

Appendix

Appendix A: Presentation Slides

The presentation slides are available at the following link:

<https://www.leedswestccg.nhs.uk/content/uploads/2014/07/Event-slides.pdf>

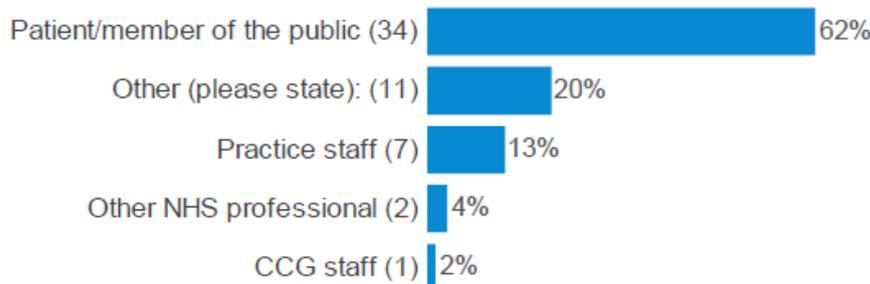
Appendix B: Evaluation of the event

We asked participants to evaluate this event. **55** of the **148** participants filled in our evaluation form.

People generally found the session useful and informative. Participants enjoyed being able to share good practice with people from other PPGs and welcomed the opportunity to network and visit the stalls around the room. Many people enjoyed the PPG panel section of the agenda and requested more time for it in the future events.

Some people identified ways that the session could be improved. Some of the participants felt that the agenda was too 'full on', though other commented that they liked the snappy delivery of the short presentations. There were several comments about improvement regarding food and the venue's facilities which will be considered for future events.

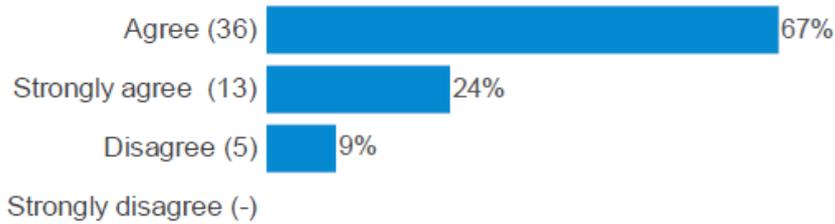
Tell us who you are:



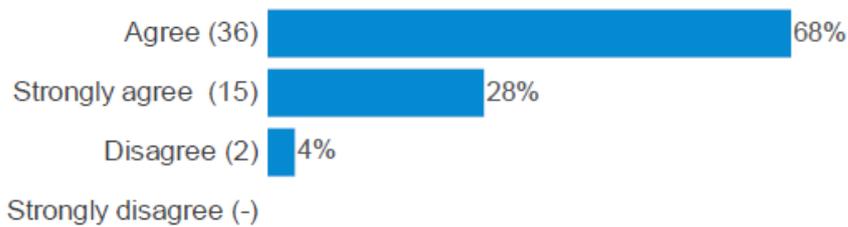
Are you currently a PPG member?



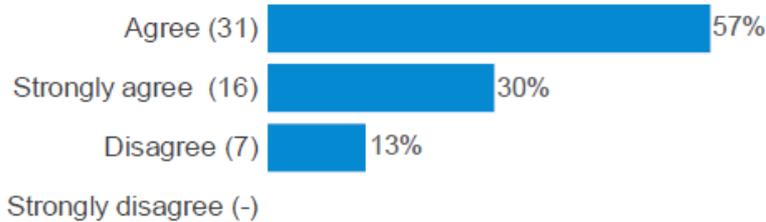
Please tell us to what extent you agree with the following statements: (The objectives were clearly defined)



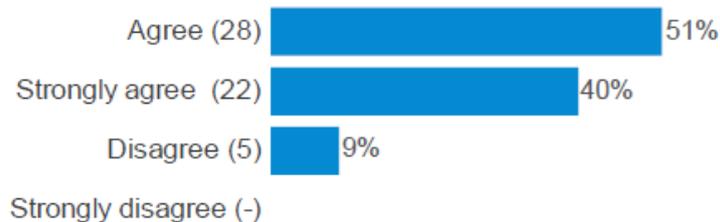
Please tell us to what extent you agree with the following statements: (The topics we covered were relevant)



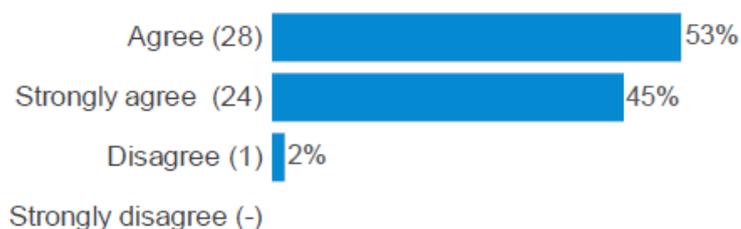
Please tell us to what extent you agree with the following statements: (It was easy to get involved in the event)



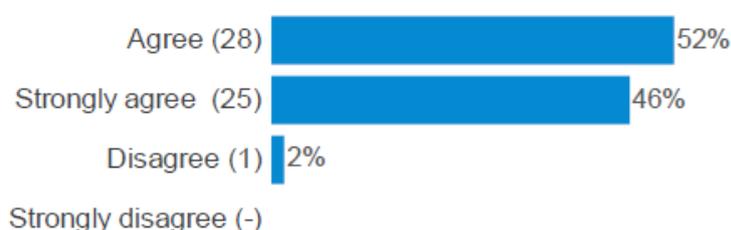
Please tell us to what extent you agree with the following statements: (The event was organised and easy to follow)



