

Can patients and the public influence primary care services?

Working with patient and public representatives to explore their role



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1. The Problem

- Patient and public involvement (PPI) in health service improvement has recently grown.
- Following the 2012 NHS reforms, formal PPI groups have been established in Clinical Commissioning Groups (CCGs), Healthwatch, and general practices have Patient Participation Groups (PPGs).
- The aim is that these groups have the potential to improve services and public confidence in the NHS.
- However, little is known about what these groups are doing, why, and what potential they have to impact on the quality of primary care.

2. The Aim

This project aims to describe if and how current PPI affects primary care service delivery. In particular to describe the structure, activities, and roles of PPI groups

3. The methods used to approach the problem

- Two groups of co-researchers were recruited in Leeds (12 members) and Manchester (10 members).
- Group members were experienced PPI representatives
- Maximum variation recruitment ensured participants with experiences of different PPI activities and roles.
- The two groups identified 6 PPI groups to investigate in more detail.
- Each of these 6 groups was observed for two meetings.
- Fifteen group members were interviewed about their experiences.
- Themes have been identified from meeting notes and interview transcripts.

4. The Structure of the observed PPI groups

	Type of group	Population demographics	Number of Patients	Number of Staff	Number of meetings per year	Length of meetings (min)
1	Patient led PPG	Deprived	7	2	4	60
2	Patient led PPG	Mixed	12	4	11	90
3	Practice Manager led PPG	Deprived	6	3	4	60
4	CCG PPI group	Mixed	9	1	11	120
5	Patient led and virtual PPG	Mixed	3	3	12	90
6	CCG PPI group	Mixed	13	2	12	120

The vast majority of patient and public representatives were white, middle class, retired, and aged 50-70+

5. Roles and activities of PPI groups

- Groups and individuals appeared to have multiple and conflicting roles.
- The main role directed the activities of the group and the relationship between PPI representatives and staff.
- Six roles were identified. These are described using a fictional story developed from observing the groups and interviews.

Once upon a time a GP surgery decided to set up a Patient Participation Group...

Chapter 1: The Citizen

I volunteered because it was my duty to support the NHS.



But, neither he nor the practice knew what activities he should be involved with, so he just fed back his own opinion...

Chapter 2: The Innovator

I joined because I wanted to improve things. I made the car park, building, and appointment system more patient friendly



But then she got stuck, she didn't know how the surgery worked behind the reception desk and the practice didn't know how else to involve her...

Chapter 3: The Community Developer

I joined to support the health of the community. I set up walking groups, book groups, carers groups, and breast feeding groups.



The practice really liked him as there was little work for them, and they thought the groups might stop some patients using their services. However, he was not influencing the general practice services...

Chapter 4: The Governor

I joined to hold the practice to account. I reviewed the complaints procedure and asked about the practice finances.



This was a lot of work for the Practice staff. Some of the GP partners felt threatened and the relationship with the group deteriorated. Some of the patients disliked the atmosphere and left...

Chapter 5: The Representative

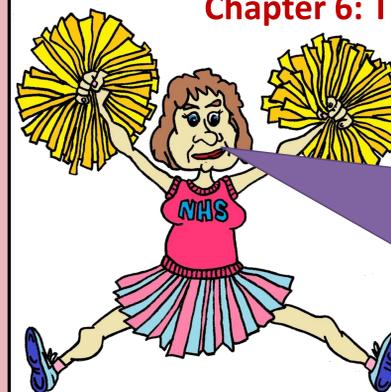
The practice stopped listening to the group as they were not representative of the practice population. The group spent a long time discussing how to be representative...



I joined to make it representative. But I was worried about confidentiality

Chapter 6: The Supporter

The appointment system wasn't working. Rather than change the system I decided to educate the patients to behave better and reduce missed appointments.



The practice liked her as she did all the work and they didn't need to change. Relationships were good again...

...The END

Conclusion

- PPI activity varies widely between, and within, Leeds and Manchester. The six observed groups varied in purpose and organisation.
- PPI members were motivated, committed, and keen to influence the quality of primary care. However, they were unsure of their role and concerned about their ability to represent the wider population.
- GP staff did not know how to involve patients, had little experience of being questioned by patients, and had mixed views on the value of PPI.
- PPI in primary care uses time resources of both patients and staff with little direction about the purpose.
- Further research is needed to develop ways of helping patients and GP staff to work constructively together.

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