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Patient and Public Voice partners and chairs survey 2022/23

Summary report

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Executive Summary

In the autumn of 2022, NHS England surveyed Patient and Public Voice (PPV) Partners and chairs of committees, working groups and forums with PPV Partner members about their views and experiences of working with us over the past year.

This year we received 124 responses, which included 110 PPV Partner responses and 14 chair survey submissions, all of which were submitted online. This compares to 135 responses in 2021, including 102 PPV partner responses and 33 chairs. This report summarises the responses to the 2022 surveys and actions taken or proposed in response.

The headline findings from the PPV Partners survey are that:

- Most PPV Partners had a positive experience of the application process and induction: 69% of PPV Partners found the application process to be very good or good, (a 5% reduction from last year), and 54% (down 3%) said the induction was very good or good.
- The training or development opportunities were rated as very good or good by 48% (this is a 4% increase on 2021), but 15% had not been offered any training or development opportunities, (which was a 2% increase).
- Of respondents who had claimed expenses or involvement payments, only 40% rated the process as very good or good (which is up 4% from last year)
- 26% of respondents said that at least one aspect of their experience as a PPV Partner was negative (a decrease from 39% last year). This is based on overall sentiment analysis of comments made about the application, induction, training or expenses aspects of their role.
- Most thought that patient and public voice was valued by NHS England – 60% agreed or strongly agreed that it was (compared to 62% from 2021), and 31% were unsure. A large majority felt valued by the NHS England group they belonged to (76% strongly agreed or agreed, with no change from last year), although 17% were not sure, which was down from the 25% last year).
- Almost three-quarters (73%, which is a 5% increase from last year) strongly agreed or agreed that PPV involvement leads to better outcomes for patients, and 74% saw a role for PPV Partners in reducing health inequalities, (which is a 10% reduction from 2021).

The responses collected from the chair survey highlighted:

- Most chairs were positive about the impact of PPV Partners, for example, 86% strongly agreed or agreed that patient and public voice is valued by NHS England, (compared to 82% last year)
- 78% said that PPV contributions had an impact on the group that they chaired (compared to 88% last year),
- 79% of chairs said that they have a good understanding of how PPV Partners can have an impact in reducing health inequalities, (compared to 90% last year).

It is evident that many PPV Partners and chairs are very committed to public participation in the NHS and to their involvement in NHS England's work. However not every PPV Partner has a consistently positive experiences of working with NHS England, and there remain some ongoing challenges around training, processing involvement payments, and seeing how their contributions are valued across the organisation.

Several free text comments from PPV Partners or chairs share their views about the level of commitment to public participation at NHS England, with some very positive feedback expressing how they think it is valued: *'After being involved for many years I think now the lay voice is now being listened to'*.

However there have also been some concerns expressed that the organisation does not make the most of its PPV Partners: *'There is still a sense we are on the outside of teams - rather than part of. If there was one thing I would like to change - it would be that. Greater awareness of the skills, experience and expertise we bring to our roles through our wider experience, professional and personal lives.'*

Purpose

The purpose of surveying NHS England PPV Partners was to find out about their experiences of involvement with NHS England, including induction, information, training and expenses reimbursement, how valued they felt public participation was and areas for improvement.

The survey for chairs of NHS England committees and groups whose members include one or more PPV Partners, is aimed to better understand their views about the role of PPV Partners and the impact of their involvement.

The survey takes place annually to monitor trends and to enable continual improvement in response to feedback.

Methodology

The survey was sent to NHS England Patient and Public Voice (PPV) Partners, which is the term we use for people who bring their lived experience to support our work. They were all members of NHS England committees, or working groups or forums as of September 2022. Dissemination was via the Public Participation and Specialised Commissioning teams directly, through regional colleagues, internal and external distribution channels, our external patient and public voice In Touch newsletter, our social media accounts and through other colleagues supporting key committees or programmes of work known to involve a significant number of PPV Partners.

