

**Summer 2008**

**Cardiff Conference Report**



**Professor Sir  
Denis Pereira  
Gray OBE  
Patron of N.A.P.P.**

The 30th annual conference and AGM held in Cardiff this year was adjudged a successful event by the overwhelming majority of attending delegates.

The 30th annual conference and AGM held in Cardiff this year was deemed a successful event by the overwhelming majority of attending delegates.

A big thank you goes to our patron, and chair for the event, Sir Denis who also has produced a summary of the conference together with

conclusions.

We are also grateful to our speakers and facilitators for their valuable contributions.

The following five pages are provide to give affiliates a flavour of the conference and issues which PPGs may wish to discuss in their individual groups.

The evaluation undertaken by delegates highlighted many positive points such as :-  
*"Well organised conference with excellent programme of exceptional high quality speakers. Superb value. All practices should benefit from a PPG affiliated to N.A.P.P. and attending a N.A.P.P. Conference."*

The Board has decided that the Coventry area will be the location for the next conference and AGM in June 2009. At our executive meeting in October we will decide on the actual date and theme for this event.

Consideration will be given to any suggestions regarding content for the conference received from affiliates. Please send your contributions to our administrative offices by October 1st.

**(Note new Address at the foot of this page).**

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## The Keynote Address

The keynote address was given by Professor David Haslam, CBE, President of the Royal College of General Practitioners, the highest elected post in British General Practice. Professor Haslam emphasised the human side of medicine and the need for systems not to be based on "one size fits all." Professor Haslam has coined the term "risk sink" for the role of general practice in the NHS.

He saw it as being the place where most risk is managed by being assessed and contained. All the fears and feelings of people who are ill, or who fear that they may be ill, come to general practice and the vast majority are sorted out there.

As a practising GP, he told the story of the patient with many medical problems who described him as being the "expert in me".

This brought home the value of the generalist, of holistic medicine and of understanding the person that is the patient.



Professor David Haslam, CBE,

A big international change was the accessibility of knowledge. There was now no shortage of it, and much was available on the Internet. The issue nowadays was how to handle it all and so the general practitioner's role was moving from providing knowledge to patients to advising. The need today was for good judgement.

The theoretical basis of general practice within health systems is getting stronger all the time and is based on the well known triangle of the World Health Organisation. Currently, 86% of the health needs of the population are being met in general practice and other countries are looking to emulate our model. However he thought general practice faced the continuing dilemma of being contrasted to what he called the 'drama' of hospital based care.

*"Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community."*

*(Source: World Health Organisation)*

## The Workshops



Karishma Chandaria

### What is a good Doctor ?

*The Postgraduate Medical Education Training Board (PMETB) is the independent body responsible for postgraduate medical education and training. Their mission is to ensure that postgraduate training for doctors is of the highest standard. Their stated vision is to achieve excellence in postgraduate medical education, training, assessment and accreditation throughout the UK to improve the knowledge, skills and experience of doctors and the health and healthcare of patients and the public. (Source: [www.pmetb.org.uk](http://www.pmetb.org.uk))*

Karishma Chandaria and Rachel Noble from the Postgraduate Medical Education Training Board (PMETB) led a workshop discussion on the subject of what makes a good doctor/GP. (continued on page 3)  
continued from page 2)

Their work to date had identified the following characteristics of a good doctor, which workshop delegates agreed and felt had changed little since N.A.P.P.'s formation in 1978.

<p>The workshop focused on the length of consultations in general practice. There is long-standing evidence, from the Department of General Practice at St Thomas, London, that short consultations are, on average, not so good for patients.</p>	<p><b>The characteristics of a good GP...</b></p> <ul style="list-style-type: none"> <li>• <i>Good clinical knowledge</i></li> <li>• <i>Consulting skills</i></li> <li>• <i>Good listening</i></li> <li>• <i>Empathy with patients</i></li> <li>• <i>Wanting to be a general practitioner</i></li> <li>• <i>Knowledge and understanding of the local community</i></li> <li>• <i>Good diagnostician</i></li> </ul>
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Some patients in the workshop thought their doctor had only 6-10 minutes for consultations and one had been faced with a notice that the doctor had ten minutes. Others faced notices that patients should only bring one problem! Neither was thought to be good practice.

