

## Mystery shopper review of access to Patient Participation Groups

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# Contents

Recommendations	1
1. Introduction	2
2. Methodology	3
3. Key Findings	5
4. Conclusions	6
5. Appendix	7
6. Acknowledgements	7

#### Recommendations

- 1. Access to Patient Participation Groups (PPGs) needs to improve. We suggest the following:
  - $\circ~$  Adopt a clear method across the board of how a person can join the PPGs so that every practice has the same process
  - Make this process accessible to the wider population such as those who do not have access to the internet or those who are unable to visit the practice
- 2. The GP practices in Manchester who we contacted need to restart their Patient Participation Groups if they have not done so already. Where possible the previous members of each practice's PPG need inviting to this reformation as well as providing this opportunity to all other patients.
- 3. The staff in each GP practice need to familiarise themselves with the role and requirements regarding Patient Participation Groups in order to support PPGs more effectively and efficiently.

# 1. Introduction

Key commissioned functions of Healthwatch Manchester are to:

- Inform and signpost people to local health and care services
- Respond to and investigate information received from local people regarding these services where there is cause for concern.

Following the review of all GP practice websites in Manchester by Healthwatch Manchester (see report 'Good Practice') it came to light that evidence supporting the existence of PPGs was significantly low.

From the inception of online GP services in Manchester, Healthwatch Manchester has received a significant proportion of complaints and queries regarding access to GP services and little or no evidence of patient involvement in the design and delivery of this change to online services.

It was agreed at the December 2022 board meeting that a review of PPGs by Healthwatch Manchester was a timely and required activity.

The review of the service was carried out using the 'Mystery Shopper' assessment model and was conducted by Healthwatch Manchester staff and volunteers over a period of 2 weeks in December 2022.

The main objectives of this report are to:

- Present an analysis of access to PPGs through review methodology and key findings and
- Make recommendations regarding areas for improving access to PPGs.

# 2. Methodology

2.1 Mystery shopper style phone calls were used as the method of investigation. This provided an opportunity for Healthwatch Manchester to understand the actual, everyday experience of contacting to enquire about PPGs.

2.2 Healthwatch Manchester values individuals' experiences with, and feelings about, health services. A qualitative method such as this means we can better understand some of the issues patients face.

2.3 Healthwatch Manchester conducts investigations with the aim of collecting data that is of practical use. We believe research should be used as a starting point to suggest service improvements.

2.4 Healthwatch Manchester staff and volunteers were deployed to conduct this research and analyse its findings. We asked four questions and would use those question when concluding our phone calls to present us with a clear picture of whether or not the GP practice called had a PPG or not.

- 1. Is there a Patient Participation Group?
- 2. How would I go about joining?
- 3. How often do they take place?
- 4. Are they accessible?

2.5 The team decided to contact all the GP practices in the Manchester City Area and phone them at least twice, waiting on hold a maximum of ten minutes each time.

2.6 Once we had conducted our phone calls and collated the feedback, we set out these metrics a way of understanding and collaborating our findings.

2.7 If a practice has an online registration form, evidence of recent minutes and clear details of how to join online then the practice will be scored as:

- There is a PPG
- Clear details were provided

2.8 If a practice has an online form and evidence of minutes but details on the frequency, location etc. were unavailable either online or on the phone call then that would be scored as:

- There is a PPG
- Clear details were not provided

2.9 If a practice has an online form but no evidence of recent minutes or details about the frequency, location etc. then they would be scored as:

- There is a PPG
- Clear details were not provided

3.0 If a practice told you on the phone how to join, location, time etc. then they will be scored as:

- There is a PPG
- Clear Details were provided

3.1 The GP's in question were telephoned individually over two weeks between the  $12^{\rm th}$  of December to the  $23^{\rm rd}$  of December

3.2 On the first day of mystery shopper calls, the 12<sup>th</sup> of December, seven GP practices were contacted with different levels of responses on this day.

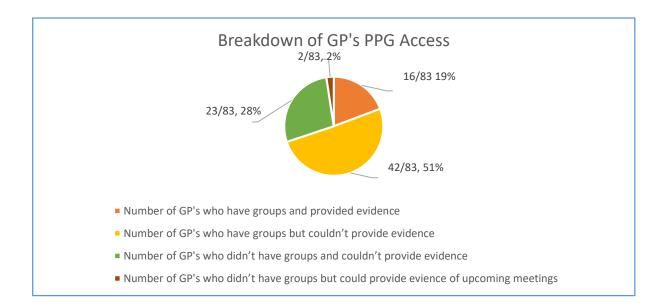
# 3. Key Findings

Overall, 70% of the practices we contacted had evidence of a Patient Participation Group either on their website or via the calls we made to them. However, only 19% of the overall number of practices were able to provide clear details on how to join, where they would be and when they would be.

This means that a large number of practices who had evidence of a PPG couldn't provide details about the groups, 51% to be precise.

Moreover, our figures show that 28% of the practices did not have evidence of a Patient Participation Group either online or via the phone calls we made.

Aside from these results, 2% of practices we contacted outlined to us their plans to restart their Patient Participation Group and provided clear details on when they would be back, how to join and where they would be conducted.



# 4. Conclusions

1. A significant proportion of GP practices do not provide ready and simple access to their PPGs which may or may not currently be active. There is no standard method of accessing a PPG across Manchester and access can be a difficult process for many patients. Recent guidance from the British Medical Association (BMA) actively encourage the establishment and consultation of PPGs<sup>1</sup>.

2. Many GP's have not restarted their Patient Participation Groups since lockdown and social distancing ended. For the vast majority of practices, there appears to be no clear plans to restart the PPG's either.

3. There is a disconnect between frontline staff, the practice manager and the GP when it comes to their understanding of Patient Participation Groups i.e. their role and contractual requirement.

<sup>1</sup> <u>https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/gp-access-meeting-the-reasonable-needs-of-patients</u>

https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-generalpractice

### 5. Appendix

GP response list available on request.

We have a total of 84 practices on record however after contacting them we discovered one had merged into another resulting in there now being 83 GPs on our contact list. We have therefore not scored their results.

### 6. Acknowledgements

We would like to thank our interns, Katie Sell and Zahra Mulla, who contributed to the research for this report.

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