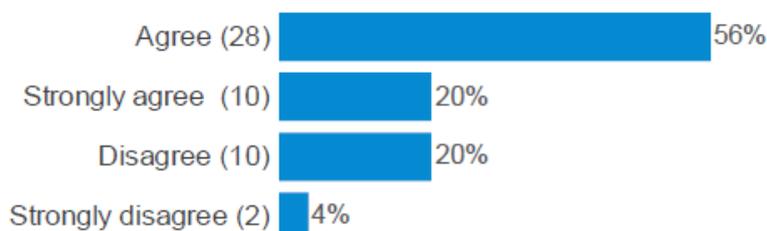
Please tell us to what extent you agree with the following statements: (The presenter(s) were knowledgeable about the topics)



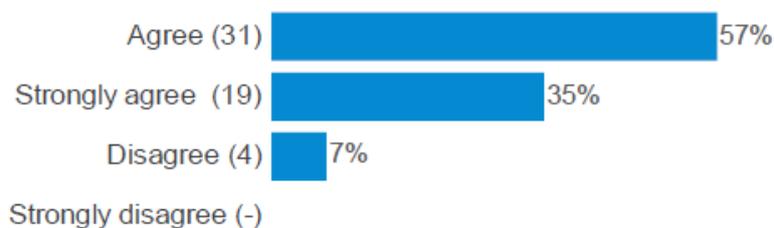
Please tell us to what extent you agree with the following statements: (The presenter(s) were well prepared)



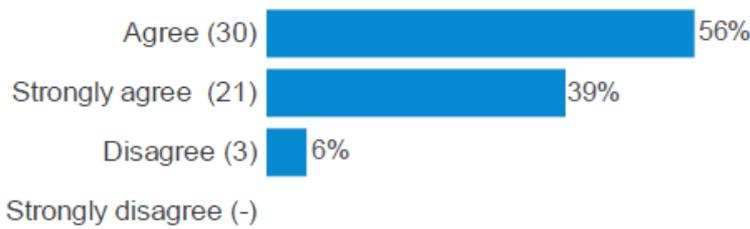
Please tell us to what extent you agree with the following statements: (I enjoyed the groupwork and found it useful)



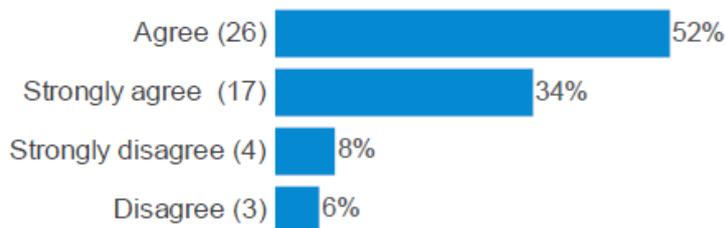
Please tell us to what extent you agree with the following statements: (The room was comfortable)



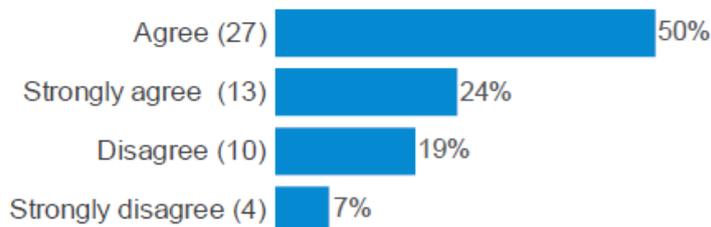
Please tell us to what extent you agree with the following statements: (I was happy with the location of the event)



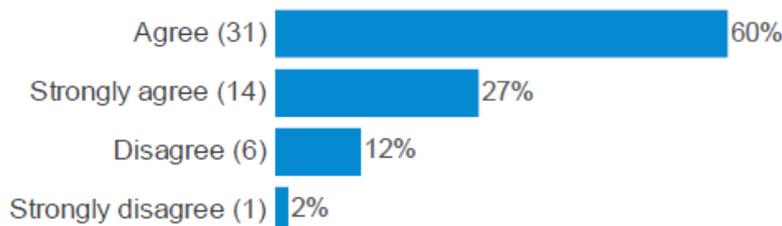
Please tell us to what extent you agree with the following statements: (There was enough parking)



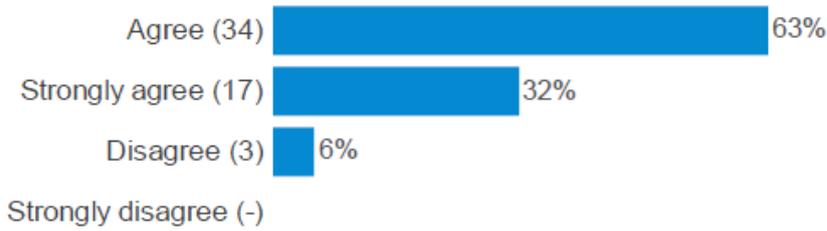
Please tell us to what extent you agree with the following statements: (I was happy with the lunch provided)



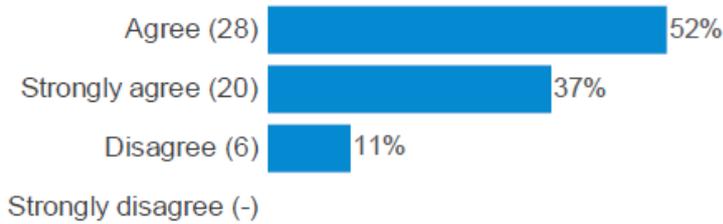
Tell us to what extent you felt we met the outcomes: (I have a better understanding of future plans for health and social care in Leeds)