The workshop was greatly encouraged to hear that the NHS Information Centre (2007) had reported that the average consultation length with GPs had now risen to 13 minutes (up from 8 minutes in 1992), with the average patient visiting their practice five times each year. A growing number of practices are offering 15 minute appointments. PPGs may be able to help in discussions with their practices about how to deliver this high quality level of care. For more information, visit <http://www.ic.nhs.uk/pubs/gpworkload>

Action points for N.A.P.P.	Action points for PPGs
<ul style="list-style-type: none"> <li>• Investigate, encourage and support more mature medical students with greater "life skills" to offer</li> </ul>	<ul style="list-style-type: none"> <li>• Investigate, evaluate and promote the different ways that patients can communicate with their practices</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to argue for, and promote, systems that deliver continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>• Explain to patients how they can make best use of their consultation. The Department of Health has published Questions to Ask, available in several languages at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079531">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079531</a></li> </ul>
<ul style="list-style-type: none"> <li>• Encourage longer training for GPs and greater exposure to patients during training, including to children and young families</li> </ul>	

### What is a good Practice?

Professor from the

Richard Baker  
University of

Leicester reported to the Conference on a selection of findings from numerous national surveys of general practice. These included the Quality and Outcomes Framework of the new GP contract and some recent research from the Picker Institute. His approach was to explore whether patients are getting good value from the new GP contract and whether services are addressing what matters most to patients.

Professor Baker shared with delegates the findings on access, which has been such a concern of Government, using findings from the Picker Institute, an independent patient orientated research body. Some findings had improved and 72% of patients reported that they could get an appointment within 48 hours (a far cry from the target). Worryingly, despite the (continued on page 4)



**Professor Richard Baker**

(continued from page 3)

huge management initiatives, some key issues had got worse. As many as a quarter of patients thought the new appointment systems were now “off putting”, fewer than in earlier surveys were getting “clear answers” and fewer were being told about the side-effects of drugs.

Even more disappointing were the reports of trust and confidence. As recently as 2002, Sir Derek Wanless had (in his Interim report) noted that GPs had the highest trust and satisfaction ratings of any public service.

However, the recent Patient Access Survey in 2006 found that trust reported in GPs was below that for other primary healthy professionals and, for the first time ever, below that for hospital staff. Of course, this may well be because of a real improvement in hospital services, but this relative fall must give everyone food for thought.

The good news is that Campbell *et al*/from the National Research Centre on Primary Care at Manchester have shown that the quality of care in British general practice is improving as far as the management of blood pressure, asthma and diabetes is concerned. Good progress was already measurable before the new contract was introduced. British general practice is now as good as any reported in the world.

Action points for N.A.P.P.	Action points for PPGs
<ul style="list-style-type: none"> <li>Initiate regional meetings so that best practice can be shared most effectively</li> </ul>	<ul style="list-style-type: none"> <li>Understand the triangle of primary care: what practices are legally required to do, what patients want practices to do and what is possible for practices</li> </ul>
<ul style="list-style-type: none"> <li>Consider establishing an accreditation scheme for practices to demonstrate that they are truly patient-centred</li> </ul>	<ul style="list-style-type: none"> <li>Brief local MPs on key issues for primary care and practices</li> </ul>
<ul style="list-style-type: none"> <li>Develop training programmes for lay people and staff in primary care that share the latest research findings</li> </ul>	<ul style="list-style-type: none"> <li>Affiliated members are encouraged to persuade one other existing PPG to affiliate to N.A.P.P. so that the charity can speak with a stronger voice</li> </ul>
<ul style="list-style-type: none"> <li>Contribute to, and lead, national research projects</li> </ul>	<ul style="list-style-type: none"> <li>Consider getting involved with the new Local Involvement Networks</li> </ul>
	<ul style="list-style-type: none"> <li>Work with their practices to develop joint business plans for the coming three or five year period</li> </ul>



**Muriel James**

## What is a good Patient Participation Group?

Danny Daniels and Muriel James launched discussion by sharing their own thoughts and experiences about what constitutes a good PPG. With roughly one in three practices now having a PPG (N.A.P.P., 2007) it is important that the growing quantity of PPGs is matched by an increase in quality.

