



Registered Charity No. 292157

Patron Sir Denis Pereira Gray OBE

Making the Most of Patient Participation Groups

Interim Project Report June 2010

Final

Making the Most of Patient Participation Groups

Executive Summary

“The Making the Most project has been an excellent forum for participating PCTs and PPGs, and although the project has closed, the journey for PPGs, Practices, PCTs and NAPP will continue with confidence and enthusiasm. Whether PPGs are just forming or are mature, there is much to gain from comparing ideas and best practice, and NAPP is the clear catalyst to help the PPGs to grow and thrive, for the benefit of all patients.” (PPG chairman and member of local steering group)

During the past two years, N.A.P.P. has worked closely with Primary Care Trusts (PCTs), GP surgeries, Patient Participation Groups (PPGs) and other stakeholders to promote more, and stronger, patient participation. This report summarises the activity and the learning from this project, which has been funded by the Department of Health.

The key messages for this Executive Summary are:

1. The Making the Most project has led to a substantial growth in the number of PPGs. Across the eleven PCTs, the number of practices with a PPG has increased from 35% to 47% in less than two years.
2. Regional Conferences on patient participation have proved extremely popular, with 120 delegates attending the events in Taunton and Cambridge, and a long waiting list in each setting.
3. The Growing Patient Participation campaign resources have been a significant source of high quality information and support, sharing best practice on getting started with a PPG as well as raising awareness of the breadth of PPG activity.
4. Networking PPGs across a commissioning area or across the entire PCT is valued and valuable, providing greater motivation and sense of purpose, as well as improving communication.
5. PPGs have so much wisdom and expertise to offer. For example, the regional conference format was developed by Clive Oakley, PPG chairman in Exmoor, and the *growing patient participation* concept was created by Bob Seddon, PPG chairman in Moreton.
6. PCTs and PPGs welcomed the opportunity to learn from colleagues in other parts of the country. This learning extended beyond PPG specific work to include membership schemes, consultation databases, patient survey devices, and so on.

Making the Most of Patient Participation Groups

Aims

In the Summer of 2008, the Department of Health awarded funding to the National Association for Patient Participation to deliver a project entitled *Making the Most of Patient Participation Groups*. The aims of the project were as follows:

- (1) To promote and encourage patient participation within the primary health care setting for the mutual benefit of both patients and staff.
- (2) To promote and encourage the formation of local networks of Patient Participation Groups.
- (3) To work through those networks, as well as through our individual affiliates, to develop the role of patients and the public in commissioning, tackling health inequalities, self-care, support for carers, Local Involvement Networks, as well as the traditional core activities of Patient Participation Groups.
- (4) To continue to work in partnership with the key organisations and opinion formers in primary care, especially Primary Care Trusts, the NHS Alliance, the Royal College of General Practitioners and the British Medical Association.

Delivery

It was agreed that the core elements of this programme would be delivered in partnership with Primary Care Trusts who were committed to developing more, and better, Patient Participation Groups. Our aim was to recruit participating PCTs from across the country with different demographic and socio-economic profiles.

Subsequently, we have worked closely with eleven Primary Care Organisations from:

Bradford – Central and Eastern Cheshire – Coventry - Hillingdon – Milton Keynes – North East Lincolnshire - Nottinghamshire County – Oxfordshire – Shropshire - Somerset – West Sussex

In addition to our collaboration with these organisations, NAPP has been active in a number of other PCT areas, notably in South East Essex, South West Essex, Dudley, Walsall, Leicestershire County, Luton, Sandwell, Stoke and South Staffordshire. In the main, this work has been funded by the PCTs themselves.

Finally, our intention was to develop closer relationships with the other key primary care stakeholders. Progress in this area is reported below.

Timescales

June 2008	Agree proposal and funding
July 2008-Sep 2008	Set-up phase
Sep 2008–March 2009	Mapping exercise
April 2009–Dec 2009	Series of PCT-wide meetings
July 2009–March 2010	Development of resources
April 2010–May 2010	Preparation of final report

Overall, the project has adhered to this timeline although we are grateful to the Department of Health for their agreement that work, especially with key stakeholders, can continue until March 2011. Consequently, this report should be seen as an interim summary of progress to date. It is timed to coincide with the ending of the more intensive support phase for the eleven core Primary Care Organisations.

