practices signed up in Newcastle:

- Cruddas Park Surgery
- Denton Turret Medical Centre
- Dilston Medical Centre
- Elswick Family Practice
- Newcastle Medical Centre
- Throckley Primary Care
- Westerhope Medical Group

In Gateshead:

- Birtley Medical Group
- Bridges Medical Practice
- Fell Cottage Surgery
- Oxford Terrace and Rawling Road Medical Group
- Teams Medical Practice



During the rest of 2019–2020, we supported the practices and their PPGs as they worked towards the award criteria. Support took a variety of forms.

- We visited each practice three times with:
 - An initial meeting at the start of the award, to meet participants and help them complete their baseline self-assessment.
 - A mid-term progress visit.
 - A final visit to discuss their final assessment and the evidence they needed to provide to show they met all the criteria.
- We drew up and shared template documents, for example, terms of reference, confidentiality statements (see appendix 2) and workplans that PPGs could adopt.
- We ran three workshops, based upon gaps identified in the baseline selfassessments, covering:
 - PPG recruitment and publicity.
 - Co-production how PPGs and practices can work together effectively.
 - The award criteria and how to meet them.
- Informal meetings to share experiences, discuss issues and answer queries.

- We set up an information-sharing forum (pictured above) to circulate best practice materials, template documents and news.
- We provided ongoing one-to-one support via email and phone.

3. Award assessment

When practices and their PPGs believed they could demonstrate that they met all the award criteria, they completed a final self-assessment form (see appendix 3) and pulled together a body of evidence. A final assessment visit was arranged to go through the documentation with Healthwatch staff.

If further work was required, Healthwatch staff provided guidance (examples of acceptable evidence, etc.) and worked with the practice and PPG until a final submission was completed. This was assessed by Healthwatch staff and moderated by a Healthwatch Committee member. A decision was then taken about whether the practice and its PPG had achieved the award or the award with distinction. The practice was informed and received a certificate from Healthwatch (appendix 4).

4. The impact of COVID-19

Unfortunately, the emergence of COVID-19 in March 2020 and subsequent lockdowns meant putting all our face-to-face activities associated with the PPG award on hold. However, in consultation with the practices involved, we decided to keep going with the pilot and continued to offer online and telephone support to participants who wished to continue. The final workshop was held in May 2020 as a Zoom session. Newcastle Medical Centre (Practice Manager Cheryl Mooney pictured right) became the first practice to complete the award, with distinction, in July 2020.



In response to the unprecedented challenges facing GP practices, we decided to extend the pilot until February 2021 and continued to support the practices throughout that time. Unfortunately, the ongoing challenges of the pandemic meant that half of those who initially signed up withdrew from the pilot at points throughout 2020. However, by the end of the pilot in February 2021, six of the original 12 had achieved the award (five with distinction). They were:

- Birtley Medical Group
- Bridges Medical Practice
- Dilston Medical Centre
- Elswick Family Practice
- Newcastle Medical Centre
- Oxford Terrace and Rawling Road Medical Group

All have received their certificates. However, the planned celebration event was postponed due to the ongoing impact of the pandemic

5. Pilot evaluation

We had planned to start the award evaluation straight after the pilot ended. However, in February 2021 it was clear that practices continued to be exceptionally busy. When we spoke to some of those involved in the pilot, they explained they needed more time to embed their learning and develop their Patient Participation Groups during more 'normal' circumstances before they could meaningfully contribute to an evaluation.

At that point, we decided to postpone the evaluation until a time when we can better assess whether the award has helped the PPGs involved in the pilot become more effective. We also identified other issues to consider as part of the evaluation, including the appropriateness of the award criteria and the effectiveness of the assessment and moderation procedures.

Finally, the evaluation will consider the potential for the award to provide a model of support that can be adopted locally and possibly regionally or nationally.

6. Conclusion

It is difficult to assess the impact of the award pilot while the evaluation is on hold and the effects of the pandemic are still prevalent. Many local PPGs are still not functioning 'normally' and GP practices continue to face many challenges.

