In each issue of the *Journal of General Practice Nursing* we investigate a hot topic currently affecting our readers. Here, Binkie Mais looks at patient participation groups (PPGs) and asks the question...

Are clinicians taking patient involvement seriously enough?

I’d imagine that most of us would accept that listening to others is a good thing, right? That gathering the opinions of colleagues, stakeholders and service users promotes creative thinking, which in the long-run can improve services? Well, in an uncharacteristic burst of innovative policymaking, it would seem that the NHS agrees with you.

Among recent changes to the GP contract this year is a contractual requirement — as of 1 April, 2015 — for all practices to have a patient participation group (PPG) and ‘to make reasonable efforts for this to be representative of the practice population’ (www.nhsemployers.org/GMS201516).

PPGs are by no means new, having been around since 1972 when they were formed so that GPs could hear first-hand what their patients wanted and use these views to identify objectives and priorities for the practice (Pritchard, 1981).

PPGs may not be a new idea, but they may be a bold one; what other industry would open its doors to clients with the question: ‘Now, what do you really think about us and what we do?’ Even if they did, cynics would criticise any efforts to engage PPGs can play an important role in tailoring services to meet the needs of practice populations. In my experience as a PPG member, this only works for both parties if there is a clear remit for the group, balanced representation and good communication between patients, PPG and the practice.

Effective PPGs can fulfil the role of a sounding board to explore patient reaction to forthcoming change, e.g. changes in opening hours, new services or practice mergers.

The group needs to seek the views of patients and encourage engagement through e-groups, newsletters or open meetings. PPG activity varies widely in what they do. A good example which our PPG did was to run a carers’ evening to seek ways to provide mutual support.

As shown here, PPGs are not a new concept to the healthcare system, as they were established in 1972. Clinically, PPGs can lead to an efficient and effective healthcare system which delivers directly to a targeted local community, based on its population’s needs. However, the implementation of such a fantastic model begs the question of where will the GPs and GPNs find the time to attend such meetings when in reality patients are struggling to get a timely appointment at the surgery? Recent news reported on the thinning of GP coverage in rural areas, and this forecast is expected to last for the next few years. In light of all these GP challenges, will these struggling areas be able to engage with such initiatives? When implemented, the PPG model needs close monitoring as a form of validation, otherwise it will just become another NHS tick box exercise which GPs will claim to have under their belts. PPGs may need independent adjudicators, given that GPs have become independent businesses. This will safeguard members of the PPGs by making sure that whatever is discussed during PPG meetings will get delivered on, or at least a realistic action plan designed.

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as a see-through PR exercise that had no intention of taking note of people’s views anyway.

Unfortunately, human nature is such that when a person is asked to comment, it is often seen as an invitation to criticise. Take recent reviews of the production of Hamlet at London’s Barbican (‘Benedict Cumberbatch imprisoned in a dismal production’, Guardian, 26 August), which often seemed to be more of a diabribe against the actor himself, despite the huge queues outside the theatre. It is easier to find fault than to identify what actually works for people.

With the increase in multidisciplinary working and integrative care which should potentially promote greater participation, it makes sense to include patients and to ensure that those providing services are speaking with the very people for whom the services are for. By giving patients the opportunity to have a say in their health service, through two-way dialogue and transparency, a synergy can develop from which public trust in the NHS can be built, i.e. real involvement bringing about real improvement.

Today, over 50% of all GP practices have a PPG and they are also being set-up in pharmacists and dental practices. But, here’s the rub (Hamlet, III, i, 66) — for any group to function effectively, its membership needs to include those being represented. To be truly representative, PPGs will need representatives from different groups, e.g. voluntary care services, single parent families, as well as the myriad of healthcare professionals involved in patient care. Some patient cohorts are naturally less likely to complain or make suggestions, i.e. the elderly, but their voice still needs to be heard — particularly when the NHS is struggling to meet the demands of an ageing population.

As Heather Henry predicted in 2014, patients and residents need to be seen as equal partners with talents and skills’ rather than ‘problems’ needing to be ‘fixed’.

Lay members of PPGs will be able to gain an understanding of the roles of, for example, health visitors, social workers and GPNs, as well as getting an insight into ‘the mechanics’ of health care and the difficulties involved (such as seven-day working); while in return healthcare professionals will find out what matters most to their local community. Education of both patients and staff surely ticks lots of boxes in the search for effective preventative care.

Of course, there will be teething problems — for example, the question of who should chair such groups — patients, trained healthcare professionals, or policymakers? And, what influence will PPGs actually have on the direction that local health care actually takes? What motivation will trusts have to make any changes based on the PPG’s findings and discussion?

There is no doubt that PPGs can help practices to ensure that their services are better tailored to the needs of the local community and can help to remind everyone involved that healthcare professionals are accountable.

However, this will only happen if the ‘powers that be’ actually listen to what is being said and respond and adapt accordingly to enable change to flourish. You only have to look at the huge queues for a production of Hamlet that has received — to put it mildly — mixed reviews, to see that people often take in well-meaning advice and then do exactly as they please (although it is of course possible that the charming Mr Cumberbatch has had a role here).

There is a lesson for healthcare providers in all of this — listening is good, but be prepared not to like what you hear.

REFERENCES


Peter Lawley
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In 2011, PPGs became part of the Direct Enhanced Services (DESs) offered to general practice. Although it was optional to take on this DES, with funds being reduced from other areas, it almost felt obligatory to do it to retain overall income.

As practice manager, I knew this would fall mainly on me to set up, attend meetings and do all the admin required. It filled me with dread, to have yet another job to do; time-consuming and with a lot of hoops to jump through to meet the specification of the DES.

I set about advertising. I had a good response — 20. At our first meeting, a partner and myself laid out the objectives for the group. It was interactive. We thought it went well and the next meeting was planned, but — ‘oh dear’ — only five turned up. Yet, we got through the process and got paid.

Subsequent meetings generated frustration for both staff and patients. From my perspective, the meetings merely produced gripes about our appointment and telephone systems. I was honest about the restrictions we had in general practice, but that was seen as ‘negative’ — maybe I was too honest.

In 2012, through another recruitment drive we gained some new proactive members. Our new chair was keen to make the PPG work, but it had a diverse membership. Yet again there were too many criticisms about the practice that were beyond my control to change. I wanted to throw the towel in.

Instead, one of our partners and I met with two key members of the group. After an honest dialogue about the problems we ironed out our differences and moved forward.

Today, we still have a diverse group but this includes members who already know the Health Service and want to be proactive to help the practice, some with excellent IT skills and experience of social media to support our new Facebook page. Together, we have produced a regular informative newsletter for our patients, and our telephone system has been changed to address some of the previous criticisms. Members participated in a Healthwatch visit and met with all our staff to discuss the appointment system. These interactions help PPG members gain an understanding of the fundamentals of primary care.

How do I feel four years on? Exhausted, but I can now see the value a PPG has for practices. We have to work together and we need to listen to each other. The practice needs the support of its patient group to deliver the best service possible, but the patient group cannot exist, let alone flourish, unless it is supported by the primary care team.

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If PPGs are to be successful it will be necessary to educate patients and healthcare professionals to behave differently. Everyone needs to believe in the concept of patient participation and to be inclusive and welcoming — there needs to be two-way communication, with people who can see beyond individual issues and respect each other’s views without becoming defensive.

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