



Get off on the right foot with your patient participation group

Your practice has decided to take the plunge and set up a patient participation group (PPG). The practice and the participating patients are taking on a big commitment. Good relationships don't build themselves.

After the initial planning, sustaining a group that helps the practice and participants to develop together will consume time (most likely out of hours), staff attention and financial resources. And the participants will have to feel it is worth their time too; participation that does not meet needs doesn't flourish.

If we build it, they will come

Not necessarily. Patient participation rests on people volunteering to take part; it's a fragile organism that can wax and wane. Your practice is investing in itself as a customer-facing business and all investments need nurturing. A successful PPG is well worth the effort and can produce a quality return on the practice's investment many times over.

Having a PPG also aligns the practice with the grain of coalition government health policy which strongly favours user engagement within practices. PPGs are singled out as ways to achieve better informed patients who can share in decision making – a key government aim.

Don't play the numbers game

PPGs aren't new. Their origins go back to the early 1970s and the National Association for Patient Participation (NAPP), set up in 1978, currently has 470 PPG affiliates. There's no one definition of a PPG, so local variation is common. A PPG can take many forms, including a moderated, "virtual group" either as an adjunct to a physical group or on its own. The rule of thumb is if it makes sense to your practice and to the participating patients then give it a try.

“What is the PPG there to do?” is a key question and finding an answer cannot be put off. Cosy chats and cups of tea once a month wear thin very quickly. The Royal College of General Practitioners has a rather “Big Society” view on PPGs which sees them as very active : *“groups of patients, usually within a practice, which aim to develop self help and improve their own primary care. These Groups often help to benefit patient care within a practice, for example by arranging transport for elderly or disabled patients for medical appointments or by running self help groups, for example weight watcher sessions”*. ¹

NAPP takes a more relaxed view about PPGs: *“At its simplest, patient participation refers to patients taking an active interest in their health care. ... Their priorities are developed and agreed locally in order to meet local needs and to reflect the interests and energies of the participants.”*²

PPGs in our (admittedly mainly London) experience are fairly modest in terms of core participants but can have big opt in cohorts receiving newsletters. They are particularly interested in education, service developments and customer relations issues like access to appointments, telephone contact with practitioners and topics revealed by complaints and compliments.

Big numbers aren’t needed to make progress in these areas. Half a dozen PPG members with badges or specially printed T-shirts greeting and encouraging patients to sign up for your online appointment and repeat prescription service can make a real difference to uptake of a new service that posters and leaflets will never achieve.

We have first hand experience of how interest can escalate if there is a campaign in the air, such as a threat to a well-used service. Numbers can grow quickly around the existing core members, showing yet again that word of mouth is the best recruiting sergeant and that participation is a highly elastic concept.

The “representativeness” bogeyman

A PPG isn’t a weighted market research survey sample. Well-informed, well-supported patient participation group members don’t have to be

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[www.rcgp.org.uk/patient_information/your_surgery/complaining_and_commenting.aspx#PatientPartnership Group](http://www.rcgp.org.uk/patient_information/your_surgery/complaining_and_commenting.aspx#PatientPartnershipGroup) (Accessed 11/10)

² www.growingppgs.com/home/ (Accessed 11/10)

“representative” of the whole practice population. They won’t see themselves like that anyway. The practice should see them as “patient involvement advisors” and “critical friends”.

They can – and probably will – be good spokespeople for the views of others. Views collected from patients by patients have independent value that the practice needs. So stare down the “representativeness” bogeyman; otherwise there is a temptation to say the PPG’s views don’t matter.

PPG members should be encouraged to learn more about what is going on in the local NHS, to ask key questions and to help the practice ensure that appropriate responses and information are available to all patients. They also need feedback from the practice that their efforts are valued and seen to make a difference to the business.

Liaison and partnership, not patients in isolation.

Successful participation is about doing things together – practice members and patients. Here are the aims of one London PPG which has just celebrated its 10th anniversary and sees itself as a “liaison group” working closely with the practice team:³

- 1) To help doctors and surgery staff to provide, and patients to obtain, the best possible healthcare through discussions at regular meetings with surgery staff deliberating on local and national health issues.
- 2) to contribute to patient satisfaction through opinion surveys and other means, including the examination of complaints, as well as monitoring the performance and targets set by the practice.
- 3) to produce newsletters for practice patients which will contain appropriate information on local and national health matters.
- 4) to organise appropriate educational seminars on health matters suggested by patients which will be open to all patients of the practice.
- 5) to monitor activities of the Primary Care Trust and assess the effect any decisions or developments proposed by the PCT may have on patients of the practice.
- 6) to ensure that the group has a wide and representative membership from the patient population.

³ Balham Park Surgery Patients Liaison Group www.balhamparksurgery.co.uk/bpsplg.html (Accessed 11/10)

PPGs creating value for the practice

Here are some of the ways a well-supported PPG can help the practice and justify your investment.

1. Testing out new ideas - eg patient access to their electronic records
2. Helping to evaluate practice standards - eg “mystery shopper” telephone survey of waiting times for appointments
3. Discussing whole practice outcomes of the Improving Practice Questionnaire
4. Suggesting practice priorities for the coming year reflecting IPQ findings
5. Considering anonymised comments and complaints received by the practice and how the practice has responded
6. Developing new services - eg the group funded a yoga referral class for a year, which was evaluated and now runs regularly at the practice
7. Arranging educational sessions – reflecting issues about health and lifestyle suggested by patient meetings and surveys, eg the “Healthy Living Open Day”
8. Communicating with the wider practice population - eg collecting email addresses from the opt in form when new patients register and distributing regular newsletters electronically, by post and through the surgery waiting room.

The mix for PPG success

Our direct experience of PPGs and a review of the successful Balham Park Surgery Patients Liaison Group in Wandsworth in 2008 for the Department of Health suggest that successful patient participation groups need certain things.⁴ These should be part of the mix for a successful PPG. The practice can do some of these, but the participants must learn to do some for themselves.

practice commitment – meaning personal commitment from partners that may involve financial support at first and costs in the form of clinical and management time

simple but sufficient logistics – suitable space to meet, accessible for disabled people with an induction loop; a note taker, an email list, producing material in extra large fonts for those who need it, etc

clarity around the budget; participation isn't cost free; clarify who pays for what and where the money comes from. Freed up resources from practice-

⁴ A Patient Participation Case History from Primary Care (2008) www.mooreadamsoncraig.co.uk/wp/wp-content/uploads/2009/11/REPORT-AS-SENT-TO-DOH-310308.pdf (Accessed 11/10)

based commissioning can be used to fund a specific budget for PPGs. Guaranteed funding supports advance planning and underpins regular communications

good internal organisational processes to follow up actions agreed at meetings and plan for future meetings; someone has to be in charge without dominating or becoming exhausted

professional and people skills amongst the participants can be a huge asset but must be balanced with trying to develop everyone and not lapsing into dependency on a few – though it is inevitable that some participants are better equipped to provide leadership than others

serious efforts to improve access and support those with disabilities; perhaps one of the most challenging things a PPG will face but also a big learning opportunity for them and the practice team

Finally, don't be afraid of having fun, celebrating achievement and acknowledging that a PPG that meets social needs of participants as well as meeting their desire to make a contribution is creating its own success.

Professionalising patients?

Some people voice fears that PPGs spread they will end up “professionalising” patients. Maybe they will, but that isn't a bad thing. Most practices would rather have patients as partners, sharing decisions about their individual care and collectively helping think about how to make the practice successful. Give me that over the deferential, grumbling, ill-informed and “done to” any day.

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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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