Delegates were able to say what they thought were the qualities of a good PPG. These will be built into future resources developed by N.A.P.P.. So, what did they come with ?

Accessible for all	Integral part of practice	Open and honest	Reflects wider population
Sounding board	Up to date	Influential	Able to help people
Health promotion	Proactive	Good communicator	Aware of needs
Critical friend	Well supported by patients	Fundraising for patient benefit	Good listeners
Broad membership	Networked into the community	Evidence-based	Constructive

Muriel described some of the activities of her own PPG that have made a difference. In particular, they won the RCGP PPG of the Year Award in 2006 for their Waist Management project. Their approach has since been adopted by other practices in the Northampton area and they have secured the cooperation of a range of partners to support their work. As Muriel explained *"We all need some body fat, as we cannot know in advance exactly how much food to eat in order to carry out our daily activities, and body fat is the main bank of energy that we draw on. But, if we constantly eat more without increasing our activity and using up the energy generated, body fat increases, and we become overweight. It is necessary that we recycle that additional energy and avoid a build up of excess fat."*

Action points for N.A.P.P.	Action points for PPGs
<ul style="list-style-type: none"> <li>• Provide resource pack that shares what</li> </ul>	<ul style="list-style-type: none"> <li>• Develop two-way communication and trust</li> </ul>
<ul style="list-style-type: none"> <li>• Promote networking between PPGs, both affiliated and non-affiliated</li> </ul>	<ul style="list-style-type: none"> <li>• Add value to the practice and publicise successes</li> </ul>
<ul style="list-style-type: none"> <li>• Develop resources to influence and support practice managers</li> </ul>	<ul style="list-style-type: none"> <li>• Work constructively at all times and in partnership with others</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to promote PPGs nationally</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake annual "health check" and review objectives</li> </ul>

## What is good self care?



Helena  
Jordan

Helena Jordan from the Working in Partnership Programme ran a workshop looking at the future of self care. Helena explained that their resources are being transferred to the Expert Patient Programme Community Interest Company (CIC) when the Programme draws to a close in June 2008. Nearly all of the resources are currently freely available from the WiPP website at [www.wipp.nhs.uk/self-care](http://www.wipp.nhs.uk/self-care). Training courses have been delivered to train lay people and professionals to deliver self care courses. Several PPGs took part in a pilot that is currently being evaluated. The self-care materials include sections on understanding health, motivating change, developing self-esteem and confidence and living healthier and fuller lives.

Action points for N.A.P.P.	Action points for PPGs
<ul style="list-style-type: none"> <li>Lobby the Government to provide more resources for self care and preventive work generally</li> </ul>	<ul style="list-style-type: none"> <li>Explore working with neighbouring PPGs to promote self care</li> </ul>
<ul style="list-style-type: none"> <li>Share and promote opportunities for PPGs to be more involved in self care</li> </ul>	<ul style="list-style-type: none"> <li>Use newsletters and websites etc to share simple self care messages</li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Encourage clinicians to promote and support self care</li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Work with the practice to develop self care options</li> </ul>

## Conference Conclusions

Sir Denis concluded that the Conference had developed three themes, each beginning with "S"

- Strengthen** N.A.P.P.  
*Identify new forms of income generation and recruit local ambassadors.*
- Spread** the membership of N.A.P.P. further  
Especially by attracting PPGs who are not currently affiliated to N.A.P.P
- Stand up** and be counted  
*PPGs need to be encouraged and supported to speak up locally for the best interests of patients e.g. when services are under threat, such as the removal of district nurses being removed*

The Chairman finished by thanking the organisers who had done such a good job, the excellent speakers, and all those who had travelled far to attend.

## Introducing Patient UK Experience

www.patient.co.uk – run by EMIS - offers an extensive amount of health information, and now in its fifth year has recently unveiled its new look.

