



WORKING TOGETHER CONFERENCE – PLYMOUTH UNIVERSITY
PATIENT PARTICIPATION GROUP DATA WORKSHOP SUMMARY

1. Aim of workshop:

To outline the intended pilot and gather feedback to influence final pilot plan

2. Context:

- Kevin Holton, Deputy Director of Patient Experience NHS England outlined current issues with patient groups and use of patient feedback – lot of data available but not all being used/accessed. There is a need for Patient Participation Groups to be aware of /have access to other data available but also need to consider if other blocks such as need for training, support or better presentation of data.
- Heather Eardley, Development Director Patients Association- highlighted views from Patient Participation Groups and the Patient Participation Groups data workshop which was held in London on 12th April 2016. The outcomes of this previous workshop and other discussions has shown that patient groups (not just in GP practices but in other patient forums such as acute trusts) are not aware of what is being collected /is it the right information /how can we make use of it ?

3. The workshop discussion focused on the following questions:

- What are you currently using in your group?
- What would be most useful for your group?
- Would you like guidance/support or specific training in this aspect?
- Is anyone interested in being involved in a pilot- (we may have to limit this to 6 and want a cross section of different population groups nationally? Kevin expanded on this in his presentation to whole conference in afternoon.

4. Notes taken from workshop discussion

- Use of ONS –is this still used – it has moved to NHSE – more information required please as thought to be useful and reliable data
- Using data to shift culture
- Mental Health – has been traditionally very good at user involvement - is there learning from this?
- One person was a member of an acute trust patient council – 4 days before the meeting received a reaching 24 pages of patients experience report– asked for a summary which he then received – why wasn't this circulated first – information

must be simplified and easy to read – everybody is busy and lot of unnecessary jargon

- Difficulty – governance and what is meaningful to collect.
- Some patients feel fed up with constantly being asked for feedback.
- Use of standards – useful to clarify expectations – check results of survey against people’s actual experience
- Challenge getting processes back to patient experience.
- One of most effective tools is Friend and Family test (patients)
- Data is not general – it’s what you make of it
- Disconnect between what is happening and what is being collected
- No time to talk to patients/staff rushed off feet-data doesn’t reflect the reality
- Sources of data – twitter easy to get feedback.
- How many people are not completing the feedback forms?
- As a governor I learn more by sitting with patients than any data
- How do patients know there is a Patient Participation Group?
- Useful for PPG to run their own survey and ask patients in the waiting room for feedback.
- Common sense is being lost- everything too complicated
- What targets are meaningful for staff and patients?
- The sliver on a pie chart of 7% of people who aren’t satisfied often gets overlooked
- 6 never events—may be less than 7% but gets lots of attention and national headlines but a sliver on a graph wouldn’t have been recognised
- Qualitative information very useful – more communication with front-line staff- they are often not asked or seen by patient groups.
- Narrative stories are the best statistic
- Jumping over patient data
- Have you got confidence to challenge GP?

5. Outcomes of this workshop and next steps

The discussion points from this workshop will be used to influence next steps in the design and set up of a small patient participation group pilot. The aim will be to test out ideas to better understand how patients can make use of feedback data and identify what is the best type of data to use for this. Some limited support from NHS England for training and support in data interrogation/analysis may be available in form of webinars etc.

Participants will be kept informed of outcomes via Patients Association.

Anyone interested in taking part in the pilot or being kept informed contact Heather Eardley heather@patients-association.com