Thanks and acknowledgements

The project has been extremely fortunate to draw upon the commitment of both PCT staff and the many volunteers who have been involved in a variety of ways. Particular gratitude goes to the lay members of the various steering groups who have given their time and advice so generously, as well as to all of those PPG members who have supported networking events and advised on the development of resources.

The NAPP Patron (Sir Denis Pereira Gray), the NAPP President (Dr Patricia Wilkie) and the NAPP Board (chaired by Danny Daniels) have supported, and contributed to, the project in many different ways. And finally, Audrey and I would like to put on record our appreciation of the stakeholders with whom we are building a growing relationship, and the Department of Health Public and Patient Experience and Engagement team.

Stakeholder contacts

Throughout the project, NAPP has developed its relationships with the major stakeholders in this area. For example, we have made presentations to, or met with:

- The British Medical Association
- The Royal College of General Practitioners
- The NHS Alliance
- The Practice Management Network
- Family Doctors Association
- The National Association for Primary Care

This networking was given a substantial boost by the *Growing Patient Participation* campaign. This brought NAPP together with the RCGP, BMA and the NHS Alliance in order to promote patient participation. The work was funded by the Department of Health's Access and Responsiveness programme.

The campaign has been informed by and, in turn, has supported the Making the Most project. It has raised the status of Patient Participation Groups, developed a suite of new resources hosted at www.growingppgs.com, initiated the Making a Difference award for PPGs and secured extensive media coverage. It is important to note that the development of materials was strongly influenced by the feedback received during the Making the Most project.

The branch of the project that has been dedicated to stakeholder development has also seen NAPP present at:

- The RCGP Access and Responsiveness workshops (reaching 1200 people)
- Management in Practice conferences
- Primary Care Live conferences
- Primary Care Contracting events
- The RCGP Annual Conference

Regional conferences

The project has also drawn in additional resources that have allowed us to deliver two regional Conferences. The first, covering the South West, was extremely well-received with 120 delegates attending.

Chaired by NAPP Patron, Sir Denis Pereira Gray, the keynote speaker was Dr Michael Dixon, chairman of the NHS Alliance, and the workshops were targeted at (a) practices without a PPG (b) existing PPGs and (c) individuals with a personal or professional interest in promoting patient participation. The format was designed by Clive Oakley who chairs the Exmoor Medical Centre PPG.

NAPP is grateful to NHS South West and to the Department of Health for helping to fund the event, and to NHS Somerset for being superb partners throughout.

The second regional conference took place in Cambridge on 24th June. Following a similar format, the inspirational keynote address was delivered by Professor Simon Gregory, Dean of Postgraduate Medical Education in the East of England. The Conference was fully booked with 120 delegates, plus a waiting list. Our thanks go to NHS East of England and the Department of Health for financial support. We would also like to thank the Primary Care Trusts in Bedfordshire, Cambridgeshire, Norfolk and Suffolk for their help in planning and delivering the event.

The interest in these Conferences has been hugely encouraging for NAPP and is one of the key learning points from the project as a whole.

Resources

One of the essential stages in the project was to identify the resources that would help PPGs to grow in number and effectiveness. We were extremely fortunate that the *Growing Patient Participation* campaign was able to support the design and printing of these resources. This meant that they were of higher quality, and available in greater numbers, than would otherwise have been the case. The full list of campaign publications is as follows:

- Growing Patient Participation – promoting quality and responsiveness in general practice
- Growing Patient Participation – Getting started: a step-by-step guide for practices to setting up a Patient Participation Group
- Growing Patient Participation – 21 ways to help your practice thrive
- Patient Participation Groups – a natural route to world class engagement
- Growing Patient Participation – communications toolkit for Patient Participation Groups
- Primary Care Trusts – promoting excellence in patient participation

Cycling tour

In order to generate additional publicity for Patient Participation Groups across the country, NAPP organised a promotional tour to coincide with the close of the PCT support phase of this project. This involved the outgoing Chief Executive, Graham Box, cycling a minimum of 300 miles, supported by Chairman, Danny Daniels, in his car. The route took in as many of the pilot sites as was logistically possible, beginning in Stockton-on-Tees and visiting Warrington, Oldham, Market Drayton, Nottingham, Milton Keynes, Harrow, Worthing, Alton and Wincanton.

Events were organised locally, including several networking sessions that brought together PPGs in the area, often with senior-level PCT involvement. The process is generating some excellent local publicity and, indeed, some very positive exposure for NAPP.

