healthwatch Trafford

Who's at the table? Exploring representation and effectiveness in Trafford's Patient Participation Groups

Executive Summary

Representation in Patient Participation Groups (PPGs) is vital, as these groups act as a bridge between the community and GP practices. As such, ensuring a diversity of voices is heard and understood enables service planning which meets the needs of the local community. This project investigated representation within PPGs in Trafford, focusing on whether members felt their groups accurately reflected the demographics of their patient populations.

Research was conducted across all 27 GP practices in Trafford, combining desk-based research with two targeted surveys - one for GP practice staff and one for patients. Initial desk research suggested that most practices had active PPGs. However, survey responses revealed that many members felt that their groups lacked diversity, with a largely homogenised membership of retired individuals. This was seen as limiting both representativeness and overall impact.

Members also expressed that their roles within the PPG were not as impactful as they had hoped, citing the absence of a clear agenda, formal guidelines, or structured objectives for how the group should operate. Staff feedback similarly highlighted challenges in engaging younger and underrepresented patient groups.

Overall, the findings indicate that while PPGs in Trafford are active in principle, there is a need for clearer operational frameworks, more inclusive recruitment strategies, and stronger engagement to ensure PPGs function as effective, representative voices for the whole patient population.

Contents

Key Findings

- Existing PPGs are not representative of the wider patient population, with a lack of age diversity and overrepresentation of certain backgrounds (e.g., retired white women with healthcare/business experience).
- The most common barriers to participation include time constraints, lack of awareness, unclear roles, and doubts about whether PPGs lead to meaningful change.
- Although there is relatively high awareness of what PPGs are, awareness of individual GP Practice PPGs is limited - largely due to a lack of proactive promotion and direct invitation from practices.
- Where PPGs are well-supported (e.g., active groups in certain practices), they can deliver tangible improvements such as better patient communication, facility changes, and service access.
- Key challenges PPGs experience include organisational weaknesses (irregular meetings, poor communication), limited visibility of changes resulting from patient input, and difficulty sustaining active membership.
- Patients recognise the lack of diversity and how this could be an issue; however, the majority consensus is that the PPG should prioritise the establishment of operational standards before considering other factors.
- Multiple patients expressed interest in more flexible, online participation formats, particularly to attract younger and working-age members. However, digital access barriers, such as GP websites not meeting NHS accessibility standards, could exclude vulnerable patients from engaging.

Recommendations

Utilise Volunteers for Promotion

Awareness of individual practice PPGs is low, and recruitment currently relies on limited channels (e.g., posters, emails, staff conversations). Practices could encourage volunteers to advertise PPG activities and recruit members. This would expand reach and engagement, especially among underrepresented groups such as younger and working-age patients.

Reference Existing Toolkits

Organisational weaknesses such as irregular meetings, poor communication, and unclear roles were challenges reported by both staff and members. Drawing on PPG guidance and toolkits (see: Further Resources) would help practices improve structure, clarify expectations, and support consistent patient involvement.

Capture and Demonstrate Impact Creatively

A recurring barrier to participation was doubt over whether PPGs make a meaningful difference, with only a third of members feeling their group had achieved a clear impact in the past year. Practices could use photographs, social media, and multimedia evidence to showcase improvements - making PPG outcomes more visible and boosting trust.

Embed PPGs in the Community and Practice

Findings highlight that PPGs are not representative of the wider patient population, with particular gaps in age and ethnic diversity. Embedding PPGs within local communities and health networks, while following inclusivity principles from the Patients Association, would help broaden representation and ensure groups reflect the mix of their patient base.

Encourage Peer-Led Learning and Best Practice Sharing

Interviews revealed that well-supported PPGs can deliver real improvements, yet many groups struggle with sustaining active membership and handling patient concerns constructively. Drawing on Healthwatch Sunderland's example, peer mentoring between established and newer groups, along with better handling of complaints, could spread good practice and build group resilience.

Ensure Digital Accessibility

Many patients expressed interest in flexible, online, or hybrid participation formats. However, Healthwatch Manchester found that many GP websites fail to meet NHS accessibility standards. Ensuring digital platforms are accessible (e.g., Easy Read, BSL support) would help PPGs include younger patients, working-age groups, and those with additional needs.

About Healthwatch Trafford

Healthwatch Trafford is an independent champion for people who use health and social care services in Trafford. We exist to ensure that the voices of Trafford residents are heard by those who plan, commission, and deliver services. Our goal is to improve the quality and accessibility of care by placing public experience and concerns at the heart of decision-making.

We provide clear information to the public about how to access services, raise concerns, or get support with health and care issues. Trafford residents can contact us by phone, email, or via our website, and we use social media to reach a broad range of communities. As part of our statutory duties, we analyse the feedback we receive and publish reports containing recommendations on how services could or should be improved. These are shared with local providers, Trafford Council, NHS leaders, Healthwatch England, and the Care Quality Commission.

Healthwatch Trafford also plays a role in shaping local health and care strategy. We sit on the Trafford Health and Wellbeing and Trafford Locality Boards as well as work closely with commissioners to ensure the views of the public are reflected in local planning and policy. While a large proportion of our funding comes from Trafford Council, we remain operationally independent and are overseen by a local board that ensures our work is accountable and focused on serving the public interest.

About this project

This project was developed to explore the overall effectiveness of PPGs and the extent to which their membership is representative of their local populations, and how this affects their ability to drive meaningful improvements within GP Practices.

PPGs are vital partnerships between patients and GP practices, created to support and improve local healthcare services. As required by NHS England, every GP practice must have a PPG, which comprises patients from the surgery who work collaboratively with doctors, nurses, and staff to ensure services run as effectively as possible for everyone involved. These groups offer a platform for patients to share their experiences, provide feedback, and contribute new ideas that could enhance the quality of care.

According to NHS Dorset[1], PPGs not only allow patients to have a say in how their practice operates but also foster stronger collaboration between staff and the community. Patients involved in PPGs can voice what they think, feel, and hear in their local areas, helping shape services to meet real needs. This makes healthcare more responsive and inclusive. Additionally, participation offers patients an opportunity to understand how the NHS functions, how decisions are made, and how they can navigate the system more effectively to manage their own health.

The Patients Association adds that most PPGs consist of volunteer patients, a practice manager, and at least one GP, with regular meetings held to evaluate current services and suggest improvements. These discussions contribute to a feedback loop that enables practices to remain adaptable and responsive.[2]

Beyond guidance from NHS bodies, the legal foundations for PPGs are set out in the National Health Service (General Medical Services Contracts) Regulations 2015. Under this legislation, GP practices are formally required to establish and maintain a PPG. Crucially, the law emphasises not just the formation of a group but the importance of it being *representative* of the wider patient population. Practices must make ongoing, reasonable efforts to ensure that the group reflects the demographics of the people they serve, and that engagement with the group is active and continuous throughout the year. Feedback gathered from patients

[1] NHS Dorset (2017). *Patient Participation Groups.* [online] Youtube. Available at: https://www.youtube.com/watch?v=xP4SRKChUwI [Accessed 7 Aug. 2025].
[2] The Patients Association (2023). *Patient Participation Groups*. [online] The Patients Association. Available at: https://www.patients-association.org.uk/pages/category/patient-participation-groups.

must be discussed with the PPG and used to identify areas for improvement, with practices expected to take reasonable steps to implement agreed changes.[3]

Given the central role that PPGs play in shaping primary care services, this project seeks to understand whether those that succeed in representing their community's diversity are better placed to influence change. This question is particularly important in the context of growing health inequalities and the need for inclusive patient engagement in service design. By analysing PPG activity across different practices, we aim to highlight good practice, identify barriers to representation, and offer recommendations for strengthening the role of PPGs in the future of primary care.

This project was led by Adella Tobing from Manchester University, who completed an 8-week internship placement hosted by Healthwatch Trafford. Adella's reflections on her experience of the placement are provided in the *Intern Reflections* section of this report.

[3] Legislation.gov.uk (2015). *The National Health Service (Personal Medical Services Agreements) Regulations 2015*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/uksi/2015/1879/regulation/20 [Accessed 7 Aug. 2025].

What we did

Desk-Based Research

As part of this review, we contacted GP practices across the Trafford area to understand the current level of activity within their Patient Participation Groups (PPGs). We reviewed information from all 27 GP practices in the borough, using publicly available sources such as practice websites and social media pages. We assessed whether each PPG appeared "active" or "inactive" based on evidence of activity in the past 12 months or clear indications of impact on the practice.

Survey

To explore the relationship between demographic representation and the effectiveness of PPGs, we developed two surveys - one targeted at patients and the other at GP practice staff. Both surveys were open for 5 weeks during the summer of 2025. The patient survey was designed to gather insights from both PPG members and non-members, with tailored questions depending on their involvement. Some of the questions were adapted from a previous 2016 questionnaire conducted by Healthwatch Leeds, allowing for comparison with established approaches and helping to inform the structure and content of our own survey. The survey was distributed to all GP practices across the Trafford area via mailing lists, social media and directly to Primary Care Networks - ensuring a wide range of practice sizes, settings, and patient populations were represented.