The website has two main sections - the homepage gives patients access to information on health, disease and lifestyle matters, contact details of support organisations, downloadable medical leaflets and much more. But, for some visitors to patient UK there is nothing more valuable than the second section – the Patient Experience Forum.

The forum confronts many issues that face patients' everyday, helping them to come to terms with the reality of their condition and seek advice and reassurance from others suffering from the same or similar illnesses.



It allows forum members the opportunity - and anonymity - to tell, read and discuss the details of the most intimate of conditions, symptoms and treatments and how their lives and relationships have been affected – rather than experts trying to educate them.

One of the biggest feelings patients may face is that of isolation so having access to this forum reassures patients that they are not alone.

"I am so grateful to have found Patient UK

Experience. It's enabled me to contact others with the same illness who understands completely how frustrated and isolated the condition can make one feel. Whenever I'm feeling low I can vent my feelings on the site and can guarantee I will receive a sympathetic and uplifting reply. Thank you - I would be lost without it."

Katie, ME/CFS sufferer - South East.

Patient Experience also features a search and browse capability which makes it easier for users to locate experiences, keep in touch with one another and consult up-to-date reference articles or support material relating to a specific condition. For topical issues or subjects with a large number of postings, doctors will also contribute informed medical opinion to the discussion.

A recent analysis of the forum shows that there are over 65,600 visits per month and approximately 40,000 experiences posted – making the forum one of, if not the largest patient experience databases in the UK.

## CRB Checks

We occasionally receive inquiries about Criminal Record Bureau checks and have found (along with many other organisations) that the position is unclear. The Cabinet Office has now clarified (We hope) the position across the UK in a document that defines good practice. It also addresses the correct balance between keeping vulnerable people safe and taking a proportionate approach to risk management.

[http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/third\\_sector/OTS\\_CRB%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/third_sector/OTS_CRB%20pdf.ashx)



**Dr John Dracass MBE FRCGP MHM BSc DCH  
DRCOG DFFP**

Dr Dracass was a general practitioner in Totton, near Southampton for 32 years until his retirement in 2007. During the course of a long career he has been involved with general practitioner training, professional representation, audit and clinical governance, health service management and local community work. He has a particular interest in patient participation, encouraging an active patient participation group in his own surgery.

He was senior partner of Testvale surgery Totton, and has been Chairman of the Local Medical Committee (LMC) an examiner for the Royal College of General Practitioners (RCGP), Primary Care Adviser to the Wessex Regional Health Authority, a Performance Assessor and Specialist Adviser for the General Medical Council (GMC) and a Vice-chairman of the RCGP Patient Liaison Group. He was also a Hospital Practitioner in learning

disability. He is currently a member of Council of RCGP and Provost of the Wessex Faculty RCGP and has recently been appointed by Hampshire PCT as a lead GP for Safeguarding Children. He was appointed MBE for services to health care in 2007.

**First Practice Manager to receives  
Honorary Fellowship of RCGP**

**Sandy  
Gower  
N.A.P.P.  
Trustee**



We wish to congratulate Sandy on being awarded this prestigious

**Honour**

Awards for excellence in general practice were presented at the Royal College of General Practitioners' (RCGP) Spring Meeting in London .

Two Honorary Fellowships of the RCGP were awarded to non-GPs for their outstanding work to improve standards of patient care.

Mrs Sandy Gower became the first practice manager in RCGP history to receive the award. Practice Manager of the Bennetts End Surgery in Hemel Hempstead, she is a member of the RCGP Beds and Herts Faculty Board and a Course Director for the College's *Making a Difference*

**Have you any interesting articles that you would like to share with fellow affiliates. PPGs are engaged in many worthwhile activities and it would be a shame not to publicize them to a wider audience. Let us know what you are doing and if possible accompany your article with photographs.**

## Changing behaviours and living well

Many Patient Participation Groups and Primary Care Trusts are active in supporting patients to live a more healthy lifestyle. The work takes various forms, including health promotion events, weight loss groups, self-care courses, information provision and support groups. But what works? What really makes a difference? The National Institute for Health and Clinical Excellence has studied this issue and produced guidance that can be found at:

<http://www.nice.org.uk/nicemedia/pdf/PH006guidance.pdf>

The guidance points out that there is overwhelming evidence that changing people's health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity. We need to move towards a situation whereby preventive and primary services are optimised if we are to maximise health and well-being. Equally, we need to recognise that behaviours should be easier to change than genetic predispositions or social circumstances.