The central themes were:

- Important successes for PPGs working with their practices to secure improved premises (process was at varying stages in Stockton, Warrington, Market Drayton and Wincanton)
- Trend towards networking PPGs together across a locality (in Milton Keynes this was organised by the Local Involvement Network)
- Strong contributions to health improvement, including the Men's Health Forum and annual health fayre run by the Wilson Practice PPG in Alton and the series of educational evenings organised by the Wincanton PPG
- Reaching out beyond the practice, such as the work on fuel poverty and carers in Oldham or the influencing of commissioning in the [Principia](#) model in Nottinghamshire or the networking of the Worthing Area Forum
- Membership models - the Ridgeway Surgery PPG in Harrow has more than 1000 members.

The picture below celebrates our arrival at the last leg of the journey in Wincanton.



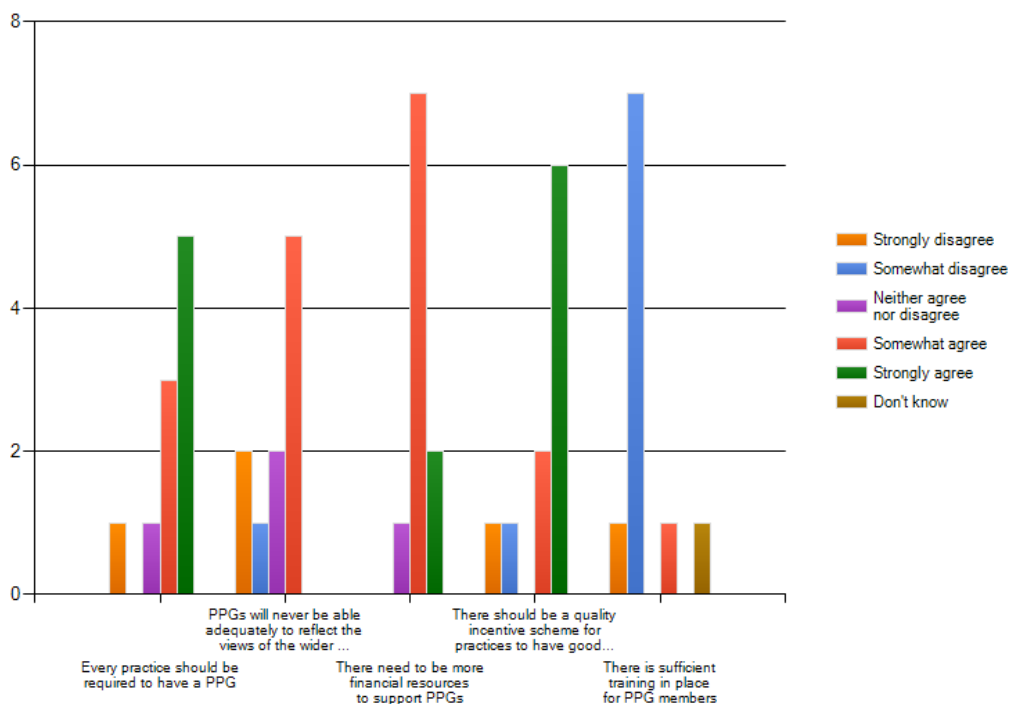
Evaluation

The budget did not allow for a comprehensive independent evaluation. Instead we organised a networking event just over half way through the project (on 22nd October 2009) in order to take stock, a closing event on (20th May 2010) and we asked the lead from each participating PCT to complete a brief online evaluation.

The key lessons from the online survey are as follows:

- Growth in PPGs from 35% of practices in participating PCTs at project outset (Autumn 2008) to 47% of practices (May 2010).
- PCTs described targets to reach 62% of practices with a PPG by close of 2011 (some targets related to dates earlier than this)
- High ratings for NAPP involvement at networking meetings (70% rated this “extremely helpful”) and for the Growing Patient Participation campaign resources (50% rated these “very helpful” and 50% “extremely helpful”)
- 90% believe that the project helped to improve the quality of patient participation in their area (the other was “not sure”)
- 100% of PCTs plan to continue to promote and support PPGs after the completion of the project
- Project met expectations in 70% of PCTs and exceeded expectations in 30%
- Views varied on some of the key issues (see below)

To what extent do you agree or disagree with the following statements about Patient Participation Groups.



Some illustrative quotes

“We are trying to encourage all of our practices to have a PPG and are aiming to hold a celebratory event later this year for established PPGs which will hopefully encourage other practices to take up the challenges.”

