



Counting up patient participation

If you hear colleagues saying things like

“We tried a patients group, but it didn’t last. The GPs didn’t support it, people didn’t come. No one wants to do it again, so patient participation isn’t for us”

then your practice is stuck in a failure loop about patient participation.

Patient participation failure creates its own comfort zone - and a reluctance to leave it. Thinking more creatively – which can mean thinking more simply - about participation helps the practice move out of that zone and learn some useful lessons at the same time.

You don’t have to have a group

There is surprisingly little in the primary care literature about patient participation that isn’t about patient groups. That’s unfortunate because it implies that having a group is the only way to go and that other, simpler, things don’t have merit. Neither is true.

The good news is that there are lots of things that count as participation and having a patients group is only one of them.¹ One size does not fit all practices where participation is concerned. Some of the more obvious approaches are mentioned in this article. You might even be doing something about participation already without realising it.

Big or small practices can do these things equally well. What matters is how well you do them (planning, execution, evaluation) and what the practice does with the learning and relationships that result.

¹ www.lenus.ie/hse/bitstream/10147/74413/1/Healthcare%20toolkit.pdf This toolkit from the Irish Society for Quality and Safety in Healthcare (June 2009) gives lots of practical examples of patient engagement (accessed 11/10)

Think big...

Basic things done well can be powerful tools for participation and practice development and they create a foundation of skills and confidence to build on. Well-designed information giving, encouraging and collecting feedback and then communicating what has been done with what was said – the crucial element to include - is a generic process. It can be applied at different levels of sophistication. Here are some illustrations:

- having a well-located, interestingly designed and frequently refreshed practice notice board. If yours has layers of faded, curling, out of date leaflets and scrappy notices, then put it out of its misery now and start fresh;
- providing comment cards and a suggestion box which reception staff can draw patients' attention to. This allows patients to make comments or suggestions on the services they have received (separately from the complaints system) and to leave their name and contact details if they would like a response to the issues raised or to be anonymous if they choose.²

The cards should inform patients what to do with the card when they have completed it and tell them how the practice will respond to the information collected from the cards and how it will be communicated back to patients – for example through a news poster on the new notice board.

- putting together a newsletter about practice developments (preferably sent by email to reduce costs) – surely every practice can find some interesting things to say about itself?
- for the more technically inclined , having an interactive website or using text messaging to disseminate practice news and seek feedback.

None of these things involves the dreaded public meeting or committee format which many people find intimidating. And they don't rely on tick boxes or surveys.

² Department of Health guidance on how to design and use comment cards is available at www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4081736.pdf (accessed 11/10)

The guiding principle should be: if the process acts as a brake or barrier to participation, then don't use it and try something else.

You should be able to spend some of your practice based commissioning "freed up resources" on patient engagement activities like these because it helps the practice be smart about what its users think about the service and understand what they want to see happen in future. In that sense your practice is no different than any other business in terms of fostering customer relations. It isn't a bolt on for your business. It is an essential part of doing primary care business.

... but keep it simple

Simple doesn't mean simplistic or naive. A well-designed patient information leaflet or poster for the notice board (either organisational or care specific in content) can have a lot of impact. For instance: how to use the out of hours service; how to access urgent care in your area; or how to catch up on missed childhood immunisations. Something the practice produces itself for its own patients will have more appeal than a generic piece produced somewhere else.

The PCT communications team or PPI team should be able to advise about how to put together an effective patient information leaflet or poster using clear, jargon free language, pitched at average reading age, and dated so it can be reviewed regularly. The way to get started is to give it a try and then ask people what they think about the results. Make sure you have a large print version or put the content on an audio cassette for patients with visual impairments and get their feedback. Before you know it, you will be involved in a participation activity that feels quite normal and which produces valuable feedback learning for your practice.

Education attracts

Organise education seminars for the practice. Put up some simple posters in the waiting area and use the Jayex digital display board and see who comes to the first one. Start with topics reflecting practice staff clinical interests which can be worked up easily as engaging PowerPoint presentations. Have copies for people to take away afterwards. Ask patients what other topics they would like to hear about.

In our practice we've had seminars on men's health, mother and baby issues, menopause, sickle cell, diabetes, sight and hearing problems, heart health, breast care and by far the most popular one which has had several repeats – complementary therapies. Once people come to one educational session, they are good word of mouth advertisers to get others along to future ones.

Patients' real time experiences

Ask some regular attenders to keep diaries – a simple spiral notebook will do - of their patient experiences. Frequent users of the surgery services – parents with young children, people with a long term conditions or a those undergoing complex treatment over a number of months - should have a lot to write about. Ask them to bring their diaries every time they come to the surgery and use this to go over any points they want to raise.

These sorts of diaries will describe patient journeys. We are supposed to be commissioning care pathways, so we need to find out what it is like to go on these journeys because it won't be the same for everyone. People will tell you about their experiences if you ask them in the right way. Keeping a diary is a user-friendly way to do it. Be clear what you will do with what people tell you, and respect confidentiality of course. ³

Easy publishing

Do a practice newsletter – especially if you can send it out cheaply by email. See who responds and invite patient suggestions. Start with simple things and just a couple of sides - news about surgery developments, access, clinics, personnel changes - and branch out from there.

If you are not collecting emails when patients register and seeking their permission to communicate non-confidential information to them electronically, then you are missing a trick. Our practice rapidly compiled several thousand emails as the basis for cheaply distributing the newsletter and forming the basis of a virtual feedback group – more on that and other types of groups in the next article.

³ *Now I feel Tall: what a patient-led NHS feels like* (Department of Health 2005) looks at the domains of patient experience and how they can be improved.

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4124476.pdf

Make some critical friends

Find some critical friends - trusted people who ask creative and provocative questions - to help the practice go through anonymised complaints, comments and compliments. It's surprising the insights that can emerge on both sides of the table about service quality from this exercise.

If you do the Improving Practice Questionnaire (IPQ) or an equivalent, find some patients to help you go over the results for the whole practice and think about priorities for next year. All of this builds confidence and suggests other things that might be done collaboratively.

Participation builds your reputation

This isn't an exhaustive list, but it should be obvious that doing these things ups your practice's profile with its users. The more you can tell your patients what you find out from them and what you are going to do with the information, the better.

Your practice's reputation is its most important asset. Word of mouth is the way your reputation can be nurtured or, just as easily, harmed if patients are not having good experiences and you don't know about it or, worse, fail to take corrective action when you learn about problems.

Practice catchment areas are likely to be abolished in the current health service reforms in England, giving patients greater choice about where they choose to have their primary care. In a more open market, a practice's reputation matters more than ever for retaining existing patients and attracting new ones.

Counting up the ways your practice does patient participation gives you a track record for engagement which makes your business much fitter to face the future.

Dr Andrew Craig
Partner
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The Moore Adamson Craig Partnership supports user and public participation, trains lay representatives and develops responsive health, care and education organisations.

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