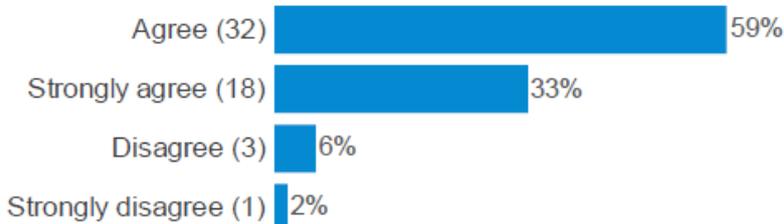
Tell us to what extent you felt we met the outcomes: (I have a better understanding of the current status of PPGs in Leeds)



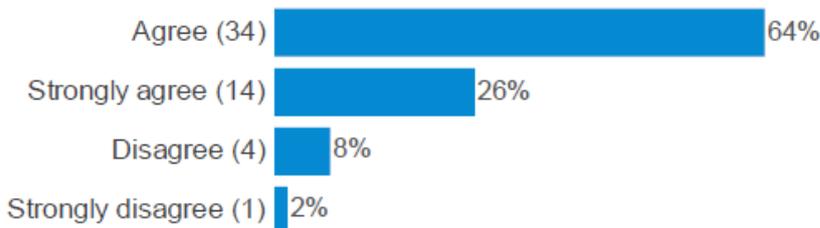
Tell us to what extent you felt we met the outcomes: (I have a better understanding of what is expected of a PPG and its members (patients and practice staff))



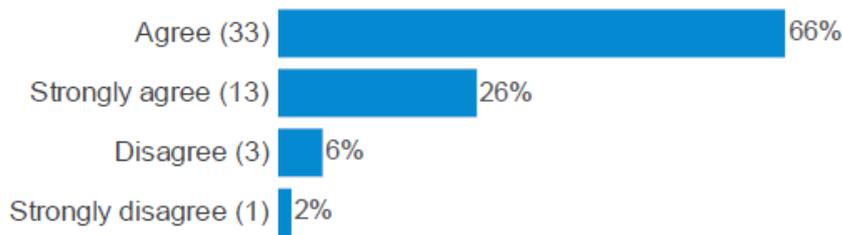
Tell us to what extent you felt we met the outcomes: (I have a better understanding of some of the barriers, and solutions to making PPGs work)



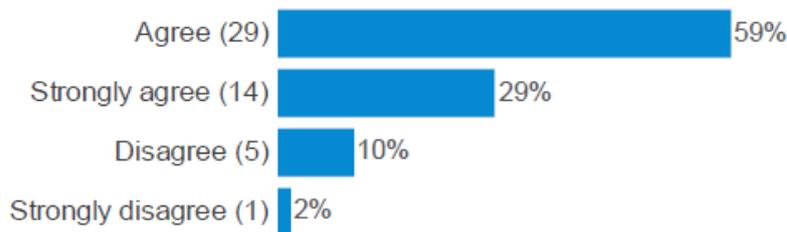
Tell us to what extent you felt we met the outcomes: (I am aware of examples of good practice that PPGs are involved in across the city)



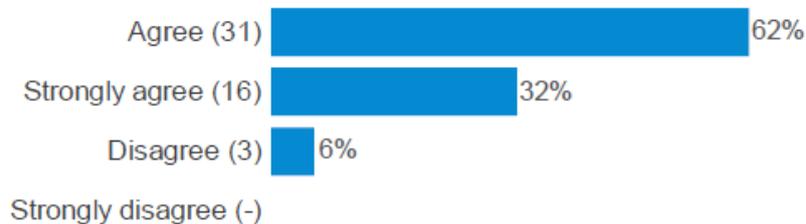
Tell us to what extent you felt we met the outcomes: (I have a better understanding how to get involved as part of a PPG)



Tell us to what extent you felt we met the outcomes: (I understand the idea of 'The Leeds PPG Network' and have had chance to comment on it)



Tell us to what extent you felt we met the outcomes: (I have had a good opportunity to talk and meet new people)



What topics would you like to see discussed at next year's event?

- | | |
|---|---|
| <ul style="list-style-type: none"> • More from those in the PPG and GP practice managers - the relationship, the barriers. • Resources where further funding could come from. Should it come from taxation? Private sector? • Charging for some services/ equipment? • PPG / CCG interactions - How funding is allocated - CCG cost - provider cost etc. • Deaf related issues - inclusion into PPGs? • A realistic approach. This year was over positive, perhaps good is poor examples. • Examples of good, supported, well organised PPGs, difficulties and possible resolutions - CCG role in past PPG's. • Privatising the NHS | <ul style="list-style-type: none"> • Involving children in PPGs. Involving people with learning disabilities in PPGs. • Health issues how to respond - dementia, mental health & COPD in a coordinated way. • Ways of engaging with the isolated and / or immobilised service users to offer help & support. • What is going to happen to the NHS in the future? The outcome of prescription issue that is under review at the present. • How Leeds has changed the way PPGs work. • How GP's can be influenced to become more involved with their PPG's. Looking at benefits financial and social. • More PPG reps presenting |
|---|---|



- The information on what they have been doing since the 1st annual meeting. The new statistic since then and the developments of the PPGs.
- In the NHS everyone is under great pressure so how can we get "diplomacy" back into relationships between patients and those who are paid to care for the patients.
- Changes in NHS - new models of care & sustainability of primary care.
- Whatever happens to be the topic on the day.
- How to raise awareness of PPGs. What are the sort of things that PPGs can get involved in?
- Workshops on the Leeds plan. Young people - how we get them involved - give them a voice. The effects of this year's work and discussion about the future and the effect of amalgamating the three areas across Leeds.
- How to engage more with different ethnicities. How to use the technology for making appointment etc.
- Link between PPG & pharmacy.

