

Ten Minute Guide to Patient Participation Groups

This is the second in a series of Ten Minute Guides produced by the National Association for Patient Participation. It describes Patient Participation Groups (PPGs) within GP surgeries. For more information, visit www.napp.org.uk

1. Introduction

Patient Participation Groups are not new. The first were formed in 1972 and N.A.P.P. was formed in 1978 as their umbrella organisation. Patient Participation Groups work with their practices to provide practical support, to help patients to take more responsibility for their own health and to provide strategic input and advice. They are based on cooperation between the practice staff and patients. They help to improve communication.

2. What do Patient Participation Groups do?

The activities of PPGs vary because they develop to meet local need. They include:

- Improving communication through newsletters, websites and other means
- Organising health promotion events in partnership with the practice
- Running services to meet local need, such as volunteer transport, prescription delivery, patient libraries, befriending and carer support
- Providing strategic advice, influencing commissioning and carrying out research
- Supporting the practice in its dealings with other bodies

3. How do Groups get started?

The impetus behind a Group's formation can come from the practice or its patients. Members can be recruited in a number of ways, depending upon the purpose of the Group. The "safest" method is for the practice to invite selected patients to form a "think tank". In most cases, this will progress into recruitment from the wider patient body through, for example:

- Advertising on notice boards, newsletters etc
- Choosing individuals to give a particular demographic balance
- Inviting prominent local organisations to send representatives
- Through elections at Annual General Meetings
- After formal application procedures led by the PPG

There are advantages and disadvantages with each approach. A pragmatic approach may be sensible at the outset but this should become more inclusive over time.

4. Setting objectives

It is vital that PPGs have a clear sense of purpose that is agreed with the practice. One way to achieve this is to use the *Cherrystones* tool developed by N.A.P.P. This invites PPGs to prioritise all of their possible activities as this year, next year, some time or never. By choosing a small number of “this year” targets, PPGs can be clear about their focus and should then review their objectives regularly.

5. How many PPGs are there?

In 2005 and 2007, N.A.P.P. completed two major surveys of general practice. Surveys were sent to 3600 practices in England, with more than 1000 responses received. Of those that replied in 2007, 37% reported having a Patient Participation Group. Roughly four in ten practices with a PPG reported that the PPG was quite or very influential.

6. Why aren't there more PPGs?

Nearly 80% of practices without a PPG in our 2007 survey had considered establishing one. Their decision not to proceed was most commonly explained by:

- a lack of time
- a feeling that the practice was already close to its patients
- a perceived lack of interest among patients
- a fear that the wrong patients will be interested
- ambivalence or antipathy from one or more GPs
- the difficulties of working with a diverse patient population

Practices also report fears that PPGs might become a forum for moaners. This is not the experience of established Groups, however, and can be managed by constructing clear ground rules for the work of the PPG.

7. Are there likely to be more PPGs in future?

N.A.P.P. hopes, and expects, that there will be more PPGs in future. This is encouraged by the new GP contract which provides financial incentives to practices to form PPGs. PPGs can also make an important contribution to Practice Based Commissioning. A further reason to anticipate continued growth is that PPGs are consistent with modern medicine (that encourages professionals and patients to work in partnership) and with modern culture (that expects providers of services to be accountable to their consumers).

Graham Box MA DPhil (Oxon)
Chief Executive,
National Association for Patient Participation