





Patient Participation Group

Wednesbury

Report by Healthwatch Sandwell
Published November 2018





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DISCLAIMER

This report is based on the views and experiences of respondents. Due to the nature of this approach, we recognise that there may be differences between people's views and providers' intentions. Efforts have been made to ensure information is accurate or where necessary, reflect more than one view, whilst keeping to the brief.

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www.healthwatchsandwell.co.uk



Summary

Healthwatch Sandwell (HWS) are conducting a survey of all General Practitioner (GP) Practices to find out their patients' and visitors' knowledge, awareness and involvement in each Practice's Patient Participation Group (PPG).

During March and April 2018 HWS visited all the GP Practices in Wednesbury to complete a short survey with patients and visitors to the Practice.

The survey found that knowledge of the PPG varied across the Practices. At least one person in every Surgery, except in one Practice, knew what a PPG is. In one Practice, out of 9 Practices visited, just under 32% of respondents knew what a PPG is, which is a high recognition rate.

A PPG is made up of patients and Practice staff who communicate at regular intervals to consider ways of making a positive contribution to the services and facilities offered by their Practice to patients. From 1 April 2015, it became a contractual requirement for all English Practices to form a PPG and to make reasonable efforts for this to be representative of the Practice population.

A total of 196 people completed the survey and a mix of working (41%) and non-working (58%) responded. 28% of the respondents were from a minority ethnic group which is a higher percentage than the Wednesbury township of 81.4% White British and White Other (Sandwell Trends 2011).

HWS's work involves ensuring that patient engagement is carried out effectively by health and social care providers and meets statutory requirements. GP services form a significant part of services and relate to many issues HWS receive. PPG's are the primary mechanism for GPs to engage with patients. Therefore, HWS wants to see how knowledgeable patients are of their local GP Practice's PPG.

Details of practices

This report provides feedback on visits made to 9 GP practices in Wednesbury. 18 visits took place (2 per practice) between March and April.

Appendix one provides a breakdown of the venues and the number of questionnaires completed.

Findings and Results

A total of 196 people were interviewed. This included registered patients and non-registered patients.

A further 28 people refused to participate. 4 people citing language as the reason for not completing the survey.

There was a diverse group of respondents: 35% were aged 25 – 49 and 4 people identified themselves as a 'carer'. For a detailed demographic breakdown see appendix two.

This section will focus on the findings as a whole group. For an individual breakdown for each surgery in Wednesbury see appendix three.

15% knew what a PPG was and gave a range of answers which included:

"Group of patients who have an illness talk about it"

"Patients join in with smoking clinics and asthma and diabetes"

"The NHS Trust"

85% did not know what a PPG was.

7% knew that their GP Practice had a PPG. However, 12% said that their Practice did not have one and the remaining 81% did not know either way.

4% had received information about their PPG. This took the form of posters and notices in the Practice along with messages on the interactive



screens in the waiting room. Over 90% said that they had not received any information. The remaining 5% were not sure if they had received information about their PPG.

3 respondents identified that they had been involved in their PPG. This was as the Chair and Vice-Chair of one PPG, and one other had attended quarterly meetings. Following the survey and an explanation of the role and function of a PPG being given, one patient took an application form from the receptionist in order to join their PPG.

For a full breakdown of findings see appendix four.

Rationale and Aim

The aim of this project was:

- To ascertain patients' awareness of their local PPG.
- To find out if patients are involved in their local PPG and if they have received any information about it.

Healthwatch Sandwell's work involves ensuring that patient engagement is carried out effectively by health and social care providers and meets statutory requirements. GP services form a significant part of services and relate to many issues HWS receive. PPG's are the primary mechanism for GPs to engage with patients. Therefore, HWS wants to see how knowledgeable patients are of their local GP practice's PPG. Background

From 1 April 2015, it became a contractual requirement for all English Practices to form a PPG and to make reasonable efforts for this to be representative of the Practice population.