However, anecdotal feedback from those involved, including some who ended up having to withdraw from the pilot, has been very positive. All but one of the practices involved in the pilot fully engaged with it and were enthusiastic about the opportunities it provided. Both in-person and virtual events were well attended and people have told us they have found them very helpful. We heard that the one-to-one support was highly appreciated and some practices have stated that their PPGs have already become more motivated and effective.

Some quotes from participants:

"Being a part of the Participation in Practice Awards Scheme I have gained a better understanding of why we need a Patient Participation Group... I have learned from others and have picked up ideas on how to improve on what we do as a practice to encourage patient involvement which has resulted in a new PPG member from a younger age category than our current members."

"Since signing up for the Healthwatch pilot I have felt more enthusiasm to take forward work of the PPG... The award has helped me focus on driving the PPG group in the right direction. The tools available have been of great use and something we were lacking."

"Since getting involved with Healthwatch and the PPG award I feel I have a better understanding of what a PPG is. I feel there has been some great ideas shared and it is good to have a work plan and an aim for the end goal. I have successfully recruited a number of members and feel this has really helped the PPG here."

We look forward to carrying out a more comprehensive evaluation of the pilot as soon as it is feasible to do so.

7.Next steps

PPGs remain a high priority for Healthwatch Newcastle, Healthwatch Gateshead and GP practices. However, as we transition out of the pandemic GP surgeries continue to work under pressure. We agree with the feedback from practices during the evaluation phase. While GPs and PPGs continue to learn and operate in a changing landscape, we believe it is inappropriate to try to progress or force the pilot to continue in its current form.

As people and communities continue to engage with their health and social care services through different means, we must adapt and evolve this work and do so at the right time. We hope to do this by identifying practices that would like to take a co-production approach to develop this work further and will contact practices when the time is right.

Appendices

Appendix 1

Healthwatch Participation in Practice - award criteria

From 1 April 2016, it is a contractual requirement for all GPs to:

- Develop and maintain a PPG that gains the views of patients and carers and enables practices to obtain feedback from their patient population.
- Make reasonable efforts for the PPG to be representative of the practice population.
- Engage with the PPG at a frequency and manner agreed with the group.
- Review patient feedback with the aim of the practice and the PPG agreeing on improvements that could be made to services.
- Act on suggestions for improvements where the practice and PPG agree.

The award criteria are based around these requirements.

Requirement 1

Develop and maintain a PPG that gathers the views of patients and carers and enables practices to obtain feedback from their patient population. Met by the following criteria:

- a) There is a PPG in place, which is open to all patients, with terms of reference and ground rules that promote effective working, and a work plan (mandatory).
- b) That meets at least quarterly either face to face or via virtual meetings (mandatory).
- c) Has a membership of at least five people (mandatory).
- d) Has a variety of mechanisms in place for gathering patient feedback, including a presence on the practice website, with contact details (mandatory).
- e) Meetings have an open agenda and minutes/notes are taken. The minutes, agenda and PPG work plan are publicly available (mandatory).
- f) The PPG has statements of commitment to equality and diversity and confidentiality (mandatory).
- g) Has a chair and a secretary at least one of whom should be a patient. A role descriptor, appointment process and term of office should exist for each role.
- h) New members have an induction that explains the purpose and role of the PPG, what it can and can't do, and the Nolan principles of public life.
- i) Is linked into any PPG networks/support structures to ensure that opportunities for development are available.
- j) PPG carries out regular or ongoing recruitment campaigns.
- k) PPG carries out an annual review of its work plan and the group's overall effectiveness.