NICE takes the view that "there is no strategic approach to behaviour change across government, the NHS or other sectors, and many different models, methods and theories are being used in an uncoordinated way." Their guidance is therefore an important step in identifying a sensible way forward. This is absolutely critical if we are to address longstanding health inequalities that link to social disadvantage, information shortfalls, risk taking cultures, poor access to care and a perceived lack of control.

But still the question remains: how can we change behaviours for the better?

Some of the recommendations in the

guidance are:

- Focus on moments of transition, such as pregnancy and starting/stopping school or work
- Start with a sound knowledge of local needs and tap into community resources
- Build on people's strengths to develop social capital
- Work to develop social approval for health-enhancing behaviours
- Help people to understand fully the consequences of their health-related behaviours
- Encourage people to set goals and share them with others

It is not possible to do justice to the guidance in a few short paragraphs but it is an important piece of work that deserves close attention from anyone who is interested in promoting improved health through lifestyle changes.

*Graham Box*

### Denton Surgery Patients Group - Northampton.

*Thank you to Reg Coleman {Secretary Denton Surgery Patients Group} for the following article:-*

"A few weeks back I e-mailed Audrey Hoggard at N.A.P.P. to ask if she could supply us with some posters or leaflets as we were due to attend a few village fetes, to hopefully raise funds. She very kindly sent some leaflets and together with these and posters/leaflets which we had printed by a local printing company, we went on our merry way to the village fetes. Initially in two different villages, to see how well we could do.

At each village fete that we attended, our patients group had a table on which we had a Teddy Bear and  
(continued on page 10)

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asked people to guess his name. We also had a basket of groceries and asked people to guess the weight of the goodies. To our pleasant surprise we managed to raise £234.00 which will go towards a portable heart machine that local patients could take home with them to test heart problems.

We received encouragement from our surgery to do some fund raising by way saying that they would match the amount of money required to buy the machine to buy a second machine, we understand that by buying two machines, the company supplying the these would give us the soft wear free of charge.

I must say that at one of the fetes that we attended a Pageant was held, in which one of our local G.Ps. took part. He was brilliant!!!

In view of our reasonable success we have now made arrangements to attend a further village fete during the month of September and hopefully raise more funds for our next project.

Thank you very much Audrey and N.A.P.P. for the leaflets, it is very much appreciated."

### **Friends of Widcombe Surgery Trip to Westonbirt Arboretum**

*Once again Friends of Widcombe Surgery have sent a contribution concerning their ongoing work with patients and the wider community. Their chair, Julieann, sends this report:-*

"We took 2 mini-buses full of patients with different needs out for the day to Westonbirt in full bloom.

An amazing day out. Some drove buggies for the first time and needed 'L' plates on! At times it was like the Wacky Races. A few had wheelchairs and some wanted to hang on to their independence and walk for as long as they could. Fortunately there were many

benches to sit on through the wonderful walks. We were blessed with lots of volunteer helpers and the weather was fantastic with plenty of blue skies and sunshine. The patients thoroughly enjoyed themselves and can't wait for our next outing.

Our social events are helping people to get out of their homes and socialize more than they would normally do. They are making new friends and appreciate being picked up and returned safely to their own homes.

The photographs below illustrate to some extent the success of the day."



## **N.A.P.P. Secures Funding to Promote Patient Participation**

We are delighted that the Department of Health has agreed to fund a two-year project to promote high quality and effective Patient Participation Groups. Our work will be concentrated in ten Primary Care Trusts, one in each English Strategic Health Authority. Any PCTs who are committed to the development of PPGs and who would like to work with N.A.P.P. are invited to contact me to register their interest.