“The project has been excellent...”

“Over time, I have been more confident in working with practices to initiate PPGs thanks to using the NAPP documents and suggestions and seeing them work in practice.”

“The project has probably exceeded expectations in the impact of PBC in this PCT and (through the use of a financial incentive) the number of new PPGs setting up in just one year. I doubt if we would have made this progress (or introduced the funding) if we had not been involved in the project.”

“There has been excellent work which had been going on already but it was very much in isolation. Through the project, this work has been shared and groups that were perhaps beginning to feel ‘what’s the point?’ have been able to see themselves as part of something much bigger.”

The **closing workshop** shared the learning from across the project sites and also generated suggestions for consideration by four key constituencies: PPGs, practices, PCTs and NAPP itself. Given their importance, these are reproduced below and the full conference report is presented as an Appendix.

Suggestions for PPGs (depending upon stage of development)

- *Make use of national/NAPP best practice ideas*
- *More sophisticated communication to share messages and resources locally*
- *Carry out annual health checks to ensure PPG is in good shape*
- *Make use of IT/new technologies (eg internet cafe in practice)*
- *Promote prevention and demonstrate value to the wider system*
- *Draw patients in through activities such as healthy walks*
- *Improve communication to the wider patient base about what is available*
- *Make PPGs aware of their position/power - think big!*
- *Link up with other local voluntary and community organisations*
- *Find out about your Local Involvement Network*

Suggestions for Practices

- *Recognise relevance of PPGs to Care Quality Commission registration*
- *Understand the benefits of having a PPG and publicise successes*
- *Enable PPGs but with a clear transition to becoming patient-led*
- *Listen to the PPG and respond to their ideas*
- *Make use of in-house communications (including digital TV) to promote PPGs*
- *Invite GPs to other PPGs meetings and to networking events*

- *Promote voluntary groups in general*
- *Break down barriers with the PCT*

Suggestions for PCTs

- *Clear staff responsibility for leading on PPGs*
- *Work with PPGs to undertake health checks*
- *Break down barriers with the practices*
- *Share best practice and publicise achievements*
- *Use IT/new technologies for patient engagement*
- *Write PPGs into commissioning contracts*
- *Develop A-Z of services*
- *Develop fund that PPGs can apply to*
- *Have a “GP /practice manager most committed to PPGs” award at PCT level*
- *Train staff and lay people to make them more aware of PPGs*
- *Involve PPG members as lay members on boards etc*
- *Spread word with colleagues within the Strategic Health Authority area*

Suggestions for NAPP

- *Broaden focus beyond PPGs - don't have to be in a PPG to give feedback*
- *Engage with all groups of clinicians more*
- *Engage with NHS staff more (they're patients too!)*
- *Get involved in GP training*
- *Develop a regional network*
- *Build alliances to lobby for more resources to undertake vital national role*
- *Develop map of PPGs nationally*
- *Instigate national PPG day*

Conclusions

It has been a real pleasure for us to work on this project. We have greatly appreciated the commitment shown by lay people, by PPGs and by PCT staff to *make the most* of Patient Participation Groups. We remain convinced that PPGs have a great deal more to offer.

NAPP looks forward to playing its part, in partnership with many other organisations, to ensure that patient groups are an essential and integral part of high quality primary care. As a result, we would expect to see better care, improved communication, more effective service design, and a major contribution to the challenge of getting individuals and communities more engaged in their health.

*Graham Box and Audrey Hoggard
National Association for Patient Participation
June 2010*

Appendix One: (PCT/PPG events attended by NAPP)

Bradford and Airedale

10.11.08 Set-up meeting
16.01.09 Steering group meeting
05.03.09 Presentation to PBC Alliance
27.03.09 Presentation to YPCA commissioning group
21.04.09 Steering group meeting
20.05.09 Engagement day at Bradford City FC
26.05.09 Presentation to Bradford Citycare PBC
24.02.10 Workshop for practice managers

Central and Eastern Cheshire

13.10.08 Initial meeting with network of PPG chairs
18.02.09 Network of PPG chairs
26.03.09 PPG networking event
16.06.09 Network of PPG chairs

Coventry

9.10.08 Set-up meeting
23.04.09 Progress update meeting
29.09.09 Coventry Patient Panel meeting
24.11.09 Progress update meeting
29.01.10 Health Summit