- How a GP practice is run (as a business) how it is organised as a seller of its services to the NHS.
- Joining up other patient / customer / user groups across the other providers like the council / hospital / PALS? More "how to" support / or good examples like case stories (short) of how a PPG has genuinely made a difference. Update on the ACS - and support to understand it. How to bid for funds outside practice budgets.
- Compliance of practices in supporting PPGs.
- NHS staffing levels and numbers in training and where perhaps volunteers can help to plug the gaps.
- What improvements and changes have been made from the previous year. Ideas and information of how PPG's have worked with practices and specific examples and ideas. More advice how to use and run virtual PPG.

Should next year's event have a theme or particular focus (such as recruitment/representation etc.)?

- Open theme
- Good things being achieved by PPGs.
- Leeds Action Plan and participation goals and expectations.
- Wider engagement across Leeds. Those involved are a certain age and we need younger activists to come on board or there will be a gap in the skill set at an important junction.
- Recruitment.
- Representation, funding proposals
- "Intercity co-ordination"
- Forward vision.
- Working with neighbouring PPGs to have a stronger voice in locality team.
- I'm happy to be involved whatever themes are considered to be important and relevant.
- Recruitment.

- Update of what is going on within the health service relating to Leeds.
- 'Patient Voice'
- Recruitment / technology.
- Getting & meeting the forth coming changes.
- Recruitment, please!
- Topical issues of the time - advances over the 70 year NHS history.
- Sometimes around a specific output as a citywide group - perhaps / for example how to support more people to "self-care" or "self-manage."
- Improvement opportunities.
- A clear overview of CCG aims, projects and objectives.
- Recruitment.
- Representation.

My favourite part of the event was...

- Listening to the speakers.
- Feedback of information.
- Meeting and sharing information with attendees.
- Set up / layout of the conference, particularly the room and space.
- The singing at the end.

- Meeting other PPG members and getting new ideas.
- The morning presentations.
- The questions for the floor.
- PPG members talking about what they have done. Panel Q&A very good too.



- An opportunity to meet other PPG members
- Group work.
- Meeting people.
- Post it notes bit.
- Q&A panel & networking.
- Brainstorming activity.
- The question and answer session.
- Listening to people who had a real understanding of the issues around the PPG issues.
- All topics, but especially networking and information stands.
- PPG panel.
- Networking and Trevor was a 'star' - very articulate and positive. Presentations (info) were very good and good timing. Graffiti sheets are amazing.
- Listening to the patient - Trevor Thewlis and his involvement networking. Looking at different stalls, sharing ideas and thoughts more.
- It was all good. I had to leave at 2pm because of a hospital appt.
- Learning more about PPG outside activities.

- Leeds plan - breaking down barriers.
- Hearing more about how our services are integrated.
- Networking - stands
- North Leeds Med / Prac - PPG presentation Caring Hands.
- Understanding PPGs particularly Caring Hands, fab project.
- Q&A panel.
- PPG panel response to questions.
- Talks by PPG members of local practices.
- Group participation.
- Chris Mills.
- Meeting new people - and having a good chat! / comment! (even moan!!) Not about my practice!!
- John Curtin!
- Opportunity to network.
- The Gibson Lane PPG presentation was very enlightening and very impressive.
- PPG panel Q&A and expectations of a PPG.
- Meeting PPG members from various practices.

One thing I would change is...

- Contact details of speakers for example contact numbers working ones and emails.
- Less is better, agenda was too full
- More information, less talk and presentations. Patient stories / testimonies.
- Healthier snacks and lunch!!
- Maybe a stand to show people as many do not know how to book on apt or do a repeat prescription.
- Could more practice managers / staff be present as many of the questions revolved around them.
- Get the new bosses in
 - Good practice - Engaging reluctant GPs/ practices
- May be better to have a shorter, focused event.
- More social prescribing stalls.
- It felt the audience was being spoken to all the time.
- I would start the event slightly later in the morning. I thought the 9.30am start (registration) was a bit too early. Could you start (registration) at 10.00am in future? It would give people a bit more time to get there.

- Lunch.
- Add more videos of how it has worked.
- Reduce the number of presentations as some were presenting the same kind of subjects.
- Communication and education of patients to create reasonable expectations.
- Make it much less commissioner focused; the event started with 4 presentations in a row from the CCG - and the first three were about the CCG which in reality is not the first thing you think of when you think of PPGs. There was a lot of commissioner-speak and most of the presenters were CCG people. The CCGs should be one part of this and the majority should be PPG-led. Also, how about the GP practice's perspective and the GP practice context - I work for the CCGs and it's easy for us to think that CCGs are the world, but for a patient they are very far removed from their daily reality. I understand setting the scene from the commissioner's perspective but each presentation has to be relevant to the PPGs and I don't think they were. It appeared that most of the participants were from the CCG in



- It is good to have a variety of speakers, but the large agenda did seem a little rushed. There is always a number of attendees who leave after a morning session. A 3 hour sessions followed by lunch are more practical.
- Don't present slides that the audience can't read. - Less group work - Half day more focussed meeting - 1 or 2 topics only.
- Food - not enough options healthy or otherwise.
- Sound system also acoustics poor around the tables.
- Working loop system needed, did not work at all today. could the loop system be tested well in advance next time?
- Get sound sorted out before meeting. Change some order; Morning was all listening Afternoon was lots of feedback - mix it better Get the signer on the platform = easier to see. Printed slides might have been large - especially some that were very complex.
- Perhaps more people in registration.
- True representation of communities, no excuses.
- Hand out of slides - 50% hand out impossible to read.
- Less of the agenda and more interaction.
- All day programme is doomed to people leaving at lunch time. Better to have 10am - 1pm followed by
- I would include a local GP to discuss PPG's.
- Ask speakers not to read their slides, this takes time and is unnecessary.
- More visual interesting presentations. I appreciate you have to have lots of slides at this kind of thing but to go out and get some videos case studies and or animations (free from other places) might help?
- Some slide fonts far too small to read on screen and hard copy.
- The catering! There was a total failure to cater for special dietary needs.
- Have a morning session only with refreshments as I think it becomes too intense all day.
- Sharing ideas and thoughts more. Breaking it down for non NHS staff - too much jargon.