The Practice must engage with the PPG including obtaining patient feedback and, where the practice and PPG agree, will act on suggestions for improvement. The PPG should

be developed in the most appropriate way to ensure regular engagement with a representative sample of the Practice population, and it should have a structure that allows it to reach the broadest cross section of the patient population. This should include the involvement of carers of registered patients, who themselves may not be registered patients of the Practice. Practices should also demonstrate they have tried to engage with any underrepresented and seldom heard groups, including patients with mental health conditions or groups with protected characteristics as identified in the Equality Act 2010.

National Association for Public Participation. (2017) describes the role of the PPG as:

- being a critical friend to the practice;
- advising the practice on the patient perspective and providing insight into the responsiveness and quality of services;
- encouraging patients to take greater responsibility for their own and their family's health;
- carrying out research into the views of those who use the Practice;
- organising health promotion events and improving health literacy;
- regular communication with the patient population.

There are no prescriptive requirements on how to run a Patient Participation Group, and in the GP Contract 2015/16, all reporting requirements have been removed. Practices will only be required to confirm through the edeclaration that they have fulfilled the requirements.

The PPG may be a virtual or a face-to-face group, or a combination of the two.



Each Practice should develop an action plan with their PPG on improving practice and implementing the changes based on the priorities for improvement identified by the PPG.

The action plan should be in the form of a report, which the PPG and the Practice can use to evidence that feedback has been considered and that the PPG has been properly engaged.

Methodology

A simple 6 question survey was designed that would provide data relating to the public's awareness, knowledge and involvement in PPG. It also collected demographic data. See appendix two for a breakdown of this data.

The programme is covering the 6 towns of Sandwell and will be reported on individual townships. A final report will be produced with collated findings and recommendations.

HWS visited each Practice to talk to a cross section of patients, as opposed to only those patients that are engaged through the PPG. We visited each Practice separately, as all Practices have their own ways of working, and therefore we needed to keep data separate. This also allowed us to identify any potential areas of better practice.

This approach was chosen, as surveys are a practical way of receiving information from a large number of people in a short period of time and in a relatively cost-effective way, when relatively objective data is required.

The survey was facilitated by staff and volunteers. It was completed over a 2-month period, each practice was visited twice to ensure that there was access to a varied sample of people. However, the numbers of patients and visitors surveyed varied at each practice, which meant the response rate was mixed.

Due to the ethnic diversity in Wednesbury, HWS endeavoured to meet the challenges of language barriers with a variety of volunteers who could communicate appropriately. At times, this was not always possible and resulted in 4 refusals to participate in the completion of the survey due to language.

Ethical considerations

Throughout this research HWS gave due consideration to ethical issues. Codes of confidentiality were adhered to and the information gathered was recorded and stored as defined by the Data Protection Act (1998).

Where appropriate HWS utilised volunteers with the relevant language skills to ensure that the survey was accessible.

About Healthwatch Sandwell

HWS is an independent consumer champion that gathers and represents the public's views on health and social care services in Sandwell. It ensures that the views of the public and people who use the services are taken into account by those who commission and provide services.

Healthwatch Sandwell's activities include: Experience Gathering. HWS staff meet with the public at various locations including community events, supermarkets, bingo halls, high street etc. They provide information about Healthwatch and ask if people would, 'describe their last experience of health or social care services'.

Enter and View. These are-visits to health and social care premises, involving staff and volunteers to look at the quality of services from the patients' perspective.

Information and Communication. HWS provides information and means for people to contact through various means including: telephone,



website, email, public meetings, networking with community groups, Twitter, Facebook.

As part of HWS's statutory functions, it is our responsibility to make:

"...reports and recommendations about how local care services could or ought to be improved."

(1 Section 221 (2) of the Local Government and Public Involvement in Health Act - 2007)

Acknowledgements

HWS would like to thank its volunteers for their time in assisting with this research. Also, the GPs and their staff for their hospitality and cooperation in the process.