Hillingdon

7.11.08 Introductory meeting
8.12.08 Meeting with PCT Director
03.02.09 Workshop with interested practices
03.04.09 Steering group meeting
19.10.09 PPG networking meeting

Milton Keynes

30.10.08 Set-up meeting
18.11.08 PPG learning event, primarily for GP surgeries
23.03.09 PPG network meeting

North East Lincolnshire

20.11.08 Introductory meeting
29.01.09 Engagement steering group meeting
29.01.09 PPG network meeting
17.09.09 Review meeting
22.02.10 PPG network meeting

Nottinghamshire County

22.10.08 Set-up meeting
02.12.08 Steering group meeting
04.03.09 Steering group meeting
31.03.09 Rushcliffe PPG networking event
19.05.09 Steering group meeting
04.06.09 Steering group meeting

09.10.09 Steering group meeting
04.02.10 Steering group meeting

Oxfordshire

09.10.08 Introductory meeting
09.06.09 Communications and PPI meeting
10.03.10 Planning meeting
11.03.10 Workshop for interested practices: Chipping Norton
13.03.10 Workshop for interested practices: Oxford
25.03.10 Workshop for interested practices: Abingdon

Shropshire

19.11.10 Set-up meeting
30.01.09 Steering group meeting
25.03.09 PPG networking event
07.04.09 Steering group meeting
24.03.10 PPG networking event

Somerset

11.11.08 Set-up meeting
28.01.09 Steering group meeting
30.04.09 Evening networking event: Taunton
14.05.09 Evening networking event: Bridgewater
27.05.09 Evening networking event: Shepton Mallett
28.05.09 Evening networking event: Yeovil
01.07.09 Somerset PPG networking event
08.10.10 Steering group meeting
17.12.09 Steering group meeting
11.03.10 Steering group meeting
14.05.10 Steering group meeting

West Sussex

20.10.08 Set-up meeting
22.01.09 Steering group meeting
28.04.09 Evening workshop followed by dinner
29.09.09 PPG networking event
12.10.10 Steering group meeting
03.05.10 Steering group meeting

National project review meetings

22.10.09 Progress review and planning meeting
20.05.10 Closing event for participating PCTs

Making the Most project Closing workshop 20th May 2010

Introduction

The National Association for Patient Participation was delighted to welcome the 25 delegates to the closing workshop of the *Making the Most* project. All eleven participating sites were present with an even mix of professional and lay representation. We are extremely grateful to everyone who took part.

The purposes of the workshop were:

- To learn from each other
- To celebrate what has been achieved
- To make recommendations concerning the next steps for patient participation

Graham opened the session by reminding those present of the range of activities that have taken place as part of the project, including NAPP involvement at 66 events, 7 local mapping exercises, 2 regional conferences and a vast amount of activity carried out in each of the participating organisations. Participating sites completed an online survey which revealed that:

- the percentage of PPGs in the project areas overall had grown from 35% to 47%
- PCTs are planning to increase this percentage to 62% by the end of 2011
- *Making the Most* had enabled and delivered a higher profile for patient participation
- the *Growing Patient Participation* campaign resources has been particularly helpful
- every site had plans to continue to promote PPGs after *Making the Most* ends.

Feedback from the project sites

The morning session was dedicated to learning from the work in the different project sites. Some of this was directly related to patient participation but the presentations also covered more generic patient and public involvement activity.

Capturing real time patient experience (Nottinghamshire County)

As part of the local quality scheme, practices and PPGs have been piloting the use of electronic devices to capture feedback as patients leave the GP surgery. Questions have been agreed between the practice and its PPG. Very high response rates were achieved, aided by PPGs encouraging respondents to participate and the fact that the surveys were relatively short. Practices will inform the PCT of the overall conclusions from the research and will describe any changes/improvements that have been made as a result. Initial feedback has been highly favourable and the process will now be evaluated in line with the national pilot. Delegates raised interesting questions about costs, publicising the findings and the links to the Ipsos Mori national general practice patient survey.

Networking PPG chairs (Central and Eastern Cheshire)

For some time, the PCT has organised a regular meeting of chairs/other representatives from PPGs. The support from the PCT, which has included training, has been well-received. The network is now chaired by Kevan Larkin (a PPG chair) and sets its own agenda. Its administration is facilitated by the PCT which also provides the venue. It is important that PPGs get to know each other better and so delegates get together 30 minutes before the meeting starts to chat informally: an open invitation is also extended to any practice that wishes to attend. This year, there will be a celebratory event which is intended to raise awareness of PPGs and emphasise their importance. They would also like to explore PPG chairs coming together across the Strategic Health Authority to network on this higher level.