The survey for chairs of committees with PPV Partner members was sent to chairs of an NHS England group, board or committee that had one or more PPV Partner members.

NHS England does not hold a record of how many PPV Partners there are, or how many groups have PPV membership, so it is not possible to give response rates.

The survey fieldwork took place between August to October 2022.

Both surveys were available for completion online through NHS England's [Citizen Space](#) survey website and alternative (accessible) versions were offered on request.

The online surveys were anonymous, and completion of all questions was optional and/or there was a 'prefer not to say' option.

The key findings from the surveys are summarised in the sections below, with 'free text' responses received as part of completed surveys presented as appendices.

Summary of findings from PPV Partners

There were 110 completed surveys received from a wide range of different committees and groups within NHS England directorates. This chapter presents PPV Partners' views on their role, from the practical aspects of how they have been supported, to how they feel they have an impact in the organisation.

Application process

When asked about their overall experience 33% of PPV Partners found the application process to be a PPV Partner was very good and 36% said it was good.

Rating of the application process		
Response	Total	Percentage of responses
Very good	36	33%
Good	40	36%
Acceptable	16	15%
Poor	4	4%
Unanswered	14	13%
Grand Total	110	100%

Comments that PPV Partners made about the application process included:

“Application process involved a paper application, meeting with the Chair to explore mutual benefits of joining the Group and attending a meeting as an observer.”

“The Equalities section of any application is always scrutinised and more details required if weak.”

“I would like to be more involved unfortunately you require applications to be filled in every time you need volunteers. Why can't the information already provided to you by volunteers be used when they express an interest in current vacancies?”

Induction

All PPV partners should receive an induction so they properly understand their role and know about opportunities for training and support. Of the survey respondents, 85% said they had received an induction. A small majority (54%) said the induction was either 'good' or 'very good'.

Rating of induction		
Response	Total	Percentage of responses
Very good	26	24%
Good	33	30%
Acceptable	27	25%
Poor	6	5%
Very Poor	1	1%
Did not have an induction	17	15%
Grand Total	110	100%

Training and development

Almost half (48%) found the training and development opportunities 'very good' or 'good' but 14% said they were 'poor' or 'very poor', and 15% said they had not been offered any training. In the free text some of the comments ranged from, 'there are lots of training opportunities', it would help 'to have evening courses', and 'all training is done online - the face-to-face interaction with NHS staff and other peer trainers is greatly missed'.

Rating of training and development opportunities		
Response	Total	Percentage of responses
Very good	20	18%
Good	33	30%
Acceptable	25	23%
Poor	12	11%
Very poor	3	3%
Was not offered training	17	15%
Grand Total	110	100%

All PPV Partners should be offered an annual review with the chair or manager of the group or programme they support, although only 36% of respondents had. 35% explicitly said that they had not been offered an annual review, while 22% of respondents said the review was 'very good' or 'good'. Among those who had not had a review, one comment was: 'I'd very much value that though if it was made available.'

Rating of annual review with the chair		
Response	Total	Percentage of responses
Very good	13	12%
Good	11	10%
Acceptable	4	4%
Poor	8	7%
Very poor	3	3%
Did not have annual review	71	65%
Grand Total	110	100%

Expenses and involvement payments

Two-thirds of respondents had claimed expenses or involvement payments. Of these, 40% said that it was good or very good and 20% said the process was 'acceptable'. In the free text, comments were mixed, with some finding the process 'smooth, whilst others 'choose to work for free' rather than using the system. One person said: 'new information has not been processed for us to apply for expenses'.

Rating of expenses or payments process by those who had claimed		
Response	Total	Percentage of responses
Very good	11	15%
Good	19	25%
Acceptable	22	30%
Poor	13	18%
Very poor	9	12%
Grand Total	74	100%

PPV voice being valued

When asked whether patient and public voice was valued by NHS England 60% strongly agreed or agreed, but 31% said they were 'not sure'. Typical comments were that 'they feel very involved', 'lots of opportunities to be involved', but others were not sure about the 'impact' of their involvement.