To better understand the effectiveness, inclusivity, and impact of the PPG, surveys were conducted with both patients and GP practice staff. These surveys explored the roles, experiences, and perceptions of those involved in or aware of PPGs.

Patients who were part of a PPG were asked about their role in the group, how long they had been involved, and their reasons for joining. The survey also explored how they found out about the group and whether they felt their PPG's goals aligned with national objectives, such as improving communication between the practice and patients, helping to shape services, and representing patient views more broadly.

Members were asked about how the practice communicates with them, what support they receive, and how well the group works with the practice. They were also invited to share any challenges faced, the impact the group has had over the past year, and whether the group reflects the diversity of the local community.

Patients not currently involved in a PPG were asked about their awareness of these groups and what might encourage or discourage them from getting

involved. They were also asked whether they would be interested in participating online, which could make joining easier for some people.

Both PPG members and non-members were asked about how their GP practice gathers feedback more generally, and all participants were invited to share demographic information and whether they would be open to a follow-up conversation.

A separate survey was developed for GP practice staff who help coordinate or support PPGs. This explored their responsibilities, how much time they dedicate to the group, and how they recruit new members.

Staff were asked whether their group reflected the diversity of their patient population, how the PPG operates (e.g., meeting formats and frequency), and what types of activities members take part in. The survey also looked at how well PPGs are supported and integrated into the wider practice team, and whether staff had seen any positive changes as a result of PPG work.

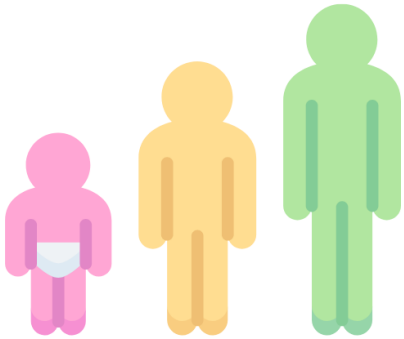
Staff were invited to offer suggestions and reflections on how to improve the structure and effectiveness of PPGs going forward.

Interviews

We conducted a series of online interviews with patient respondents who had opted to share their views in more detail after completing our initial survey. Everyone who gave their details was invited to interview with flexible dates and times provided over a 2-week period. These interviews provided an opportunity to explore people's experiences, motivations, and suggestions in greater depth. Half of the interviewees were members of a Patient Participation Group (PPG), while the other half were not PPG members. Conversations were semi-structured, allowing participants to raise issues that mattered most to them while also covering key topics such as how they found out about PPGs, barriers and motivations to joining, and perceptions of how patient feedback is used by GP practices.

Who we heard from

The total response rate for the two surveys was **32**. This is made up of **19** responses from patients and **13** responses from practice staff. All percentages refer to the patients only.

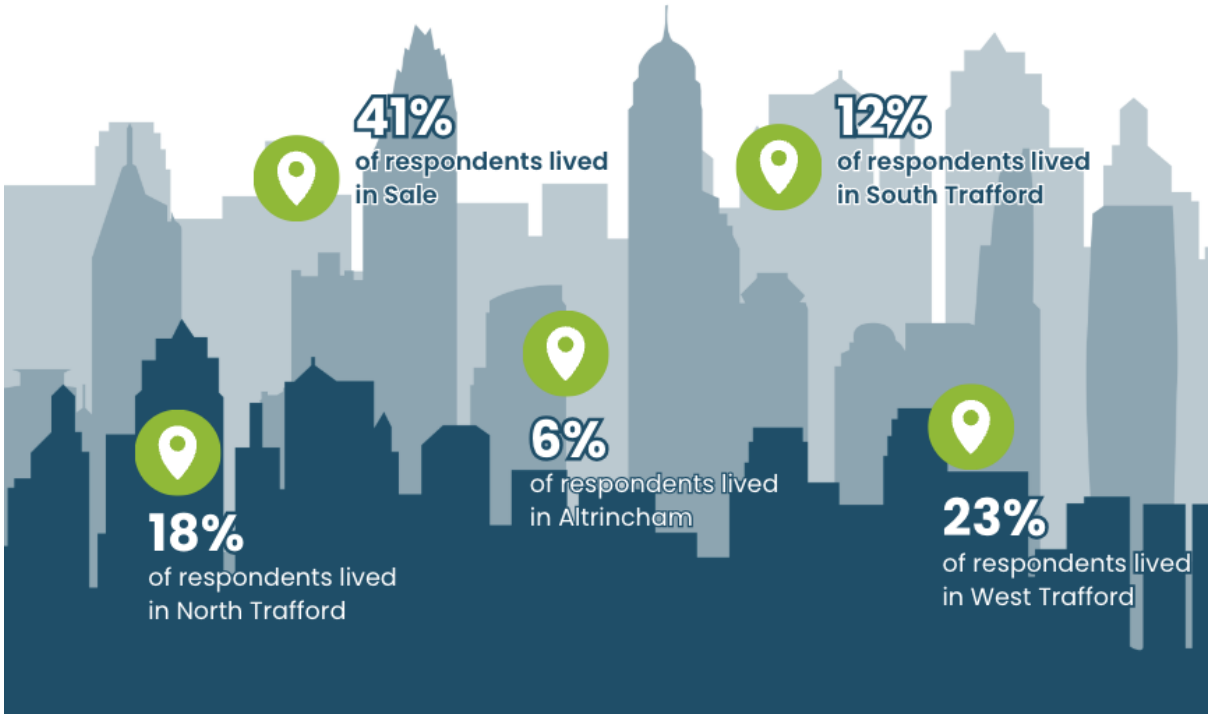


When asked about age:
11% of respondents were aged 18-34,
32% were aged 45-65,
42% were aged 66-79,
5% were aged 80 or over,
5% preferred not to say,
and 5% skipped this question

When asked about ethnicity:
79% of respondents were White British,
6% were Black or Black British-African
10% preferred not to say,
and 5% skipped this question

When asked about sexual orientation:
74% of respondents identified as Heterosexual/Straight,
5% preferred not to say,
and 21% skipped this question

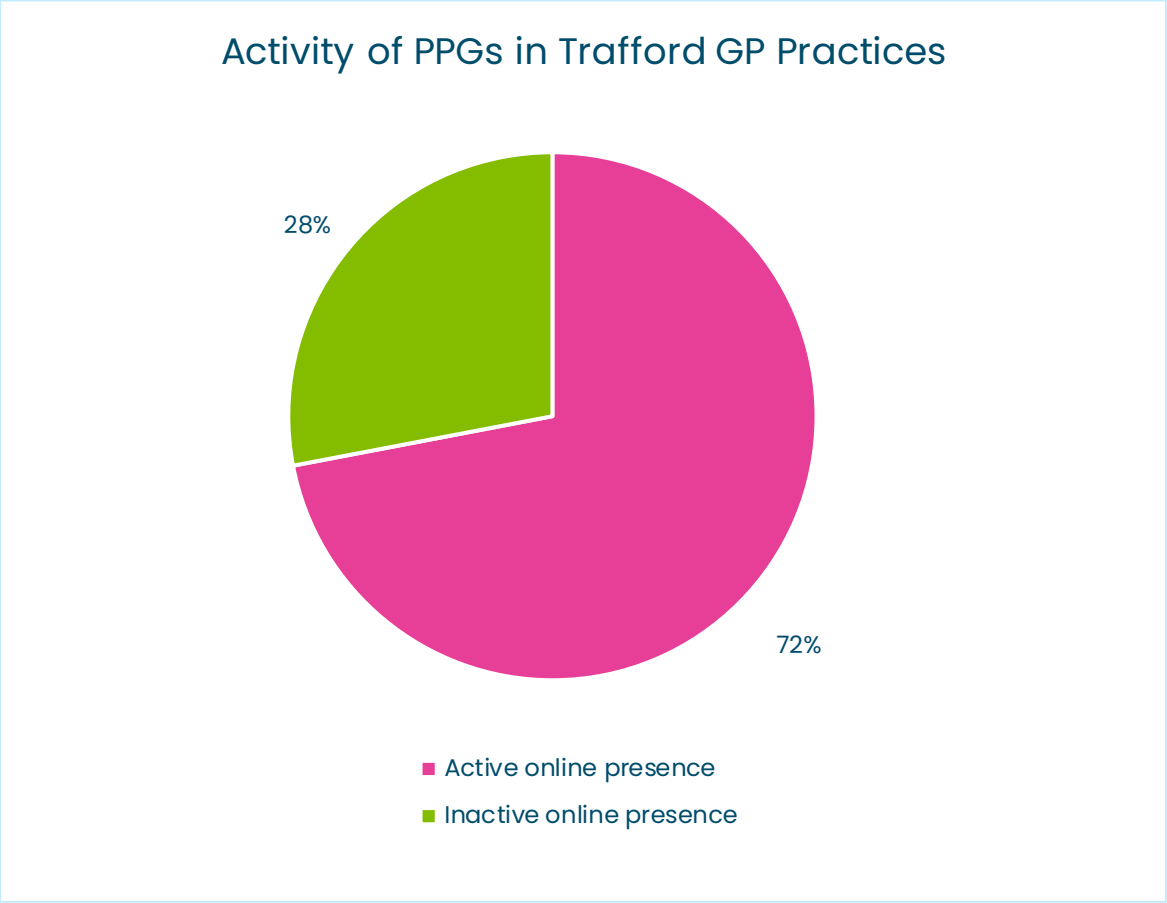
When asked about disability:
10% of respondents considered themselves disabled,
79% did not consider themselves as disabled,
5% preferred not to say
and 6% skipped this question



Respondents were asked to indicate which GP practice they were registered with. These responses were then categorised by location within Trafford to analyse response rates across different areas.

