



Registered Charity No. 292157

Mini Conference Report: 27th June 2007

Introduction

This mini-conference was organised to draw together some of the learning from the pilot scheme undertaken as part of the best practice project. It was also an opportunity to consider future perspectives for patient participation within primary care. Twenty-seven people attended, including representatives from thirteen different patient participation groups.

Soapbox sessions

To get the ball rolling, two Patient Participation Group (PPG) delegates shared their thoughts on different aspects of the work of PPGs. One described the difficulties of securing the ongoing commitment of the practice's GPs, although other staff are fully engaged with the Group's work. This raised the issue of whether PPGs can be fully effective without the cooperation of doctors.

The second delegate described an exciting initiative to screen for risk factors among males aged between 35 and 45. This is at a fairly early stage and will be piloted to assess levels of interest among the target group and to identify ideal locations for the work to be undertaken. A central issue arising from the initiative is the extent to which PPGs can actively work to promote health, in partnership with professionals.

The 2007 Survey of Primary Care

The 2007 survey of patient participation in primary care is nearly complete. To date 460 responses have been received from the 1800 practices that were contacted. 37% of these practices report having a patient group and 38% of respondents (typically practice managers) believe that the group is quite or very influential in the life of the practice. A full report on the findings will be sent to all N.A.P.P. affiliates later in the Summer.

Challenges and solutions

Delegates worked in small groups to identify the main challenges that face PPGs. Challenges included:

1. Influencing the practice in ways that will benefit patients, including areas such as opening times, appointment systems and facilities such as a children's creche.



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2. Demonstrating the benefits of the PPG's work and raising its profile.
3. Securing ongoing funding to support the work of the PPG and, possibly, to secure additional equipment and services within the practice.
4. Recruiting new members and reflecting the diversity of the practice population, especially where the population is diverse and highly mobile
5. Practices that are reluctant to engage or who dominate proceedings
6. Operating in areas that are served by several practices
7. Developing clear terms of reference and objectives

Associated solutions included:

- A. Encouraging patients to register with the PPG as a member, possibly submitting email details, so that regular communications can be sent at no cost
- B. PPG activities often have significant benefits to patients (in areas such as health promotion, information and service delivery) and practice alike and should be developed and publicised. Many of the opportunities are described in the N.A.P.P. publication *Moving Beyond Them And Us*
- C. Develop links with local community groups, including schools, to raise the PPG's profile and add to its communication channels
- D. Involve staff in recruiting new patients onto the PPG and recruit by talking to people in the Surgery eg distribute newsletters at flu clinics
- E. N.A.P.P. materials that clarify the organisational models that are possible and the menu of activities from which PPGs are able to choose
- F. Don't neglect the importance of promoting the PPG within the practice (eg in health promotion events led by consultants) and ensuring that all staff are aware of its achievements and the tangible benefits that it brings
- G. Explore with the practice whether it is able to offer financial support to some of the PPG initiatives



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Assessment of N.A.P.P.

Delegates discussed N.A.P.P.'s strengths and weaknesses and reflected upon the charity's opportunities and threats. The headline findings are summarised below with the complete results listed as an Appendix.

Strengths	Weaknesses
Offers legitimacy to members Handbook materials offer guidance N.A.P.P. is <i>the</i> national voice for PPGs Offering networking opportunities Enthusiasm and commitment Experience within the organisation A resource at the end of the phone Resources, including the cherrystones tool	Newsletter not always directly relevant No clear business plan Sheer size of the issues Lack of core funding Charitable status Lack of national profile Limited resources to support established Groups
Opportunities	Threats
More communication between PPGs Become a national voice for concerns New Secretary of State for Health Offer new products and resources	Not perceived as relevant or beneficial Cynicism about political initiatives Attitude of the NHS leadership Loss of key personnel

The Trustees will now consider this highly valuable feedback, including the full results in the Appendix, and will develop business and action plans accordingly.

Future Perspectives

Helena Stone from the Working in Partnership Programme presented the self care resources that WiPP has developed and explained that discussions are taking place with N.A.P.P. to deliver the training through PPG volunteers. This was discussed at length, with some very clear messages received about the calibre of the people who deliver the training, the need for practice support, the importance of proper funding, and the dangers of trying to work too quickly and without proper groundwork. PPGs that do not wish to deliver the training may still be interested in developing a self-care booklet following a template that has been successfully pioneered by Self Help Nottingham. More details to follow.



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Use of New Technologies

Delegates identified many ways in which PPGs and their practices can be making effective use of new technologies:

- One PPG has a stand alone PC in the waiting room that can be used to secure health information
- Yahoo groups allow patients to communicate with each other more effectively
- Email networks of patients are being developed in several places
- You Tube can be used to host videos describing the work of PPGs
- A section of the surgery website can be dedicated to the PPG, and allow online registration with the PPG. It can also host health promotion materials and links to validated websites
- Work with practices to introduce new technologies such as appointment reminders by text and touch screen check-in at reception

Actions

The closing discussion highlighted take home actions that were a result of the discussions during the day. They included making a video of the PPG, networking with other PPGs, sharing findings with PPG members, reviewing the relationship with the practice team, writing a business plan for N.A.P.P., talk to GPs/PCT about the self care model, secure funding for N.A.P.P., attract more media interest in the PPG, produce a regular newsletter, be more active within the PPG, make greater use of new technologies.

Evaluation

The event evaluated extremely well, with the average rating for every area lying between good and excellent. The networking opportunities and the pace of delivery were the two most highly rated aspects. The main learning points were the difficulty of accessing the venue by public transport and noise from the athletics area.

Key issues

- A. Fundamental concerns were raised about the patient experience component of the annual GP survey. These centred upon the questions asked, the method of distributing surveys and the nature of the patient group that is sometimes asked to comment on the findings.
- B. PPGs that fundraise are often unsure where the line should be drawn between expenditure that should be the responsibility of the practice and expenditure for which a PPG might legitimately raise funds.
- C. What is a PPG? Several voices in the room felt that standards were required in this area, partly to avoid discrediting the work of effective PPGs by association with Groups that have more to do with expediency for the practice than with representing a genuine patient engagement in the practice.
- D. Practice based commissioning may offer important opportunities for PPGs and their practices but there is currently a lack of engagement with practices and a lack of information for practices.
- E. PPGs might consider joining with their practices in running campaigns on key local issues.
- F. N.A.P.P.'s ten minute guides are valued by some and it may be helpful to signpost information on policy developments and key medical/health issues, possibly through the ebulletins and website. Information on sources of funding for general practice and on recruitment techniques to PPGs were both highlighted.
- G. N.A.P.P. should continue to raise its profile nationally but requires a clear business plan both to clarify the direction of travel and as a basis upon which to bid for funding.

Everyone at N.A.P.P. would like to offer the warmest thanks to all who attended. From our perspective, it was a really positive, encouraging and productive event. We recognise that all of you are busy with your own Groups but we would be delighted to hear from anyone who feels that they would like to make a contribution within N.A.P.P. – there is no shortage of important work to be done.

Kind regards, as ever,

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