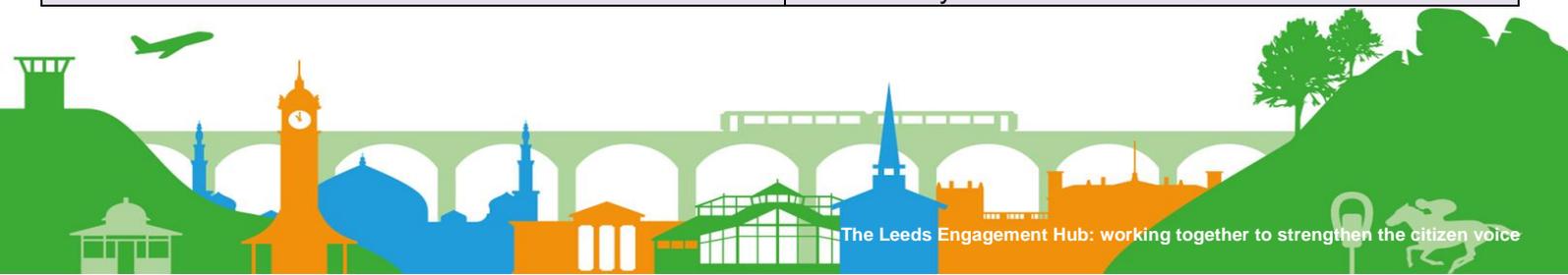
various guises. Group work was very rushed and both times we ran out of time before getting chance to discuss all of the topics. It was also quite noisy in the room which didn't help discussion.

- Some of the slides were too 'busy', hard to follow - especially in the 'why are we here?' presentation.
- Not serve chips as lunch! Have drinks available alongside food.
- Very difficult to hear speakers and comments on microphone. Difficult to read some of the colours on screen.
- The room was too hot. I felt the talks were rushed sometimes in the morning session but more so in the afternoon.
- Size of screen on several screens, people did struggle to read slides.
- Not have as many speakers - do videos.
- Healthier lunch!! This is about health and there was a mountain of chips (which I resisted!).
- Have door stewards at the gate.
- Less jargon.
- Make it less repetitive.
- Felt overly long.
- Quite a packed agenda, maybe have a morning coffee break.
- The amount of topics covered as there was a degree of repetition.
- Less CCG reps talking, more Q&A.
- Signs/ arrows needed from Elland road main entrance gate. It wasn't clear which doors and where plus the main doors were locked and the side doors not signposted and no mention of the N. Hunter Suite till we got to it!
- Maybe not such a packed agenda.
- Speaker wasn't very good, never got to ask questions even though had hand up 2nd time.
- Probably a bit less on the agenda but this time important to do them all.
- Maybe not quite as long? (not so long group work). I was ok as used to such events but a lot left nearer end of the event which was a shame for people still have to speak.



Any other comments?

- You do an amazing job - you have to provide one of the best patient engagement teams and support in the country - well done!
- To say you mentioned Leeds being such a diverse city as part of the presentation, it was a white British audience. There were no representatives (or if there were, may have been one or two) from ethnic minority groups Lunch wasn't great. Chips and sandwiches? how is that helping promote healthy eating? those who ordered a special diet were able to have salad. No salad for the general audience or fruit? I know chips and butties are cheap, but a hot chilli (veggie and meat) is easy and cheap to do, as an example.
- I wasn't too keen on the group work. I didn't find it very interesting. The room was very warm which made me feel tired. Was there air conditioning in the room? If so it didn't seem to be working very well.
- Could the event produce a message supporting their GPs and giving a message that could be given to the media, i.e. Leeds PPGs asked for at the event today for etc. An opportunity to advertise the involvement of patients.
- Poor preparation! Abysmal sound system! Had to concentrate on hearing! - Improved later - do a sound check prior to meeting. Some of the presenters need to learn how to use a microphone.
- Advise speakers to hold microphone close and steady to mouth. (delicate subject)?. Very sadly very difficult to hear some speakers.
- BSL interpreters are important. Subtitles need checking!
- Disappointing so many people left after lunch. Others had agendas to promote their services and not talking about those manning a stall.
- Not sure who 'you' are trying to speak to and why.
- I think you need to ensure that all practices pass the information on to PPGs, Alwoodley hadn't done this. Also too many pieces of paper! You could provide a cheap folder to put them in rather than a bag.
- The very full programme was a bit too full and hectic. it meant lots of repetition. However, worth trying.
- Lots of info - maybe too much. Needed more interactivity and less presentations.
- It was very difficult at the back of the room to
- The Dr who spoke, spoke of patient participation as an adjunct. Maybe he didn't intend this; as I feel patient involvement is fundamental to Q.L. and a successful NHS going forward.
- Staff talking at the back was distracting we should at least look like we are interested in what is being presented.
- Evaluation form is very long, I have not noticed very many people filling it in at the end.
- We should build in the time to comment on the PPG network.
- Time to network - good over lunch.
- Thank you for all the effort and planning involved - much appreciated and very interesting.
- Good 1st event just a little repetitive especially in afternoon. May condense into 1/2 day and i.e. leave best till last so people don't leave after lunch.
- Slides tend to be busy, obey kiss principal keep it simple stupid.
- It was hard to read the slides on the screen from the side tables (dimming the front ceiling lights would have helped.) Slide print was too small to read in a 100 person hall.
- Thank you. How expensive was the venue?
- Good, well organised event for those involved in GP primary care participation groups. Less informative for those involved with other patient participation groups. Listened to a lot of speaking.
- Not much 'doing' for participants but this was obviously intentional.
- Well done! The hand outs were too small - even with my glasses on! (of the presentation)
- Disgraceful that 50% of audiences left after lunch. Lunch choices too limited.
- Short presentations work well, it maintains interest of audience
- A three page survey attached is OTT. Spell check evaluation forms!
- Thank you to Adam and his team for putting on this 1st citywide event, excellent. Q15* - Would like to be involved, have carers responsibility and own health issues so will have to see how much time is required as wouldn't like to let anyone down.
- Very well organised and run. Great that it kept to timetable. Well done and thank you.
- Very informative - I have a much better