What we heard

Desk-based Research: Online and social media



Across the borough, **72%** of GP practices appeared to have an active PPG, while the remaining **28%** appeared inactive, with little or no publicly available information beyond a basic sign-up form. Among the active PPGs, just **under a third (32%)** published details of how often they met. Meeting schedules ranged from monthly to every six months, with quarterly meetings being the most common.

Of the active PPGs, **39%** held meetings entirely in person or offered a hybrid option allowing both in-person and remote attendance. A smaller proportion, **11%,** operated entirely as virtual groups meeting remotely.

A recurring pattern across almost all PPGs was the absence of timely updates on meeting minutes and schedules on practice websites or social media pages. This lack of up-to-date information may limit patient awareness of opportunities to participate and, as later confirmed through survey and interview feedback, could contribute to lower levels of engagement.

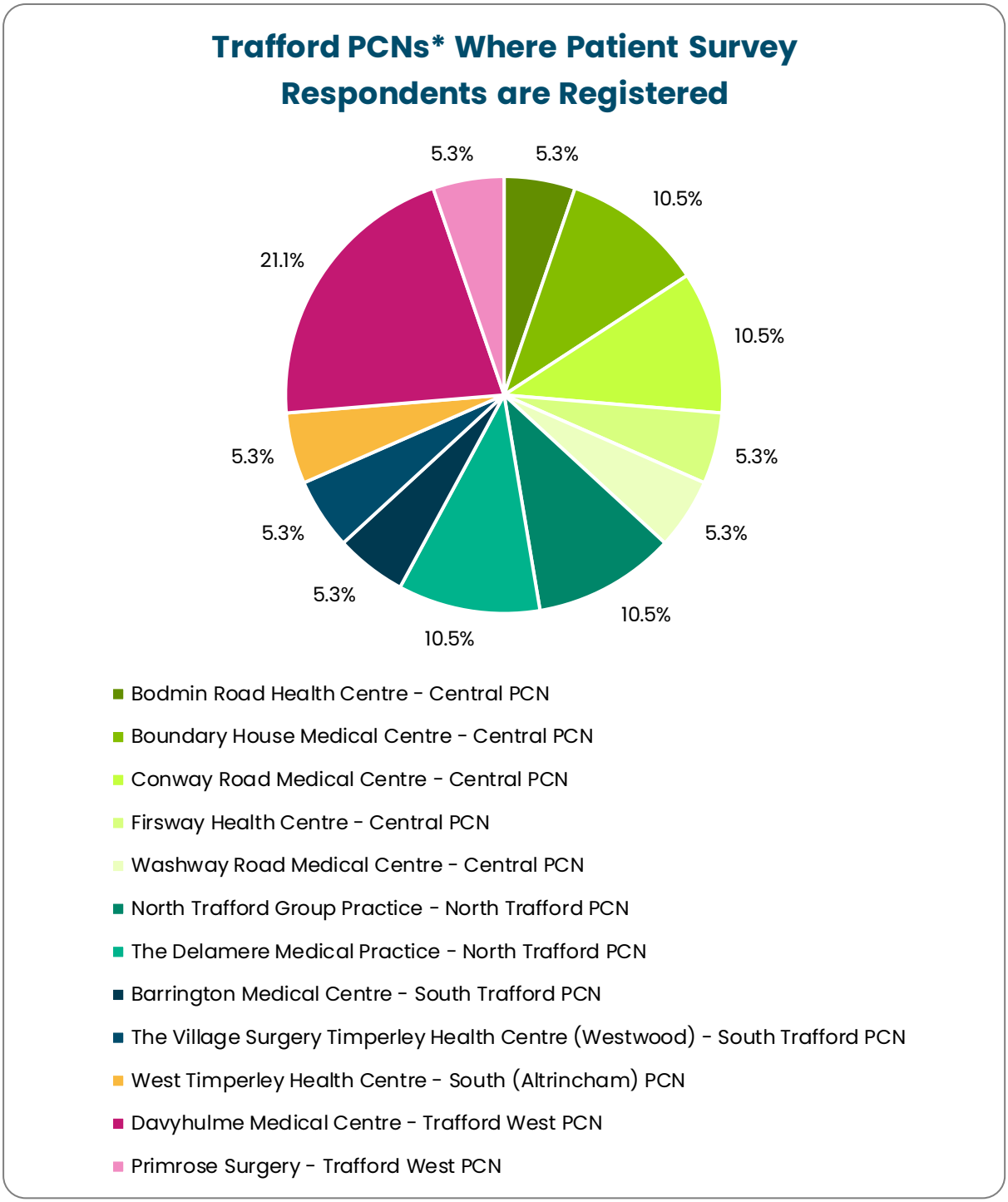
Some GP practices stood out for their effective and active PPGs, including Conway Road Medical Centre and Firsway Health Centre, both of which demonstrated how well-supported PPGs can deliver tangible benefits. In these and other active PPGs, there were clear examples of positive changes which had been implemented with the practice following input from the PPG. These included:

- Producing a regular surgery newsletter.
- Introducing a private room for sensitive patient conversations.
- Promoting the GP surgery through targeted online advertising.
- Providing feedback that led to the expansion of the clinical team to improve patient access.
    - This included the introduction of First Contact Practitioners (physiotherapists) to manage joint pain, carry out injections, request x-rays, and make orthopaedic referrals. Two remote pharmacists were also brought in to support medication reviews and blood test requests. In addition, home visits were made available for housebound patients, with same-day requests possible and pre-bookable options for those receiving palliative care.
- Supporting the sharing of information about local support groups, such as Asthma UK and services provided through social prescribing.
- Influencing the development of a new appointment system based on patient feedback.

Responses from Patients

We opened a survey and interview option to all patients of Trafford-based GP practices, within which patients indicated whether or not they were a member of a PPG. Specific sets of questions were asked of those who were members of PPGs