References

National Association for Public Participation. (2017). What are PPGs? [ONLINE] Available at: https://www.napp.org.uk/ppgintro.html.

[Accessed 29 November 2017].

Sandwell MBC (2011) Sandwell Trends [ONLINE] Available at:

http://www.sandwelltrends.info/themedpages/ Census2011

[Accessed 29 November 2017]



Appendices

Appendix One

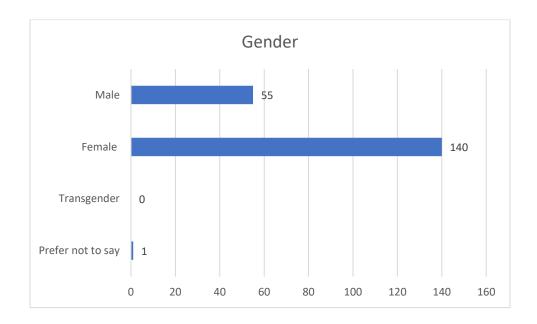
List of Surgeries and Visits

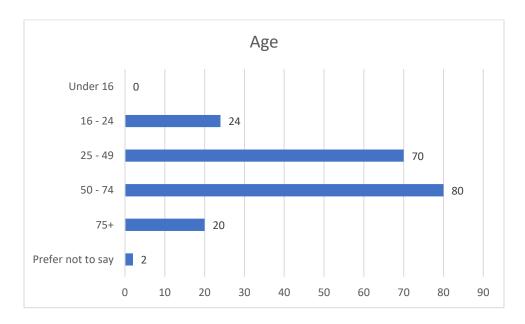
Name & address of surgery	Dates visited	Number of questionnaires completed	Number of refusals		
Crankhall Lane Medical Centre 156 Crankhall Lane, Wednesbury, West Midlands, WS10 0EB	8 th and 13 th March	18	4		
Dr P Gudi and Dr V Gudi 68 Hill Top, West Bromwich, West Midlands, B70 0PU	9 th and 28 th March	25	2		
Hill Top Medical Centre 88 Hill Top, West Bromwich, West Midlands, B70 ORT	16 th March and 12 th April	10	4		
Jubilee Health Centre – Dr Bhadauria 1 Upper Russell Street, Wednesbury, West Midlands, WS10 7AR	19 th and 21 st March	11	2		
Jubilee Health Centre – Dr Ghosh 1 Upper Russell Street, Wednesbury, West Midlands, WS10 7AR	19 th and 21 st March	18	1		
New Street Surgery New Street, Hill Top, West Bromwich, West Midlands B70 0HN	19 th March and 4 th April	24	3		
Oakeswell Health Centre Brunswick Park Road, Wednesbury, West Midlands, WS10 9HP	27 th March and 11 th April	31	10		
Spires Health Centre Victoria Street, Wednesbury, West Midlands, WS10 7EH	5 th April am and pm	19	2		
Village Medical Centre 158A Crankhall Lane, Friar Park, Wednesbury, West Midlands, WS10 0EB	28 th March and 10 th April	40	0		
TOTAL	18 visits	196	28		



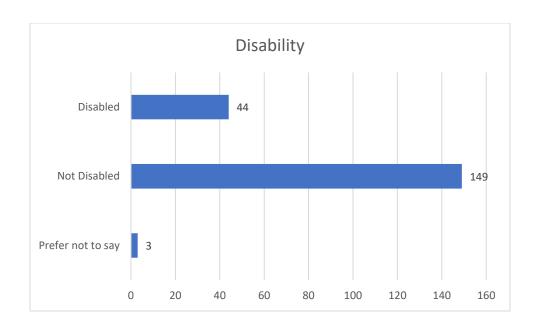
Appendix Two:

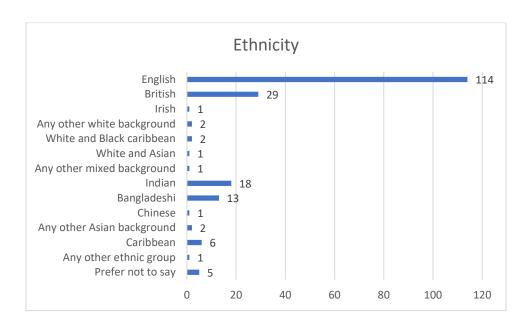
Demographic information



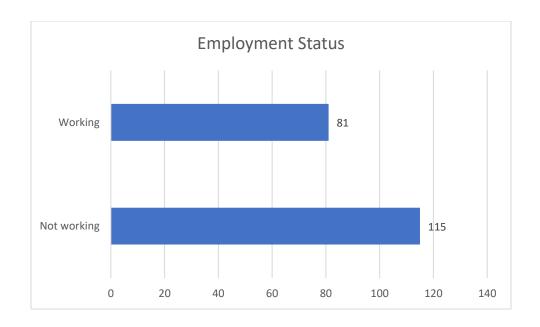


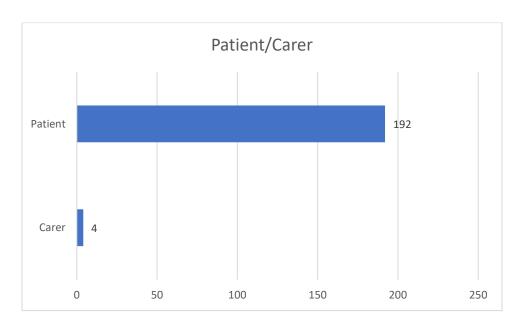














Appendix Three:

Detailed Findings

Questionnaires	No. of	Do Vo:	ı Know		000	our		lave	VOII	۸۳۵	WOLL	
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		IS	s?		a PP	3?			ation	your	PPG?	
							al	oout	your			
							PPG?					
		Yes	No	Yes	No	Don't	Yes	No	Don't	Yes	No	
						know			know			
	Crankhall Lane Medical Centre											
156 Crankhall Lane, Wednesbury, West Midlands, WS10 0EB												
18	4	4	14	0	3	15	0	1	17	0	18	
						V Gudi						
				-		romwich	١,					
			Wes	t Midla	ands, E	370 OPU						
25	2	3	22	0	3	22	0	22	3	0	25	
			Hill	Тор М	edical	Centre						
				-		romwich	١,					
				-		870 ORT						
10	4	1	9	1	0	9	0	10	0	0	10	
			Jubilee Hea									
	1 U _l	pper Russe	ell Street, V	Vedne	sbury,	, West M	idland	s, WS1	10 7AR			
11	2	1	10	0	8	3	0	9	2	0	11	
11	2	-	_					,				
	Jubilee Health Centre – Dr Ghosh 1 Upper Russell Street, Wednesbury, West Midlands, WS10 7AR											
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18	1	2	16	1	4	13	0	18	0	0	18	
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	New Street, Hill Top, West Bromwich, West Midlands B70 OHN											
			Wes	t Widia	ands B	70 UHN						
24	3	0	24	0	3	21	0	23	1	0	24	
₽7	3					Centre						
	Bru	ınswick Pa					dlands	, WS1	0 9HP			
	Brunswick Park Road, Wednesbury, West Midlands, WS10 9HP											
31	10	10	21	11	1	19	26	5	0	2	29	
		Spires I	Health Cen					bury,				
West Midlands, WS10 7EH												
4.2		-	12			15		1.0	-		10	
19	2	6	13	1	3	15	1	11	7	1	18	
	Village Medical Centre											
	158A Crankhall Lane, Friar Park, Wednesbury, West Midlands, WS10 0EB											
40	0	3	37	1	3	36	1	36	3	0	40	
	U											



Appendix Four:

Overview of Findings