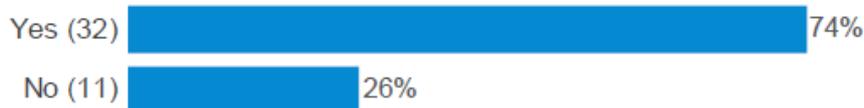
see the screen presentation and read anything displayed. Not informed that a colour printout was in the hand out bag.

- Loved the countdown timer for the lunchtime! Plenty of opportunity for people to browse the stalls which I think was good. It was really good that one of the PPG speakers mentioned about PPGs not being a personal soapbox as in the questions and in my table's discussions it became apparent that many of the PPG representatives had their own 'crusade' - would need to address this to make sure it doesn't overtake the discussion and that those people are also willing to discuss other aspects.

understanding of the PPG and the workings of the group. I now feel I can spread the word and hopefully get our practice and patients more involved.

- Enjoyed the event.
- Q&A panel was really good. Really well organised event and there has been a real buzz over lunchtime. The PPG's in practice were excellent - they really brought 'alive' the impact that PPG's can have.
- Well organised - informative day.
- Good pace, varied sessions, constructive and informative. More inspirational people to share stories that can be celebrated!

I would like to get involved in a Leeds PPG Network



I would recommend the future event to other PPG members:



Appendix C: Additional Questions and Answers from the 'Ask a Question' cards

Question	Who is the question directed to?	Answer(s)
<p>How do PPGs highlight the PPG/practice joint positive achievements? If we can't highlight these, why do we exist as a PPG?</p>	<p>Not specific person stated. Has been forwarded to all panel members for consideration.</p>	<p>From Kirsty Turner, Head of Primary Care Transformation – NHS Leeds CCG Partnership:</p> <p>The presentations on the day reflected the variation between practices as to their purpose and remit which means there may be differing views as to what is deemed as a positive achievement. If the practice and the PPG feel that they are not achieving something productive then we would encourage you to approach the CCG team for supportive in perhaps re-launching the PPG and clarifying the aims and objectives for the group and perhaps some actions for the next few months so that achievements can then be identified.</p>
<p>Why don't we have patient involvement in organising the CCG's Annual General Meetings (AGMs)?</p> <p>At the AGMs could we get people from NHS England to attend to give up to date information on what is happening globally?</p>	<p>Chris Bridle or Adam Stewart</p>	<p>From Chris Bridle, Engagement manager – NHS Leeds CCG Partnership:</p> <p>We are committed to involving patients in developing events where they can meaningfully shape the format. The AGM is a statutory duty which follows a standard format and there are no plans to involve patients in this activity.</p> <p>The CCG provides free training to patients and staff. The training includes 'Introducing the NHS' where people can learn more about what is happening locally and nationally.</p>
<p>Deaf people are struggling to make/arrange appointments to see the GP/NHS services as they have intern interpreters when they need fully qualified ones. How do you monitor interpreter levels?</p>	<p>Not specific person stated. Has been forwarded on for consideration.</p>	<p>From Kirsty Turner, Head of Primary Care Transformation – NHS Leeds CCG Partnership:</p> <p>The CCG is currently reviewing the availability of interpretation services at practice level to ensure equitable access and would welcome the opportunity of discussing patient experience relating to the service received. We are also assessing compliance against the accessible information standard.</p>
<p>Why not set up a deaf only PPG at a central location, such as Forward Leeds?</p>	<p>Not specific person stated. Has been forwarded to all panel members for</p>	<p>From Kirsty Turner, Head of Primary Care Transformation – NHS Leeds CCG Partnership:</p> <p>The concept of the PPG is attributed to individual practices which will discuss specific issues / developments / priorities pertinent to that practice. Deaf and hard of hearing patients are registered across several different practices across</p>