However, when asked if they felt valued by the NHS England group they belonged to, the response was higher – 76% agreed or strongly agreed. Comments ranged from welcomed, acknowledged, listened to, actioned, with a few feeling they had an unequal voice or were an afterthought. A small majority (55%) agree or strongly agree

that their role had an impact and 73% that PPV involvement leads to better outcomes for patients. Some comments from our PPVs were:

“If I felt I was unable to have any impact I would have politely and quietly resigned my position. I have plenty of opportunity to get involved in other projects, so I only spend my time doing the things that I feel work. I have noticed changes to the programme have reflected, albeit in a small way, my comments.”

“I think that many people within the NHS value patient and public voice in terms of gaining feedback and this is obviously a welcome step forward. I do think that the NHS generally struggles with patient and public voice in terms of enabling patients to shape policy and practice. Very often things are presented to patients and the public for consultation - and some changes may occur - but I do feel we could make bigger steps”.

“After being involved for many years I think now the lay voice is now being listened to”.

Other comments reflected how PPV Partners felt their full potential to support NHS England’s work was not yet realised:

‘There is still a sense we are on the outside of teams - rather than part of. If there was one thing I would like to change - it would be that. Greater awareness of the skills, experience and expertise we bring to our roles through our wider experience, professional and personal lives.’

‘Most of my experiences have been positive. PPV is valued at multiple levels within the organisation. However there is still work to do, there are occasions when I feel that PPV input is seen as something that needs to happen to tick a box and is not meaningful. There are still some attitudes that do not want to see PPV involvement grow and become more inclusive and are not willing to resource it appropriately.’

Addressing health inequalities

Almost three-quarters (71%) agree or strongly agree that addressing health inequalities is a priority for the group or is taken seriously. When asked whether PPV Partners can have a role in reducing health inequalities, 77% agree or strongly agree. Comments from our PPV Partners included:

“I am here to share my lived experience, expertise within maternity & fertility care & ensure change happens in a positive & co-produced way- especially for those marginalised minority groups.”

“The committee focused on health inequalities as part of national work on quality.”

“Travel to different locations is an issue in remote areas and this is always taken into consideration when changes [to services] are being discussed.”

How PPV Partners are involved

Most meetings or activities that involve PPV Partners take place online. Of the respondents, 35% have only ever experienced their PPV role virtually. But for those PPV partners who could compare to when most activities were face-to-face, 23% said the move to online working had been effective with 9% saying it was less effective.

When asked if they would like to be part of our new PPV partners online network on Future NHS, 85% said ‘yes’ - showing there’s a keenness to stay connected, be involved and improve the overall experience for all patient and public voice partners.

Summary of findings from chairs of groups with PPV Partners

There were 14 responses received to this survey. Respondents were part of a wide range of different committees and groups within NHS England, with 21% responses from Specialised Commissioning and Strategy and Innovation, 21% from Medical and 36% from Nursing.

A large majority (86%) 'agreed' that PPV is valued by the organisation with the majority of the chairs of groups saying that patient and user voice is at the heart of why we exist, although one said it was a developing area and needs more support.

Over three-quarters (79%) agree that they understand the role PPV Partners can have in addressing health inequalities. The same proportion agree that PPV contributions had an impact on the group they are a part of, with respondents saying 'women's voices are being listened to and are driving changes', 'every voice is equal'. One respondent said: "In mental health and cancer, the programme consulted the whole PPV and they had a big impact on the recommendations made to the National Cancer Board."

Only a fifth (21%) of chairs had completed an annual review with their PPV Partners. In terms of working online with their PPV Partners, 29% of chairs of groups said they had a 'mixed' experience, 14% saying it was more effective and 14% saying it was less effective.

When chairs were asked for examples of how the views of their PPV Partners have been listened to and acted on, some of the comments included:

"Their role has contributed to recommendations for improvement of pre-consultation business cases in a range of services across the region. Examples include transformation of cardiology and ophthalmology in East Sussex, review of the reconfiguration of Hampshire Hospitals and redesign of stroke services in West Sussex".

