



Registered Charity No. 292157

# **Survey of Patient Participation in General Practice (2005-2007)**

**August 2007**

**The National Association for Patient  
Participation**



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# **A survey of patient participation in general practice**

## **1. Introduction**

From 2004-2007, the National Association for Patient Participation (N.A.P.P.) received three-year funding from the Department of Health to support its best practice project. This has identified and share examples where patients are successfully influencing primary care, both at practice and Primary Care Trust (PCT) level.

As part of that process, we undertook a major survey of GP practices across England, the results of which are presented here.

## **2. Method**

The chosen survey was a simplified version of one that had been used in 1999 by the National Association for Patient Participation. In the pilot phase, one practice in each PCT was written to and invited to fill in the relevant survey, depending on whether or not they already had a Patient Participation Group (PPG). Fifty practices were also contacted by telephone.

The full survey was sent to 6 practices in each PCT across England in Spring/Summer 2005. Although the boundaries of the PCTs changed, we then sent the full survey to six different practices in the historical PCTs in Spring/Summer 2007. As minor modifications were made to the survey as a result of the pilot phase, the following report describes only the findings from the full survey.

## **3. Response rate**

In 2005, exactly 500 completed questionnaires were received, representing a response rate of 28%. 78% of the surveys were completed by practice managers, 19% by GPs and the remainder by other practice staff. The response rate was even higher in 2007 standing at 30%, with 89% of replies coming from practice managers and just 7% from GPs.

## 4. Findings

The findings are interesting on three levels. First, they tell us something new about the number of patient participation groups within GP surgeries (albeit with a bias due to the self-reporting survey method). Second, they show how much the situation has changed in just two years. Third, they offer insights into the differing perspective of practices with and without patient participation groups. Headline findings are summarised below. Note that due to rounding errors, percentages do not always sum to 100.

### 4.1 Prevalence of PPGs

In 2005, one in four practices (25%) reported having a Patient Participation Group (PPG). They were distributed geographically as follows:

| <b>2005</b> | Among total sample | Location of practices with PPG | Location of practices without PPG |
|-------------|--------------------|--------------------------------|-----------------------------------|
| Inner City  | 15%                | 8%                             | 17%                               |
| Suburban    | 39%                | 33%                            | 42%                               |
| Semi Rural  | 32%                | 39%                            | 28%%                              |
| Rural       | 14%                | 21%                            | 11%                               |

By 2007, nearly four in ten practices (37%) reported having a Patient Participation Group. Their distribution is described below

| <b>2007</b> | Among total sample | Location of practices with PPG | Location of practices without PPG |
|-------------|--------------------|--------------------------------|-----------------------------------|
| Inner City  | 16%                | 11%                            | 19%                               |
| Suburban    | 37%                | 36%                            | 38%                               |
| Semi Rural  | 30%                | 32%                            | 28%                               |
| Rural       | 17%                | 21%                            | 15%                               |

In 2005, nearly 70% of practices without a PPG had considered establishing one. By 2007, this figure had risen to 77%. Their decision not to proceed was most commonly explained by a lack of time. Other explanations included:

- a feeling that the practice was already close to its patients
- perceived lack of interest among patients
- fear that the wrong patients will be interested
- the difficulties of working with a diverse patient population
- a previous failed attempt at establishing a group

#### 4.2 Year of formation

In the 2005 survey, 38% of the PPGs had been formed since the introduction of the nGMS contract in 2004. There was also a significant number of Groups that had been in existence for ten years or more so that the average (mean) age of the Groups was six years old. By 2007, 58% of the PPGs had been formed since 2004 and the average (mean) age of the groups was now five years old.

| Reported age of PPG | Frequency (2005) | Frequency (2007) |
|---------------------|------------------|------------------|
| 15-33               | 7                | 16               |
| 10-14               | 17               | 22               |
| 5-9                 | 33               | 36               |
| Less than 5 years   | 78               | 135              |

#### 4.3 Influence of the PPG

In 2005, 44% of practices with a PPG felt that their Group was quite or very influential in the life of the practice. Only 7% reported that the PPG was not at all influential. These figures were 38% and 8% respectively for the 2007 survey. By contrast, only 13% (10% in 2007) felt that the PPG was quite or very influential in the life of the PCT with 54% (65%) feeling that it was not at all influential at that level.