### **Contact Details**

Graham Box  
Chief Executive  
(Tel 01628 820326)  
Email:- graham.box@napp.org.uk  
National Association for Patient Participation. www.napp.org.uk

## **New N.A.P.P. Trustee Appointed**

We are delighted to announce that Royce Franklin of the Saddleworth (Oldham) Patient Participation Group has accepted our offer of Trusteeship and will be attending his first board meeting in October.

## **Wychbury Medical Group Patients' Forum**

*The following article was submitted by Harry Bloomer of the Patient & Family Support Service, Action Heart Patient Lead, Executive Board BCCN and a member of Wychbury Medical Group Patients' Forum*

*Obviously the event will have taken place by the time you read this so hopefully we can report on the outcomes in the next newsletter. (continued on page 12)*

## **N.A.P.P. Current Executive Committee. (All except the President are Trustees)**

**Dr Patricia Wilkie** President  
**Joe Corkill** Trustee  
Tel 01516 305786  
Email fjc@joecorkill.fsnet.co.uk  
**Danny Daniels** Acting Chairman  
Tel 02920 511016  
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**Dr John Dracass** Trustee  
**Sandy Gower** Trustee  
**Audrey Hoggard** Trustee  
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**Royce Franklin** Trustee  
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Email

## **Hon. Chief Executive**

Dr Graham Box  
Tel 01628 820326  
Email graham.box@napp.org.uk

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Since April 2003 the Black Country Cardiovascular Network (BCCN) have organised Rotary Stroke Awareness Days throughout Dudley, Walsall and Wolverhampton. However, BCCN have been looking for opportunities to use sports events to pro-actively engage with the public and provide education through health screening and healthy lifestyle advice to people of all ages.

On Tuesday, 5th August 2008, between 6.00pm and 10.00pm, a pre-season friendly football match will take place on Homer Hill Park, Homer Hill Road, Cradley organised by the 'Friends of Homer Hill Park' for which my wife, Valerie, is the Secretary. The event will celebrate 120 years of history for the amateur home team of Two Gates FC who are challenging a neighbouring semi-professional team, Halesowen Town FC.

The evening will include a 'cross-bar' competition with prizes for boys and girls and will therefore be a family occasion. We expect a significant number of attendees.

The BCCN intend to use this event in the Dudley area to pilot the 'Promoting Health Through Football' scheme. Professional help on this occasion will be given by Action Heart (Rehabilitation/Prevention Programme), Dudley Stroke Association and the Wychbury Medical Group (local GP's) assisted by volunteers from the Wychbury Medical Group Patients' Forum and others.

Everyone attending (young and old) will be encouraged by the example set by officials and VIP's (who have agreed to take part) to have their height, weight, age, blood pressure, blood glucose, diet, family history and lifestyle examined. They will then receive verbal and written feedback and healthy lifestyle advice.

The results of the pilot scheme will be examined and reported upon to the Executive

Board BCCN and the project will then be rolled out at professional league football games of Wolverhampton Wanderers FC, Walsall FC and elsewhere.

*(Editors Note: For info' Two Gates lost 4 nil to Halesowen Town)*

## Recruiting the 'Hard to Reach Groups' to your PPG

The majority of PPGs consist of retired, middle class and professional individuals. That statement is not intended to be derogatory and indeed without volunteers from this segment of the population it is doubtful whether the concept of patient involvement would be where it is today. Nevertheless in some areas the make up of groups is not truly reflective of the patient list.

It is suggested that groups can be more effective and reflect the rich diversity which is evident in our population today.

Why not, in the first instance talk the matter over in your groups and with the practice in order to identify minority sectors of your practice.

Obviously with issues concerning Patient Confidentiality you will not be able to identify individuals who might be willing to serve on your group. However once you have a clearer understanding of the make up of your patient list the starting point is to liaise with agencies and community groups who represent individuals which you have discovered.

Talk to the local authority and try and secure presentation opportunities whereby you can inform the wider community concerning Patient Participation and its value.

Again there is no 'one size fits all'. It will take time and there is extra work involved. However the rewards in ensuring that your PPG is truly representative of the wider patient list the more effective your group will become.  
*Danny Daniels*