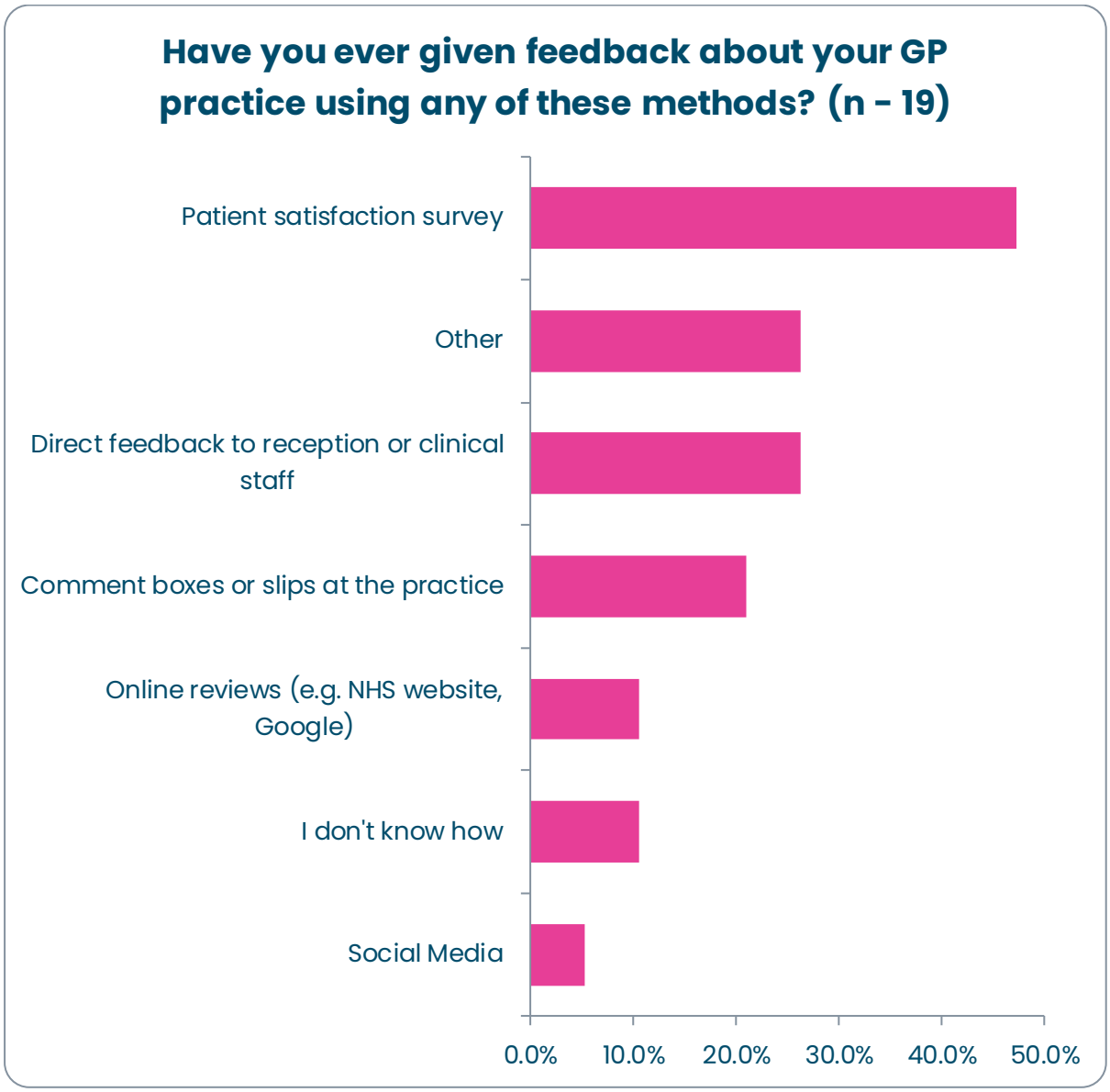
Survey



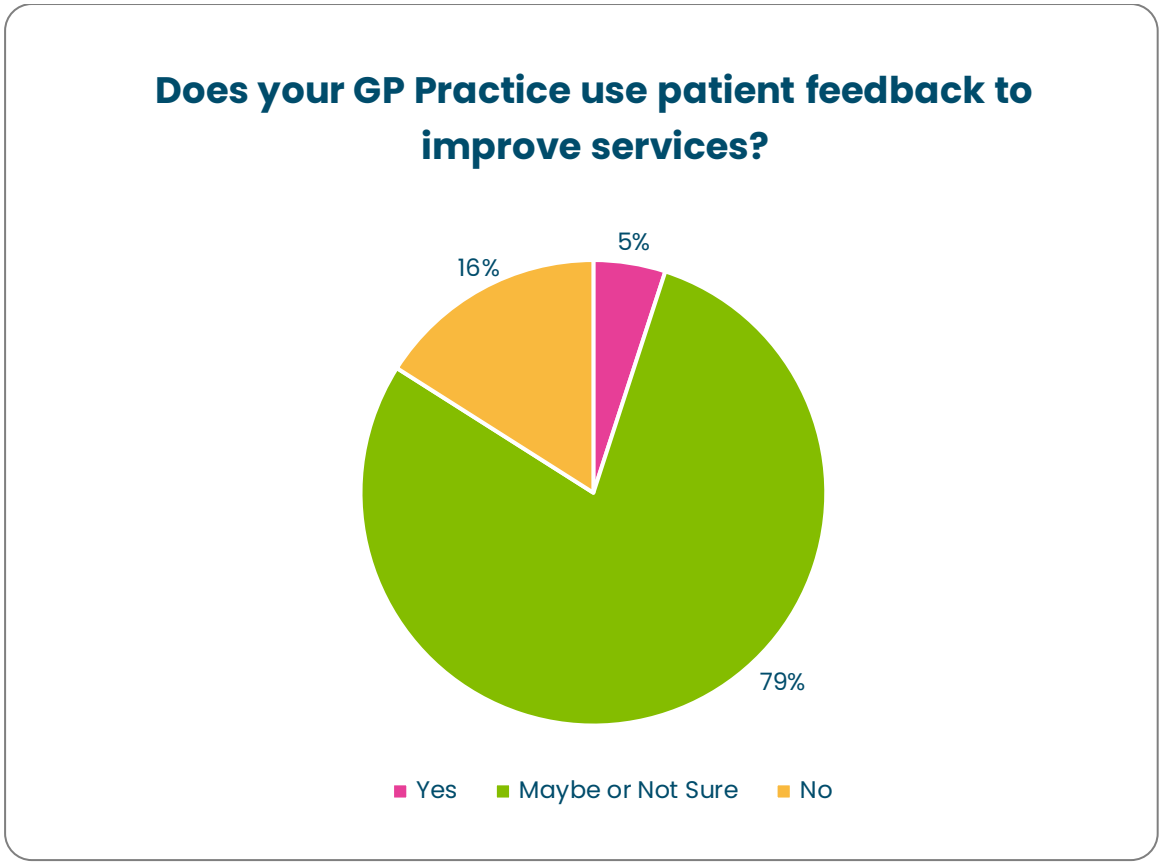
**Primary Care Networks – groups of practices working closely together with geographical links* *https://www.sstlmc.org.uk/practices/*

Responses to questions for ALL patients

Across all survey respondents, **84%** reported that they were aware of what a Patient Participation Group (PPG) is, while **16%** said they did not know. However, awareness of their own GP practice's PPG was notably lower, with **only 63%** saying they knew their practice had one, compared to **37%** who did not. Membership of PPGs was limited, with just **37%** of respondents stating they were members and **63%** saying they were not.

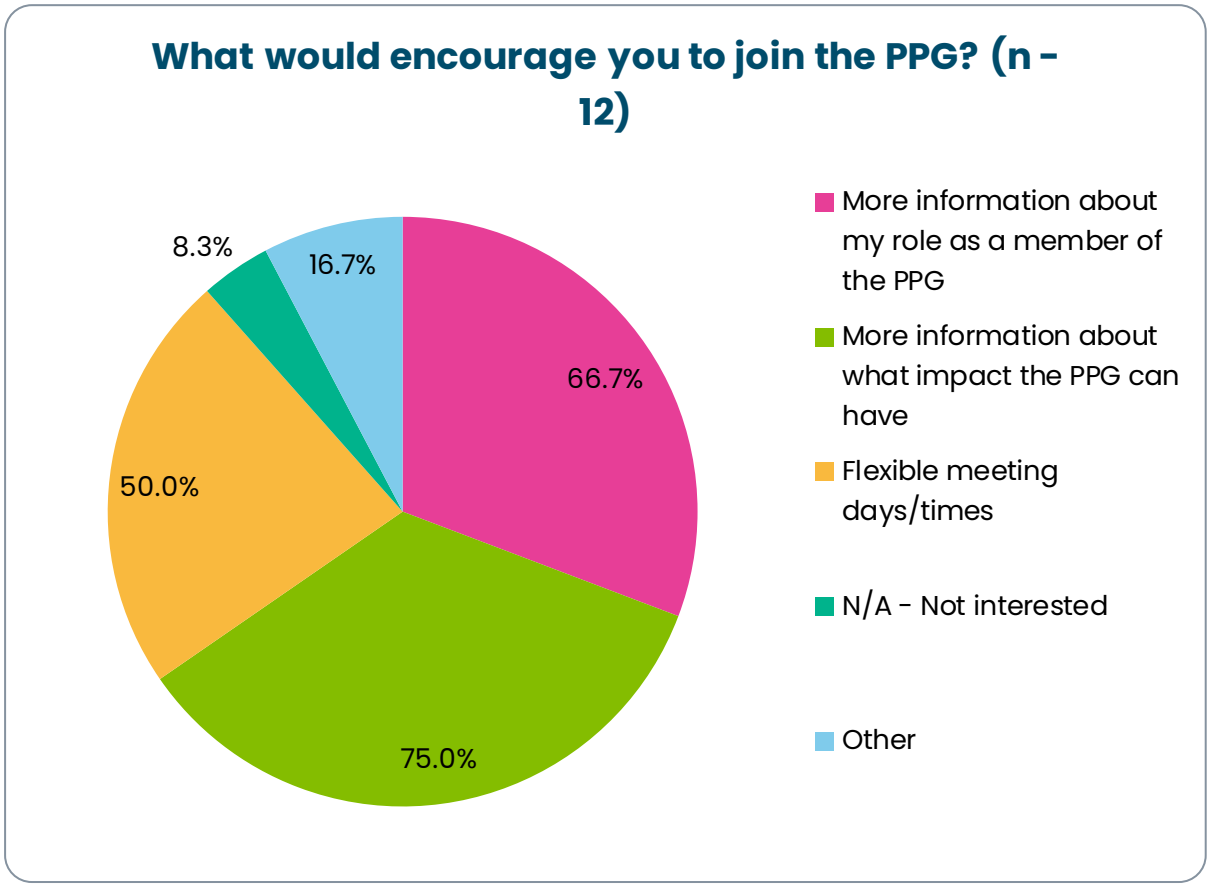


When asked how they had previously given feedback to their GP, the most common responses were patient satisfaction surveys (**47%**), direct feedback to reception or clinical staff (**26%**), comment boxes or slips at the practice (**21%**), and online reviews such as the NHS website or Google (**11%**). However, **11%** of respondents reported that they did not know how to provide feedback to their GP practice.