	consideration.	Leeds and therefore would not have the same kind of relationship as a PPG. A group with a remit looking at the needs of deaf patients would be positive to look a patient experience but we understand some groups already exist. We would encourage PPGs to ask their practice for feedback form deaf and hard-of-hearing patients to ensure that their needs and preferences are used to set the PPG priorities.
Hearing some questions from PPG members, they are quite politically motivated. This also occurs at many PPG meetings. How can this be solved?	Not specific person stated. Has been forwarded to all panel members for consideration.	<p>From Trevor Thewlis, PPG Member - Ireland Wood and New Croft PPG:</p> <p>I think this is a tricky one for us PPG members, because if we agree that our objective is to support the practice to help it serve its patients as well as possible we can't avoid being concerned if, at times, we see that the practice is having difficulties because of political decisions.</p> <p>For instance, when the funding was announced to support the experimental weekend coverage our PPG members put in a lot of work in one of our surveys explaining to patients about the new system, and then getting feed-back as to usage, usefulness, satisfaction, and so on. When the experimental period was ending we learned at the next PPG meeting that the practice would be expected to make permanent what had become a well-used and popular service, but with drastically reduced funding. We were therefore very dismayed because we understood the value of the project but also what a complex financial problem this presented to the practice. However, we accepted that, "that's the way it is", and got on with doing what we always do.</p> <p>I think that's the point I was making at the event that the PPG is not the place for political campaigns or personal crusades, but that doesn't mean closing your eyes to the context in which your practice operates. The key factor, I think, is applying good old-fashioned common sense and concentrating on the core objective as above. Any effective group of people needs to be diverse and have a few challenges. The most damning criticism of a PPG I've heard was that it was "too cosy"!</p> <p>I've spent a good few years with my own PPG and the Leeds West Patient Assurance Group (PAG) and visited quite few other budding PPGs with engagement staff, and I can honestly say that I've never come across a hard-line political "Campaigner" or "Crusader" to upset the balance. Let's face it, if that's what you want to do - and I admire people with convictions who want to change the world - then there are a lot more likely places to do it than a PPG!</p> <p>So, I don't think we should worry, or shy away from a touch of political feeling, with both a large and small 'P'.</p>



		<p>From Kirsty Turner, Head of Primary Care Transformation – NHS Leeds CCG Partnership:</p> <p>I think political astuteness is a positive attribute for a PPG but if it's driving an agenda that people don't feel comfortable with I think it's about going back to basics, strong terms of reference and strong chair.</p>
<p>How do I get involved in the PPG network? I think it is a really good idea to bring expertise from across the city together from PPGs and other groups (such as the council).</p>	<p>Adam Stewart</p>	<p>From Adam Stewart, Engagement Officer – NHS Leeds CCG Partnership:</p> <p>The best way to stay in the loop regarding the PPG Network is to be on our community network. Through the community network the CCG can stay in contact with all interested parties about upcoming developments and opportunities (such as the PPG Network). To join the network you can complete the online sign up form here: https://secure.membra.co.uk/LeedsCCGsApplicationForm/</p> <p>If you receive regular emails from us, or have completed one of the small square 'Get Involved' forms, you will be on the network already.</p>
<p>Why are there no documents readily available, as a standard, in easy read?</p>	<p>The CCG</p>	<p>From Chris Bridle, Engagement Manager – NHS Leeds CCG Partnership</p> <p>The Accessible Information Standard requires providers (including GPs) to provide information to patients in a format they understand when they are accessing health services.</p> <p>This duty does not extend to the PPG but it is good practice to provide accessible information to PPG members who need it. This decision needs to be made on an individual basis.</p>



Appendix D: The PPG Toolkit

In every person's delegates pack there was a plastic wallet filled with documents titled 'The PPG Toolkit'. This was a collection of documents to help get people started and raise awareness of the resources that are already available to people and their PPGs.

All of the documents can be found online at this link:

<https://www.leedswestccg.nhs.uk/get-involved/how/patient-participation-group/>

Included in the PPG toolkit and delegates pack were (if viewing electronically, click the highlighted link to view the document, paper versions are available on request):

- [PPG Leaflet](#) – a short leaflet detailing what a PPG is, why they are important and how you can get involved.
- [Growing patient participation](#) – a step-by-step guide to setting up a patient participation group in a GP practice.
- [Developing meaningful Patient Participation Groups](#) – a session that was delivered at a primary care locality development session in Leeds.
- [Patient Participation Group – Action Plan](#) – a template that PPGs can use to log their ongoing actions.
- [Patient Participation Group – How are we doing checklist](#) – this document allows PPGs to rate how effective their group is being and what they could do to improve.
- [PPG Guidance \(Draft\)](#) – a draft document, available for comment and feedback that provides guidance to PPGs and practices about what they should be doing and how they should be functioning.
- [Example Minutes from Leigh View Medical Practice PPG](#) – an example of a set of minutes from well-established PPG (known as the Patient Club) at Leigh View Medical. This was included as an example for how to display minutes if a group is unsure.
- [PPG Network – Memorandum of Understanding \(Draft\)](#) – a draft copy of a Memorandum of Understanding (MOU) for the proposed Leeds PPG Network as discussed in Session 3 of the event (see above). This document is open for comment and feedback.
- [PPG Network – Terms of Reference \(Draft\)](#) - a draft copy of a Terms of Reference (TOR) for the proposed Leeds PPG Network as discussed in Session 3 of the event (see above). This document is open for comment and feedback.
- [Patient Training Calendar 2017](#) – a copy of the yearly training calendar that is provided to help give patients and staff the skills and awareness to effectively engage with the NHS in Leeds.

Other useful resources, also available online are:

- [Patient Participation Group – Terms of Reference](#) – a template to give PPGs a guide as to what their scope and limitations are.
- [Patient Participation Group – Ground Rules](#) – an example of ground rules that can be used within a PPG, more can be added as needed.