The four most important factors explaining the influence of the PPG at practice level were:

- PPG understands the constraints on the practice
- Attitude of the practice manager to the PPG
- Attitude of GPs
- Good leadership within the PPG

For the PPG to be influential with the PCT, the two most important factors were:

- Enthusiasm from the PPG
- PCT has a good lead officer on patient involvement

Examples of PPG influence and interaction with their practice include appointment and telephone systems, waiting area, access to the surgery, plans for redevelopment, communications, repeat prescriptions, patient information, follow up to the patient survey and medicines management.

#### 4.4 **Problems for PPGs**

Where PPGs reported problems, it was most likely to reside in the fact that there are not enough people willing to participate and that the same people sometimes end up doing all of the work. Tensions between the PPG and practice or uncertainties about the PPG's role were relatively minor concerns by comparison.

### **5. Discussion**

Previous published research into the nature of PPGs, and their effectiveness, established that PPGs have endured as a model for public engagement through decades in which public policy has shifted considerably (Pritchard, 1993). Throughout this time, PPGs have tended to be viewed favourably by practices that have them, but with some reserve or even scepticism by those that don't (Brown, 1999).

The findings from this survey are consistent with those broad messages. But the fact that nearly four in ten practices now report having a PPG suggests that this form of patient participation is becoming a more mainstream feature of general practice. This is not a purely rural or semi-rural phenomenon although inner-city practices are less likely to have PPGs than those in other geographical settings.

Note that the four in ten figure is likely to represent an overstatement of the prevalence of PPGs since practices with a PPG are probably more likely to respond. In 2005, N.A.P.P. wrote to all of the PCTs to understand how many PPGs they were aware of in their area. Eighty PCTs replied (26%) and reported that 20% of their practices had a PPG (compared to our survey figure of 25%). This provides some indication of the likely degree of over-reporting, though it is also likely to be true that some practices have PPGs of which their PCT is unaware.

Practices without PPGs have often take a conscious decision not to set them up. Their motivations differ widely, however. Some practices would like to have a group but simply don't see this as a priority against so many other competing demands. Others resist PPGs on the grounds that those who come forward will fail to represent the wider practice population or will be "awkward customers". A third group of practices feel that they have sufficient contact with patients so that a PPG becomes superfluous.

Note that the PPGs form widely varying roles within the practice. Some have been established solely to comment on the patient survey as part of the nGMS contract provisions. Others have a much broader role to include delivery of services, information provision and health promotion. In a separate report, we will type up the free text responses that summarise these roles and this will be posted on our website at [www.napp.org.uk](http://www.napp.org.uk)



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## 6. Conclusion

This sets a clear agenda for N.A.P.P. and others who would like to see more, and better, PPGs operating in general practice. This includes:

- Promoting the excellent work undertaken by the best PPGs, including the important contribution that they can make to the smooth running of the practice and the health of the local community
- Challenging some of the fears felt by practices without a PPG, including the concern that PPGs are a forum for moaners and too easily abused by those with their own personal agendas
- Advising on recruitment techniques that can begin to overcome some of the legitimate concerns that are raised about the lack of diversity among PPG members
- Developing training for practice staff and PPG members so that their relationship is constructive and valued on all sides

The National Association for Patient Participation would like to thank those practices that took the time to participate in this survey. We were delighted with the response rate and feel that the findings have provided us with a deeper understanding of the current position with respect to PPGs.

I would be pleased to respond to any questions that you may have about the survey and about N.A.P.P.'s work in promoting patient participation.

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