When asked whether their GP practice uses patient feedback to improve services, only **5%** of respondents said "Yes," noting that outcomes were explained or shared. 79% answered "Maybe" or "Not sure" expressed uncertainty, with some mentioning they had heard of changes but were unsure if these were based on feedback. 16% of respondents felt their practice did not use patient feedback, suggesting a lack of visible action or communication around improvements.

Responses to questions for non-PPG members



When non-members were asked what might encourage them to join a PPG, the most common responses were having more information about the impact a PPG can have (**75%**), having more information about the role of a PPG member (**67%**), and having flexible meeting dates and times (**50%**). Only **8%** of non-members stated they had no interest in joining at all.

The most common barriers to joining were concerns about the time commitment required and a lack of confidence that the PPG would lead to meaningful change. As one respondent explained, they would not join "*if it did not lead to change and if the practice did not listen.*" When asked about taking part in PPG activities online, **67%** of non-members said they would be interested, **17%** said they had no access to the internet, and **16%** said they would not be interested.

Respondents suggested that PPGs could help their GP practice by:

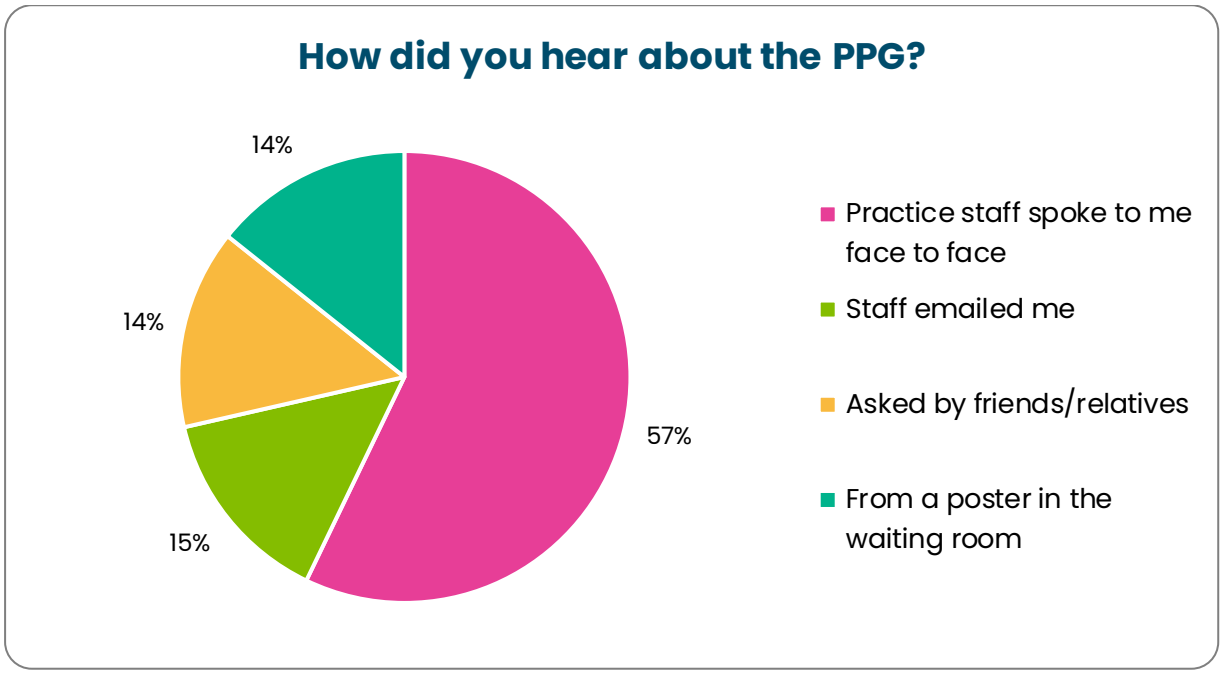
- Providing patients with a way to raise concerns about access to facilities.
- Support open communication between patients and the practice, helping to resolve problems and make practical improvements where needed.

- Offer constructive feedback on what the practice does well and where it could improve.
- Highlight which initiatives are most useful and identify where new initiatives could be set up.
- Help improve the delivery of services through informed patient feedback.

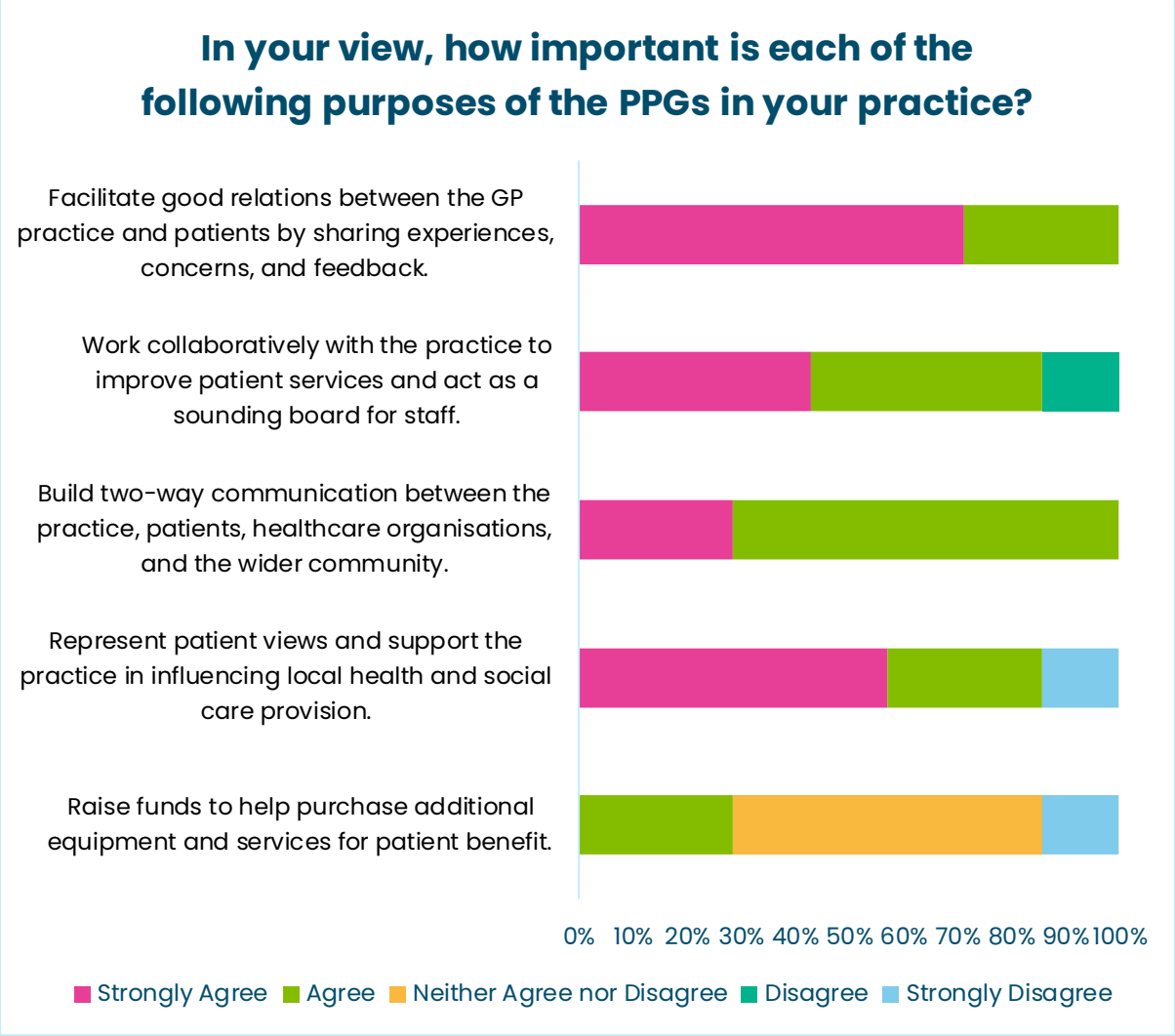
Responses to questions for PPG Members

Among respondents who were PPG members, **86%** were general members and **14%** held the role of PPG chair. All participants had been involved with their PPG for more than a year.

Their motivations for joining varied, ranging from a desire to provide feedback on how the practice is perceived from a patient's perspective to an interest in learning more about the workings of the NHS, to a wish to help drive change at a local level, and a general interest in healthcare.