Networking PPGs (Shropshire)

The initial county-wide networking meeting in Shropshire was extremely well-supported with all but two of the county's PPGs in attendance. It was a lively session that included soap box presentations (brief descriptions of the work of each PPG) and speed dating (allowing delegates to chat briefly with a range of interested parties). PPGs wanted this to continue and the sessions are designed according to their preferences. They are now twice yearly and include a "market place" where local organisations meet with PPGs and strengthen their relationships. The PPGs are helping to change the philosophy and culture within the PCT and are connecting with other areas such as commissioning and the membership scheme.

Public reference panel for practice based commissioning (West Sussex)

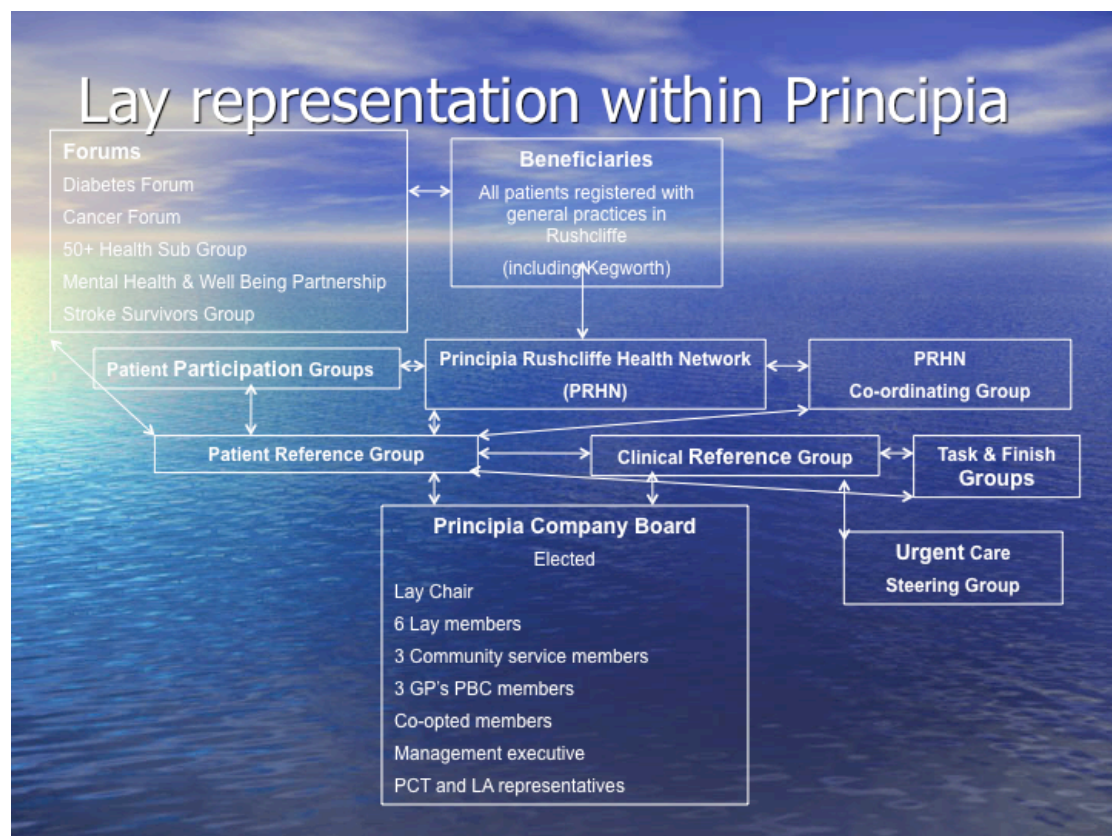
The Cissbury practice based commissioning group includes 14 GP surgeries. They are recruiting a virtual panel of up to 150 people to allow flexible engagement from a wide range of people. A leaflet describes the process and includes an application form. Those who sign up will also automatically join the PCT's own membership scheme. The other areas are looking to learn from this pilot and the PCT also wants to develop structures that link PPGs into the commissioning arrangements.