Appendix E: What is a PPG to you group work feedback:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Patient voice within the practice • Helping the older population with communication (e.g. online) • Meeting with NHS staff to mutually benefit both • Better understanding of practice facilities and support • Communication • Exchange of information/views/opinions. • Signposting/helping patients • Dealing with complaints • Ideas for improving services • Improving relationships • Working together • Opportunities to influence services • Committee of patients to help other patients – set up of surgery as well as services • Advocate for the practice • Difficulties in communicating with patients (IG issues) • Bond between doctors and patients • Being consulted on changes/a critical friend • Feeling valued for your input into the practice & NHS • Education of patients on what's happening within practice & NHS • Impact of any issues for NHS & how these affect the service of the practice • Platform for raising wider communication issues, e.g. with the CCG • Good, local, two way conversation based on demographics of the practice • Empower people to have a say • Representative of the practice population. • Share good practice • Opportunity to raise concerns • Working with different professionals in the practice (such as GPs, nurses etc.) • Getting involved in local community about care & treatment (i.e. flu-jabs) • Not receiving information • People being a part of the delivery and measure of expectations • GPs being a barrier • Inconsistent across different PPGs • Social, helps reduce social isolation in people • Promote diversity and social inclusion • Getting involved from the start | <ul style="list-style-type: none"> • Partnership working between PPG and practice staff • The voice and views of the patient • The participation of the patient • Essential in identifying patient's needs and not their expectations • Respect • Working together towards a common purpose • A role to ensure involvement with the wider patient population; fundraising, improve services, getting feedback (surveys), sharing of information, talking sessions about campaigns • Work collaboratively between patient champions, PPGs, the PAG and social prescribing models to help achieve our goals • A joint decision making group in practice • Identifying additional services/functions for the practice • Providing valuable support to the practice • Responsible for sharing information from the PPG so other patients are aware • Promotional opportunities for the practice • Opportunity to improve communication between GP & practice staff about services • Find out about changes and developments in my practice • Raise awareness of community based services, support groups and PPGs in the area • Sharing and using our own experience • Link to local community • Opportunity to make the practice aware about what is important to the patient • Help create resources to circulate • Link with the CCG when difficulties or more support is needed • Create new ideas like "You Said We Did" boards to display in the practice • Same old face/not representative • Enthusiastic • More about information giving than involvement • Hold local services to account • Always trying to recruit new people • Regularly meeting • Try new things • Challenging stigma • Opportunity to network • Lack of consistency, visibility and transparency |
|--|---|



Appendix F: What barriers are there to making a PPG work group work feedback:

- | | |
|--|---|
| <ul style="list-style-type: none"> • How to empower patients to take a lead story so they don't just attend + go away again. • Expectation over availability. • Learning how a PPG works for new PPG recruits. • The social and ethnic makeup of the area. • Involvement of vulnerable groups, their views and needs. Do we know who are our vulnerable families? How do we involve them? • Got to be flexible for service users on getting involved who may get unwell. • Time - time of meetings, free time etc. • Perceived environment – middle class/boring/not for me. • Will I be listened to? • Strategies for attaining diversity in PPGs. • Communication – receiving information, with staff, to hard to reach people/groups • More support for mental health and deafness. • Accessible information standards. • Video interpreting. • PALS – How to make some complaints? • GPs refusing to provide BSL interpreter, have to bring a member of family to help. Trainee BSL interpreters are at different levels. Mental health support worker. Access to PALS video? • Getting young people/young professionals to join – getting across that time commitment is minimal. • Difficulty in getting patients to join PPG from different ethnicities. • Covering and involving a complete range of patients. • Budgets, funding and legislation. • Patient apathy/willingness to participate. • Confusion in acronyms can be obstructive, why are some called PPGs and others PRGs, aren't they the same? • Getting people to take on the responsibility – helping to run the group. • PPGs having courage to set their own targets. • Lack of structure to a PPG and their meetings. • Providing good meeting facilities. | <ul style="list-style-type: none"> • PPG being closed to new ideas/members/activities. • Lack of practice information on a wide vista of subjects: • Research participation • Manpower/planning • Protective practice managers can upset PPGs. • Practices needing to be proactive about contacting patients and promoting their PPG. • PPGs could lead on supporting/endorsing patient information sharing. This could help anxieties people have about their data. • Poor communications from practices to PPGs; get the name of the chair and contact them. • Time and timing constraints of staff and PPG members. • Patient training is predominately Mon-Fri during the day – only 5 Saturday sessions. Limits attendance for people who are working. • Confidence • Understanding of the NHS • Don't want input to affect their care. • GPs feeling it is a tick box exercise and being disinterested in what a PPG can do. • If PPG proposals aren't acted upon then the PPG will lose heart. • Some people don't want to get involved; others don't know how. • Lack of knowledge at the practice of what PPGs are about, so don't attract or keep a broad cross section of the patients. • Recruitment of people who will make a contribution. • How to attract people to a PPG what works? • Poor communication of PPG existence. • Advertising/marketing to patients that a PPG exists. • Where do you go to meet the people who might join – would texting patients work? • Make PPGs known to patients in the practice. • Knowing how the CCG can support PPGs. • Help set up peer support, old patient expert ideas. • How to get other patients in the practice involved in a PPG. Some people in our PPG are also patient health champions. • Recruiting and retaining volunteers and PPG participants. • Lack of attendance by the medical staff at PPG meetings. |
|--|---|



Appendix G: List of stallholders at the event

- Advonet
- Connect Well
- William Merritt Disabled Living Centre
- Home Instead
- Fair Exchange
- Unique Improvements
- Voluntary Action Leeds
- Leeds Cancer Awareness
- Arthritis Care
- Breathe Easy
- West Yorkshire Research & Development
- Leeds Involving People
- Patient Advice Liaison Service (PALS)
- Carers Leeds
- E-referrals (via the CCG)
- NHS Digital
- Caring Hands
- The Stroke Association
- TB Health Visiting Service
- Best Care Diagnostics
- Womens Lives Leeds