"One of our members is a member of the Deaf community and she has influenced many parts of the Programme around communication. Others have influenced in other ways as we cover several different cancers between us as well as having carers in the group."

When chairs were asked if they received adequate support to work with their PPV Partners, some of the comments were:

“Our national link within the maternity transformation programme has been helpful in providing any advice.”

“We had training when we joined with online modules. Most documents we need are available in the PPV section of the Cancer Programme Futures website. Members of the leadership team and senior managers are often available for advice.”

Next Steps – acting on the feedback

Actions from previous surveys

Based on last year's survey findings, NHS England has now developed a PPV Partner network (currently in pilot form on the Future NHS workspace), which has been created in discussion with stakeholders and several PPV Partners. This network will be launched in 2023 to offer opportunities for NHS England PPV Partners to network, support and share resources.

Previous surveys found that PPV Partners were not consistently being offered the training they said they needed for their role. The Public Participation team has developed a range of training available to PPV Partners, including the two-day PPV Partner Influence and Impact training course, Induction webinars, and e-learning modules that are available to level 3 or 4 PPV Partner roles with NHS England. The current e-learning modules include:

- Equality, Diversity and Human Rights
- Information Governance
- Safeguarding level 1
- Recognising and supporting carers
- Commissioning together
- Using social media to engage effectively with people and communities
- Getting to grips with data and information in the NHS
- Developing excellent relationships to maximise the impact of patient and public voice
- High impact communication skills for meetings.

PPV Partners are also connected to wider training and development opportunities in NHS England, such as that provided on the Peer Leadership Programme, and role specific induction programmes, to help them to better undertake their roles.

The PPV and Chairs surveys show that training and inductions are not always offered to all PPV Partners. More needs to be done to support hiring managers, and in raising the value and profile of PPV Partners within the organisation, so that they see the positive impact of their contributions.

We have continued to raise awareness of [In touch](#), our public and patient-focused newsletter, amongst PPV Partners and chairs. This allows our PPV Partners an opportunity to get involved in more of NHS England's work, and to get the latest updates to help support their development.

Responding to the 2022/23 survey

To act on the findings from the latest survey and so strengthen the role of PPV Partners within the organisation, we will do the following:

Improve consistency

- The new policy on working with people and communities will be launched in 2023 and bring together three existing policies (participation policy PPV Partners policy, and PPV Partners expenses and involvement payments policy. This will provide a single point that staff can use to understand how they should support PPV partners. Executive Directors will be asked for assurance that their teams are working within the policy.
- We will continue providing support to colleagues to ensure they are aware of how we should work with PPV Partners, and to ensure a more consistent approach to issues raised in the survey, like induction, reviews and payments.
- The Public Participation team has reviewed the resources available to help staff work more effectively with PPV Partners and is developing an updated recruitment pack to better support our colleagues recruiting PPV Partners.
- We will continue to work increasingly closely with NHS England regional and local colleagues, including the Engagement and Equality Champions, to support a more joined-up approach to participation, and ensure positive experiences of being PPV Partners are consistent across all directorates and regions.

Support for PPV Partners

- We are reviewing our learning offer for PPV Partners which will include updated support to maximise impact and influence in their role, including making coaching available
- We are refreshing our PPV Partner welcome pack which outlines the work of NHS England and how it relates to other parts of the NHS. It also includes information about how we will support PPV Partners and provides specific details about the learning and support available for their role
- For payment of expenses, we are introducing a new online system to streamline the process which is being rolled out for PPV Partners and it is expected that all PPV Partners will move to this system in 2023/24.

Learning and development

- To improve how colleagues make the most of PPV Partners' experiences and perspectives, we will introduce open online courses, including on engaging people and communities in designing and delivering health services and will allow learners to understand the benefits as well as some of the practical considerations to do it successfully.

We will repeat the survey in 2023/24 to help gauge the impact of these changes.

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