Principia (Nottinghamshire)

Principia is a social enterprise with a very innovative governance structure. The practice based commissioning board is led by a lay chair and vice-chair, and patients are involved in every aspect of their work. Principia has grown its membership which now numbers 700 and has put in place a success scheme that ensures that practices work consistently with the Principia principles. The vast majority of practices now have a PPG and these are encouraged to link with other community organisations

The success of the model is attributed to its connections with the previous PCT structure (pre-merger) and the importance of good relationships and sound structures. Clinicians and managers also know that business cases will not be supported if they are not able to demonstrate input from patients and the public. The Local Involvement Network is not part of Principia's work since the organisation feels that the LINK cannot be part of a commissioning organisation and then serve as scrutineer of that same organisation.

The lay representation model is described in the following slide:



The importance of PPGs to a Primary Care Trust (Hillingdon)

There is now far higher awareness at Board and senior management level of the potential of PPGs to support the Primary Care Trust's objectives. In particular, engagement of this kind is crucial for the successful design of polysystems which involve moving services out of hospital. The PCT is also keen to work with PPGs to learn more about poorly performing local practices and to support the quality improvement activity that is required.

PPGs and diversity (Bradford and Airedale)

The PCT serves a very diverse area and so adopts a range of engagement techniques, including community development workers. Practices are required to meet quality standards and to sign up to action plans - and one aspect of this (optional but incentivised) is for practices to improve their engagement with the local community. This has driven a significant increase in patient participation across the patch, supported by a local training scheme with 11 modules. Other approaches include working closely with the local authority and using the Local Strategic Partnership structures to capture views.

Quarterly health summits (Coventry)

Coventry has a long tradition of health panels and is now bringing these together in quarterly health summits. This is a forum for networking and identifying support needs but is also able to advise the PCT in key areas, such as their current consultation to improve the quality of primary care. The process has identified five key priorities:

- Building the membership of PPGs
- Running events
- Improving communication
- Networking with other community groups
- Buildings and improving access

Talking Health (Oxfordshire)

This engagement and consultation database allows anyone to register and provide demographic and other information that can be used to target communications in future. It integrates with the NHS Oxfordshire website and is particularly easy to use and to update information. Alerts are provided when new people register and PPGs can register and receive relevant information, as can voluntary organisations. Indeed, PPGs can publicise themselves through the website. Online discussion forums are also possible. So far, the system is working well but it is only one of a number of engagement approaches and the PCT is scrupulous in ensuring that people without internet access are also able to contribute fully.

Membership schemes (North East Lincolnshire)

The Care Trust Plus is aiming to operate at level four (the most advanced level) of World Class Commissioning. They have a well-advanced membership scheme with 2400 members who have a choice of what to be involved in, how they want to be involved and can also be targeted according to socio-economic factors. The membership is able to elect other members to sit on commissioning boards (for which there was very healthy interest). The Care Trust Plus is still learning how best to use feedback and to communicate outcomes. It also getting clear the relationships between PPG and the rest of the system, with the current model being that PPGs' main remit is to focus on their practices.

PPGs and the Local Involvement Network (Milton Keynes)

Milton Keynes Local Involvement Network is nationally recognised with a strong membership and an active role in several workstreams. The LINK has brought together a network of PPGs (18 attended the first meeting) and works closely with partner organisations (NHS Milton Keynes and Health:MK) to support practices to develop PPGs. Funding is available to cover start-up costs and nearly every practice now has a Group. Challenges remain (especially relating to linguistic diversity) but success is attributed to good relationships, leadership, a tradition of collaborative working and a well-regarded local host. For more information, visit http://www.healthmk.org/patient_participation_group_videos_p3465.html?a=0

Making the Most of PPGs (NHS Somerset)

The work in NHS Somerset was set in the context of their shifting demographics which will see a massive increase in the numbers of older people in the county, with accompanying pressures on services for people with dementia and long-term conditions. The county has been promoting PPGs for more than two years, including using existing groups as “information and inspiration”, providing “real involvement’ training to staff and using NAPP training. The steering group has wide membership, including PPG mentors, commissioners, public health and the Local Medical Committee. It has overseen work targeted at practices/PPGs according to their specific stage of development.

Supporting resources (website and PPG network newsletter) have been developed and PPGs are encouraged to link to other groups/programmes of work (eg “you’re welcome” project to improve services for younger people).

Workshops

The afternoon session saw delegates working in small groups to address two tasks. The first was to identify problems for Patient Participation Groups, and associated solutions. This was followed by a discussion of the next steps for PPGs, practices, PCTs and NAPP. The messages are summarised below. All of the learning from the day, and from the online survey, will be incorporated within NAPPs project report to the Department of Health.