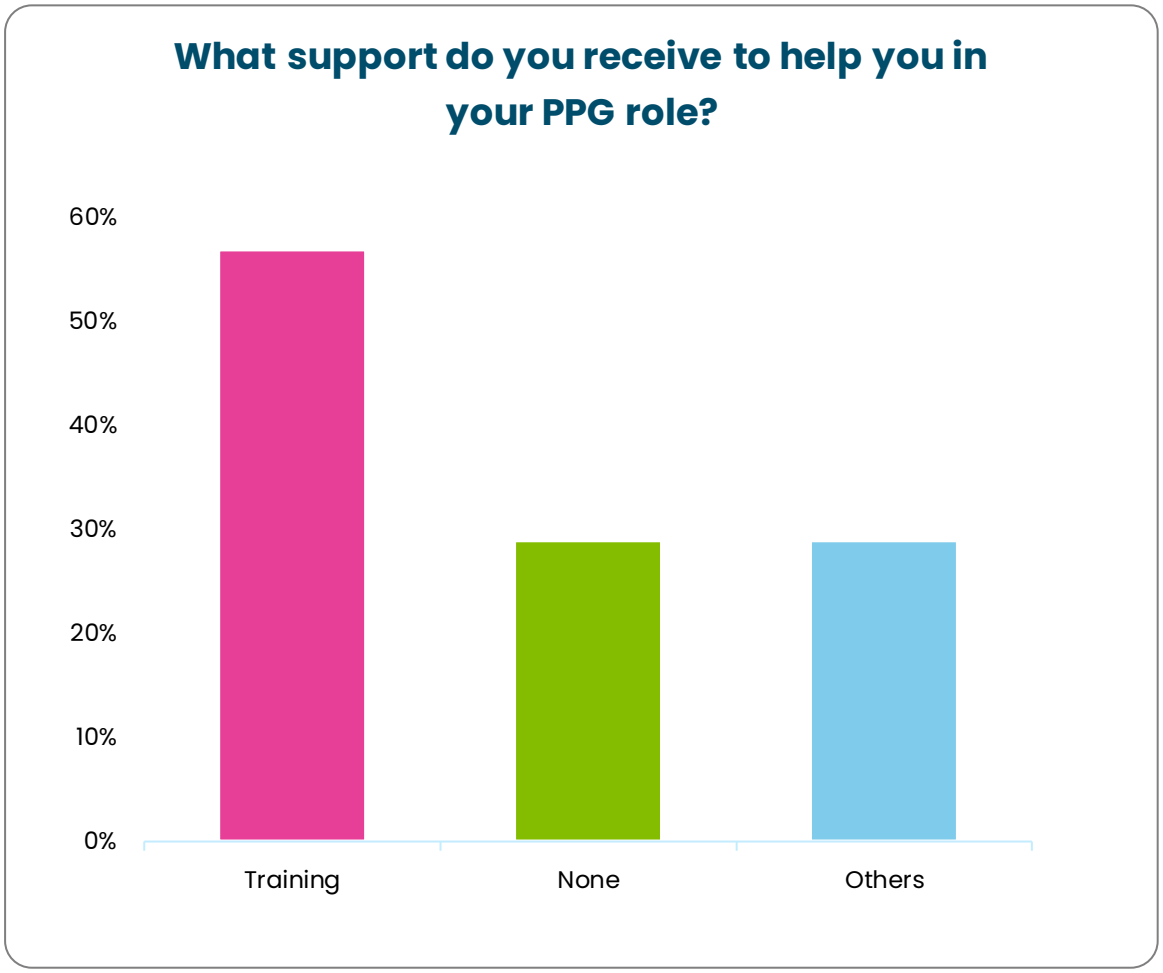


PPG members became aware of their group through a variety of channels: **57%** said practice staff had spoken to them face to face, and smaller numbers **(14% each)** said they were informed by email, by friends/relatives, or by a poster in the waiting room.



Within the survey, members were presented with a list of PPG purposes as outlined by the Patients' Association and asked to rank them in importance. The highest priority, with **strong agreement** from members, was to facilitate good relations between the GP practice and patients by sharing experiences, concerns, and feedback, and the importance of representing patient views to influence local health and social care provision. This was followed by **agreement** on the importance of building two-way communication between the practice, patients, healthcare organisations, and the wider community, and working collaboratively with the practice to improve patient services while acting as a sounding board for staff. Most members **neither agreed nor disagreed** on the purpose of PPGs being to raise funds for additional equipment and services.

100% of members said their practice communicated with them by email, with others also using phone or text message.



Whilst **58%** reported receiving no help in their role, **21%** had received some training. **21%** indicated some other form of support but did not specify what that entailed. When asked what support would be useful, members suggested a library of community contact information, information of how the practice functions, as well as regular updates and meetings.

How would you describe the relationship between your PPG and the practice?

We asked respondents to describe the relationship between the PPG and their practice in their own words. In the word cloud above, the frequently repeated words appear larger, reflecting the diversity of views. Terms such as *satisfactory*, *good*, *very good*, *excellent*, *helpful* and *welcoming* show that some participants view the PPG positively and see it as useful and productive.

More critical perspectives emerge through words like *barely functions* and *infrequent*, indicating frustration at the lack of regularity, structure, and influence. One respondent captured this tension by acknowledging that while meetings were sometimes "*useful and productive*," the practice has "*no plan as to how to use the PPG […] Therefore, I conclude the PPG has very little influence on healthcare or the development of the practice*". They further explain how they believe the PPG exists mainly to fulfil a requirement. This suggests that while some patients experience the PPG as supportive, others feel that it operates only superficially, with limited impact on the practice.

Only **43%** of respondents felt their PPG had made a difference to their practice in the past 12 months. An example provided was an improvement made on the practice's website, which now publicises all services available.

In terms of representation, **67%** of members said their PPG did not represent all members of the community. Among the **33%** who felt their group was representative, they highlighted diversity in ethnicity and medical needs, but acknowledged a lack of age diversity, as most members were older individuals.

When asked about factors they considered to be important for a good and effective PPG**, 100%** of respondents who are members of PPGs identified the need for a clear agenda from their practice. They indicated that administrative support and clinical involvement from GPs or nurses were the next most important factors, of equal importance. This was followed by promotional support from the practice, and a diverse membership reflecting the demographic profile of the practice, also of equal importance.

Interviews

Non-members

The interviewees who were non-members first became aware of PPGs through voluntary roles they had in the community, rather than through direct communication from their GP practices. None had been proactively invited to join a PPG or provided with clear information about how the group operates. Their initial understanding was that PPGs serve as a platform or "*sounding board*" for patients to share views about the surgery and raise concerns.

While recognising the value of giving patients a voice, these interviewees felt that PPGs are not widely promoted, sufficiently active, or easily accessible to the wider patient population. One participant highlighted the issue of meeting times:

"The fact I'm retired means I've got plenty of time – it would be timing of meetings as much."

This emphasises that inflexible meeting times are a key barrier, particularly for working-age patients, rather than a lack of willingness to engage. Motivating factors for joining included an interest in health matters, the desire to represent ordinary patients, and, in one case, having the flexibility to participate.

Barriers included unclear boundaries on discussion topics, negative perceptions of PPGs on social media, difficulty finding meeting times that worked for everyone, and a lack of transparency about how meetings are guided, who the members are, and what is on the agenda. As one interviewee noted:

"People need to know the boundaries of it […] That's the danger that you need to be careful with… people might sign up for it thinking, you know, they can raise other issues"

When asked about alternative ways of giving feedback, participants preferred practical and accessible options such as online surveys, emails, or written forms. One interviewee valued the social interaction that came with in-person PPGs, but emphasised that there should be guidelines in place to prevent these from becoming purely social events. Convenience and clarity in feedback processes were key. None of the non-members were aware of any visible improvements at their GP practice resulting from patient feedback. One participant explained:

"If we could make [GP Practice's name] *more accessible, it'd benefit more people"*

Interviewees suggested that PPGs and GP practices could improve responsiveness through community outreach, such as engaging with patients face-to-face in waiting rooms. One interviewee suggested he would be willing to act as a designated volunteer to promote PPGs, noting that while the practice has many willing volunteers, they are not being utilised as much as they could be.

Additional recommendations include targeting younger patients to join, explaining how councils can influence local GP services, following up with patients after appointments, and taking individual needs into account. Overall, non-members saw potential in PPGs but believed that current awareness, accessibility, and responsiveness are limited.

Members

PPG members generally valued the concept of having a group where patients could share their views and influence the running of their GP practice. However, they reported several challenges that affected the impact of their groups. One member noted that their PPG lacked a clear agenda, saying:

"Everybody is engaged in the meeting; however, we are never sent an agenda beforehand. So we have no idea what's going to be discussed, and neither are we sent any minutes afterwards"

Another member had become chair simply because few others were willing to take on the role. Despite working in healthcare, they had only recently learned about PPGs, and their group had previously disbanded before being restarted. Early meetings focused primarily on recruiting members, but attendance often dropped quickly due to competing priorities at the practice. Practical barriers, such as restrictions on sharing patient contact details and difficulties in promoting the group, further hindered recruitment. Communication with the practice was mostly via email, with response times varying depending on staff workload.