Requirement 2

Make reasonable efforts for the PPG to be representative of the practice population. Met by:

- a) The practice has an understanding of the makeup of their patient population and their PPG (mandatory).
- b) The PPG has a plan in place to engage with the broader patient population, with local voluntary groups and seldom heard groups. It will use these opportunities to both promote the PPG and to hear people's views (mandatory).
- c) The PPG ensures that meetings are as accessible as possible for the patient population. This means asking people what they need and may include changing meetings times, arranging for translation services or childcare and ensuring that meetings take place in accessible venues (mandatory).
- d) The PPG is open to the carers of registered patients, even if the carer themselves is not registered with the practice (mandatory).
- e) The practice hosts events or activities to build links with the patient population, encourage patient involvement and promote the PPG.
- f) The PPG and its work are promoted within the patient population and the wider community in a variety of different ways.

Requirement 3

Engage with the PPG at a frequency and manner agreed with the group. Met by:

- a) There is a named link person (and a designated deputy) from the practice who attends all meetings (mandatory).
- b) The link enables a regular flow of information between the PPG and the practice, in particular, ensuring that issues raised within the PPG are responded to quickly and effectively by the practice (mandatory).
- c) A relationship of mutual respect exists between the practice and the PPG based upon trust and honesty (mandatory).
- d) All staff and partners within the practice understand the benefits of having a PPG and promote and support it whenever they can (mandatory).
- e) There is a named clinician linked to the PPG who attends PPG meetings on a regular basis.
- f) The practice gives appropriate financial and practical support to PPG activities, events and development opportunities.

Requirement 4

Review patient feedback with the aim of the practice and the PPG agreeing on improvements that could be made to services. Met by:

- a) There are systems in place for the minutes from PPG meetings, including patient feedback information, work plan updates and suggested improvements to be circulated and reviewed throughout the practice (mandatory).
- b) There are systems in place for the PPG to receive updates from the practice on other forms of patient feedback information that they can then respond to (mandatory).

Requirement 5

Act on suggestions for improvements where the practice and PPG agree. Met by:

- a) The practice and the PPG have a work plan for improving practice and implementing changes (mandatory).
- b) Give an example where the PPG has supported the practice in implementing a service improvement (mandatory).
- c) Give examples of at least two suggested improvements put forward by the PPG that have been implemented by the practice.
- d) The Practice keeps the PPG up to date with progress on any agreed actions.





Template Confidentiality Statement

As part of (insert GP practice name) Patient Participation Group you may occasionally have access to confidential information. This may include, for example:

- personal information about patients of (insert GP practice name)
- information about the internal business of (insert GP practice name)
- personal information about people working for (insert GP practice name)

(insert GPP practice name) Patient Participation Group is committed to keeping this information confidential to protect the people involved, the (insert GP practice name) and the Patient Participation Group itself. 'Confidential' means that all access to information must be on a need to know and properly authorised basis. You must use only the information you have been authorised to use, and for purposes that have been authorised. You should also be aware that under the Data Protection Act, unauthorised access to data about individuals is a criminal offence.

You must assume that information is confidential unless you know that it is intended by (insert GP practice name) or the Patient Participation Group to be made public. You must also be particularly careful not to disclose confidential information to unauthorised people or cause a breach of security. In particular you must:

- not compromise or seek to evade security measures (including computer passwords)
- be particularly careful when sending information outside the practice
- not gossip about confidential information, either with practice staff, other group members or people outside (insert GPP practice name)
- not disclose information especially over the telephone unless you are sure that you know who you are disclosing it to, and that they are authorised to receive it

If you are in doubt about whether to disclose information or not, do not guess. Withhold the information while you check with an appropriate person whether the disclosure is appropriate.

Your confidentiality obligations continue to apply indefinitely after you have left the Patient Participation Group.

I have read and understand the above statement. I accept my responsibilities regarding confidentiality.

Signed:

Date:





	Participation in Practice Award - final assessment form		
GP practice:			
Requirement	Criteria	Explain below how you have met the criteria	
Requirement 1 Develop and maintain a PPG that gains the views of patients and carers and enables practices to obtain feedback from their patient population.	a. There is a PPG in place, which is open to all patients, with terms of reference and ground rules that promote effective working, and a work plan (mandatory).		
	 b. It meets at least quarterly - either face to face or via virtual meetings (Skype or similar) (mandatory). 		

Appendix 4 An example certificate



Contact details

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