Problems and solutions

Working in small groups, the delegates identified the following problems and solutions for Patient Participation Groups:

Problem	Solution
Insufficient GP involvement or the practice as a whole is not committed	<ul style="list-style-type: none">• Get other clinicians involved• Market PPG as a positive for GPs• PPG could operate over more than 1 practice• Consider splitting meeting (50:50 model) so that practice only attends for half of the time
Recruiting members	<ul style="list-style-type: none">• Piggy back on other organisations, including the voluntary sector• More local publicity for successful Groups• Use Facebook/Twitter more for communication• National PPG day to boost recruitment• Run prize competitions where entrants give their contact details• Move beyond the committee and grow other forms of involvement with the PPG, including email network• Reach out to existing community groups
Meeting venues	<ul style="list-style-type: none">• Use alternative venues via councils/parishes/ local hotels/pubs, possibly with a sponsor that doesn't present a conflict of interest
Lack of funding	<ul style="list-style-type: none">• Fundraise within the Group, sell advertising in newsletter, seek out grants from PCT, local Council for Voluntary Services may be able to advise
Transport difficulties	<ul style="list-style-type: none">• Car share, dial-a-ride, rotate venues

Problem	Solution
Maintaining momentum	<ul style="list-style-type: none"> • PCT/NAPP support. Get involved in commissioning since patient and public involvement is critical to passing business cases • Recognise the contribution that individuals and the group as a whole are making
Need for clear mission	<ul style="list-style-type: none"> • Use NAPP documents to learn from other PPGs - involve mentors from more established Groups
Local Involvement Network not engaged with PPGs	<ul style="list-style-type: none"> • Invite LINKs along to networking meetings, events and individual PPG meetings
Encouraging further growth of PPGs	<ul style="list-style-type: none"> • Local resources including handbooks and case studies, use of mentors from other PPGs, developing an “involvement culture”, ensuring that the public understands the importance. • Continue national campaign.
Failing PPGs often go unsupported and can undermine confidence in the model	<ul style="list-style-type: none"> • More ongoing support for PPGs, go back to first principles and clarify the purpose of the Group, reinvent the Group if necessary with a completely fresh start
Lack of time	<ul style="list-style-type: none"> • Share good practice and make PPGs an integral feature of general practice (not an optional add-on)

Suggested Actions for the different partners

For PPGs (depending upon their stage of development)

- *Make use of national/NAPP best practice ideas*
- *More sophisticated communication to share messages and resources locally*
- *Carry out annual health checks to ensure PPG is in good shape*
- *Make use of IT/new technologies (eg internet cafe in practice)*
- *Promote prevention and demonstrate value to the wider system*
- *Draw patients in through activities such as healthy walks*
- *Improve communication to the wider patient base about what is available*
- *Make PPGs aware of their position/power - think big!*
- *Link up with other local voluntary and community organisations*
- *Find out about your Local Involvement Network*

For Practices

- *Recognise relevance of PPGs to Care Quality Commission registration*
- *Understand the benefits of having a PPG and publicise successes*
- *Enable PPGs but with a clear transition to becoming patient-led*
- *Listen to the PPG and respond to their ideas*
- *Make use of in-house communications (including digital TV) to promote PPGs*
- *Invite GPs to other PPGs meetings and to networking events*
- *Promote voluntary groups in general*
- *Break down barriers with the PCT*

For PCTs

- *Clear staff responsibility for leading on PPGs*
- *Work with PPGs to undertake health checks*
- *Break down barriers with the practices*
- *Share best practice and publicise achievements*
- *Use IT/new technologies for patient engagement*
- *Write PPGs into commissioning contracts*
- *Develop A-Z of services*
- *Develop fund that PPGs can apply to*
- *Have a “GP /practice manager most committed to PPGs” award at PCT level*
- *Train staff and lay people to make them more aware of PPGs*
- *Involve PPG members as lay members on boards etc*
- *Spread word with colleagues within the Strategic Health Authority area*

For NAPP

- *Broaden focus beyond PPGs - don't have to be in a PPG to give feedback*
- *Engage with all groups of clinicians more*
- *Engage with NHS staff more (they're patients too!)*
- *Get involved in GP training*
- *Develop a regional network*
- *Build alliances to lobby for more resources to undertake vital national role*
- *Develop map of PPGs nationally*
- *Instigate national PPG day*