Several members highlighted that new PPGs often lacked handover processes, making it difficult for incoming members to understand expectations or access useful contacts. One participant described how their PPG was new and based on a previous, disbanded group, adding that there was no handover document to guide them. This limited the group's ability to function efficiently and confidently.

Members also raised concerns about diversity within their groups. Most participants came from similar backgrounds – often White British women with careers in healthcare or business - limiting representation of the wider patient population. Suggestions to improve this included recruiting people for short, specific projects to encourage wider involvement and implementing proper handover processes for leadership transitions. While some community outreach had been effective, engaging clinical staff outside of working hours remained a challenge, even when payment was offered. As one member explained,

A recurring theme was the perceived limited influence of PPGs on healthcare services. One long-standing member noted that meetings were irregular, sometimes more than a year apart, and poorly attended, with just two patients and several staff members. Discussions often focused heavily on practice statistics, which were not provided in advance, restricting meaningful

contributions. Members highlighted that while PPGs have the potential to help patients improve services, their effectiveness is constrained by small membership, lack of diversity, weak organisation, and inconsistent communication with GP practices.

Participants also reflected on the areas where PPGs could have more influence. One member suggested that the group could focus on non-clinical aspects of the practice, such as patient access or community priorities, saying

"Influence has to be more on the nonclinical side, looking at things within the practice such as access."

Another participant highlighted a communication gap between GP practices and patients, noting that many members were unaware of key initiatives their practice was leading. They explained that this lack of information limited the ability of PPG members to engage meaningfully or provide feedback on ongoing projects. As they described,

"It would also be nice to hear about what the practice is involved in. I found out that my practice is leading on Women's Health hubs; however, this info was never communicated to patients or even PPG members."

Overall, these interviews demonstrated that while PPGs are valued by members and have the potential to improve patient engagement, their impact is currently limited. Recommendations from participants included creating a clearer purpose for PPGs, increasing membership diversity, holding regular and structured meetings, and strengthening links between PPG activities and practice operations.

Responses from Practice Staff

From the staff survey responses, **69%** reported that their GP practice had an active Patient Participation Group (PPG), while **31%** were unsure. The staff survey also showed that most practice staff were not directly involved in running their PPG. Specifically, **72%** of staff respondents had no direct coordination role**,** while **27%** said they were involved in some way**.**

For those who did support coordination, this responsibility formed only a small part of their wider role-typically taking around 30 minutes to one hour per week. This limited time commitment suggests that PPGs may not be fully embedded into everyday practice operations and may rely on ad-hoc rather than sustained support. Across practices, each PPG was reported to have 11–12 members on average**,** though 6-7 members usually attend each meeting. Attendance being consistently lower than membership may reflect barriers such as time pressures or lack of engagement.

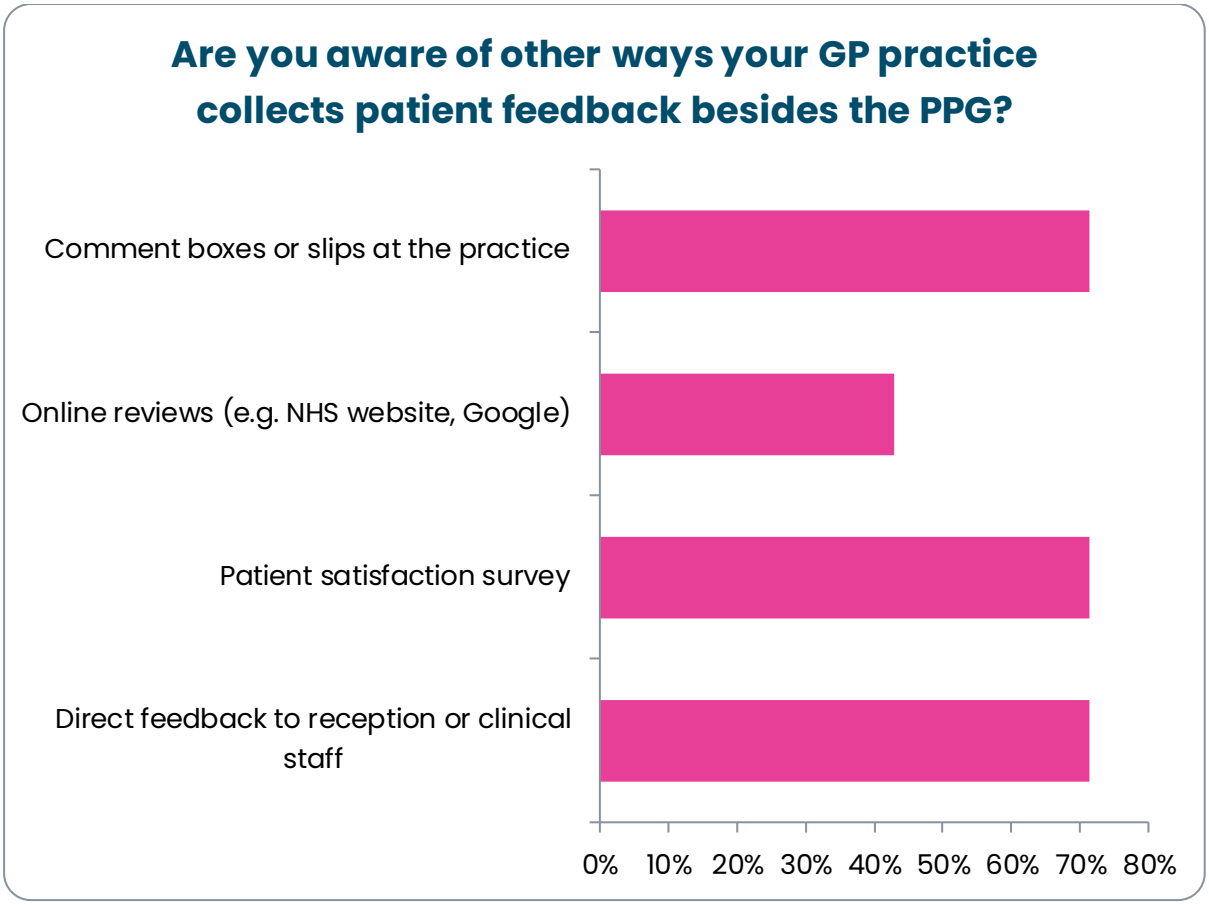
100% of practice staff reported that PPG members take part in:

- Reviewing or advising on information produced by the practice
- Suggesting improvements to practice services
- Seeking views from their wider community and feeding this back to the practice

While these activities show that groups are designed to provide meaningful patient input, all staff respondents agreed that their PPGs did not fully represent the diversity of their patient community. This highlights a gap between the PPG's intended role as a voice for all patients and the reality of who participates. PPGs varied in how often they met. One group held meetings every two months, while another met only three times a year. Infrequent meetings may make it harder for groups to build momentum or follow through on initiatives**.**

All groups reported using email as their main form of communication, with half also using a mailing list. While email is convenient, reliance on digital communication without accessible alternatives may exclude patients with lower digital literacy or limited online access.

When asked how new members were recruited, all practices reported relying on their practice website and noticeboards**.** Some also used posters or TV screens in GP waiting rooms. These methods are passive and primarily reach those already engaged with the practice. The lack of direct outreach or targeted recruitment may help explain why groups struggle with diversity and why membership is often limited to a narrow demographic (e.g., older, retired patients).



The most commonly reported ways of collecting patient feedback were through comment boxes or slips at the practice (**71%**), patient satisfaction surveys (**71%**), and direct feedback given to reception or clinical staff (**71%**). All respondents believed that feedback collected through these methods had been acknowledged or acted upon, although no specific examples of changes or improvements were provided.

Conclusion

Across the patient, PPG member, and staff surveys, a clear pattern emerges: while many people have heard of Patient Participation Groups (PPGs), diversity and visible results are often lacking. Whilst **84%** of people knew what a PPG was, **only 21%** of those individuals were aware that their own GP practice had one, with an even smaller number being members. For those not involved, the main reasons included lack of time and doubts about whether the PPG would be impactful. The low survey response rate may also reflect a wider sense of apathy or disengagement, meaning that findings here should be considered alongside external work from other areas. Interest could be improved with clearer information about what PPGs do, what they have achieved, and by offering more flexible ways to take part. Notably, many non-members expressed interest in virtual or hybrid formats, suggesting untapped potential for online engagement, especially among younger and working-age patients who are currently underrepresented. Recruitment channels such as posters, emails, and staff conversations appear to reach only limited demographics.

PPG members said that when these groups are active, they can make a real difference - such as helping improve services, sharing feedback between patients and the practice, and supporting local health initiatives. However, members also spoke about challenges, including meetings being too infrequent, little diversity in the group, especially in age, and a feeling that PPGs can sometimes exist more to meet requirements than to drive change. Only a third felt their PPG had made a clear difference in the past year, and concerns about representation suggest that some patient voices are missing from the conversation. Even though survey numbers were low, interviews offered high-quality and detailed insights into these barriers, motivators, and ideas for improvement.

Staff survey results highlight similar gaps. Most staff said their practice had an active PPG and that patient feedback was acted on, but none were directly involved in running the group, and no one gave examples of changes made because of it. This suggests that within practices themselves, the role and impact of PPGs are not always clear or well-integrated.

Overall, the findings point to a need for better communication, more transparency, and more active promotion of PPG activities. Making these groups more inclusive, so they reflect the mix of people in the practice community, could help bring in a wider range of voices, build trust, and ensure PPGs play a stronger role in improving services and patient experiences.

Intern Reflection

Working at Healthwatch Trafford has been a fantastic experience! As a current Biomedical Sciences student with a keen interest in research and healthcare, I was especially drawn to Healthwatch's focus on patient experience as a central part of improving health services. This internship has helped me clarify my career aspirations, reinforcing my interest in healthcare research and public health, and motivating me to pursue opportunities that bridge scientific research with community engagement.

Over the past eight short weeks, I have had the opportunity to be involved in multiple projects, and I feel very proud of the contributions I was able to make. As part of my internship, I also engaged directly with local residents. Visiting Trafford's libraries to speak with people not only helped gather meaningful feedback but also taught me more about the diverse needs and perspectives within the community.

Conducting the recorded interviews for this project was one of the most rewarding aspects of my internship. I really enjoyed speaking to members of the public, listening to their perspectives, and understanding the challenges they faced when engaging with healthcare services. It allowed me to see how research directly connects to people's lived experiences, and I came to appreciate the importance of listening actively and making people feel comfortable enough to share openly.

One challenge I faced was approaching residents to participate in the project, as our main form of survey distribution was via social media and communication with the Trafford primary care network. While we could have explored additional methods to reach a wider audience, I still greatly appreciate the valuable data we were able to collect and the insights it provided into local healthcare experiences.

Additionally, I had the chance to spend a day on placement with Public Health Trafford, which gave me incredibly valuable insight into how services work on the ground at Trafford Town Hall. Observing how different teams collaborate to address public health challenges allowed me to see the bigger picture of healthcare delivery.

One thing I didn't expect, however, was how much I would further develop my graphic design skills-from creating engaging materials to present findings, to designing flyers and social media content to publicise our surveys. It was incredibly fulfilling to see my designs being used by Healthwatch Trafford on a

professional scale, knowing that something I created was helping the organisation communicate more effectively with the public.

This experience taught me so much about current issues in healthcare, particularly around the role of patient participation groups. Before this experience, I knew very little about the range of services my local GP provided, so it was eye-opening to see how these systems work and how patients engage with them. This gave me a much deeper understanding of how communities interact with health services and highlighted the importance of amplifying patient voices. It has also inspired me to become more involved in my own community and to play a more active role in shaping the way healthcare is delivered locally.

I would like to thank my wonderful team for their support, guidance, and encouragement throughout this internship. Their mentorship helped me navigate new tasks and responsibilities, as well as make the experience enjoyable altogether. Overall, my time at Healthwatch Trafford has been a truly insightful experience - combining professional development with meaningful community engagement. I feel confident in applying the skills I have gained, from research and communication to public engagement and project management, in future roles.

Further Resources

National guidance and resources are available to help GP practices and patients work together effectively through Patient Participation Groups (PPGs). The NICE clinical guideline on patient experience in adult NHS services recommends that healthcare providers actively seek patient feedback, involve patients in decisions about services, and create regular opportunities for dialogue between patients and staff. These recommendations closely match the aims of a strong PPG- ensuring patient views help shape how services are planned, delivered, and improved.

In addition to national guidance, there are practical tools to help PPGs work well. The Healthwatch Central Bedfordshire & Healthwatch Milton Keynes PPG Toolkit offers step-by-step advice on recruiting diverse members, setting clear goals, running productive meetings, and measuring impact. It also emphasises the importance of impact and regular communication, which our findings suggest are key to improving engagement and representation in PPGs.

By following these guidelines and using the toolkit, GP practices have a clear framework for making PPGs more effective, visible, and representative. This approach supports best practice and can help unlock the full potential of PPGs as a meaningful way for patients to share their views, collaborate with staff, and improve local healthcare services.

Link to NICE Guidelines:

- https://www.nice.org.uk/guidance/cg76/chapter/Recommendations

Link to HWCB & HWMK PPG Toolkit:

- https://nds.healthwatch.co.uk/sites/default/files/reports_library/HWCB%20%26%20HWMK.%20PPG%20toolkit.%20March%202025%20final.pdf

Appendix

Appendix 1: Survey questions for patients (both PPG and non-PPG members)

Please note: many of the questions may have only been asked to respondents based on previous responses they provided. Also, response options have been omitted here, but may be clear within the main report. We are happy to share the response options if a request is made directly to the team at Healthwatch Trafford.

1. Which GP Practice are you registered with?
2. Do you know what a Patient Participation Group (PPG) is?
3. Are you aware whether there is a Patient Participation Group in your GP Practice?
4. Are you a member of your GP Practice's PPG?
5. What would encourage you to join the PPG? (Tick all that apply)
6. What would stop you from joining the PPG?
7. Would you be interested in taking part in the PPG activity online?
8. Please suggest any ways in which you think a PPG could help a practice
9. What is your role within the PPG?
10. How long have you been a member of the PPG?
11. What motivated you to join the PPG in your practice?
12. How did you hear about the PPG? (Tick all that apply)
13. In your view, how important is each of the following purposes of the Patient Participation Group (PPG) in your practice? (Please rate each statement from Strongly Agree to Strongly Disagree)
14. How does the practice communicate with the group? (Tick all that apply)
15. What support do you receive to help you in your PPG role? (Tick all that apply)
16. What other support would be useful to you?

17. How would you describe the relationship between your PPG and the practice?
18. Is there anything you have tried to achieve but have not been able to? (IF yes, please list an example)
19. Do you think your PPG represents all members of your community? E.g. age, ethnicity, background. (If yes, please elaborate)
20. Which of the following do you consider as an important factor for a good and effective PPG? (Tick all that apply)
21. Over the last 12 months, do you think the PPG has made a difference in your Practice? (If yes, please list an example)
22. Is there anything else you would like to add?
23. Would you be open to speaking with us further about your views on Patient Participation Groups (PPGs), either in a short interview or focus group? (If yes, please leave your name and email in the text box)
24. Have you ever given feedback about your GP Practice using any of these methods? (If you have provided feedback before, did you feel like your feedback was acknowledged)
25. Do you know if your GP practice uses this feedback to improve services?
26. How would you describe your ethnicity?
27. Age group
28. Sexual orientation
29. Do you consider yourself to have a disability?

Appendix 2: Survey questions for Practice Staff

Please note: many of the questions may have only been asked to respondents based on previous responses they provided

1. Which GP Practices are you associated with? (Tick all that apply)
2. Does the GP Practice that you're associated with have an active Patient Participation Group (PPG)?
3. Are you a staff member who coordinates your GP Practice's PPGs?
4. Is coordinating the PPG in your practice your main role or part of your role?
5. If it is part of your role, what is your other role?
6. Approximately, how many hours per week does your PPG role take up?
7. How do you recruit members? (Tick all that apply)
8. How many members do you currently have?
9. How many members usually attend the PPG meetings?
10. Do you think your PPG represents all members of your community, E.g. age, ethnicity, background (If yes, please elaborate)
11. In your view, how important is each of the following purposes of the Patient Participation Group (PPG) in your practice? (Please rate each statement from Strongly Agree to Strongly Disagree)
12. Does your PPG have a Terms of Reference? A Terms of Reference document outlines the purpose, structure, and operating procedures for a PPG within a specific healthcare practice. (If yes, please upload it here either as a PNG, JPG, JPEG, doc or docx)
13. Does your PPG have: (Tick all that apply)
14. How often do you meet as a group?
15. How do you communicate with your PPG? (Tick all that apply)
16. Do members of your PPG have specific roles? (If yes, please specify)
17. Do your PPG members: (Tick all that apply)
18. What support do you provide for your PPG members (Tick all that apply)

19. How would you describe the relationship between your PPG and the practice?
20. Over the last 12 months, what changes have happened as a result of the PPG?
21. What methods are used to share with the PPG the changes made to GP practices based on collected feedback?
22. Is any of the learning from your work being shared with other practices in the PCN across Trafford?
23. Is there anything you would like to add?
24. Would you be open to speaking with us further about your views on Patient Participation Groups (PPGs), either in a short interview or focus group? (If yes, please leave your name and email in the text box.)
25. Are you aware of other ways your GP practice collects patient feedback besides the PPG? (Tick all that apply)
26. If yes, do you feel like this feedback has been acknowledged or acted on?
27. If any, please provide examples of any changes or improvements made in your practice as a result of feedback from these methods