**Donnington Medical Partnership - Patient Participation Group**

**7th June 2017**

**Widening the membership of the PPG: raising awareness**

This paper builds on the ideas presented to the April 8th meeting, focusing on younger people, and is intended to promote discussion about widening membership more generally.

Overall, we know that membership of our PPG (active involvement at meetings plus the virtual group) represents only a small fraction of 1% of the total list size for the practice. This situation is clearly not unique to ourselves (although others locally such as the Observatory seem to do a little better), but why should this be so (and does it actually matter)?

Would it help if we tried to raise awareness overall?

One could suggest three broad categories of patient attitudes:

1. *The generally content or indifferent*: Some patients may already know about the PPG and its activities but are generally content with the way the practice operates and with the information available to them, or do not feel they have much to contribute. The practice and PPG are in good hands already and there is no need to get involved.
2. *The alienated*: Possibly some patients are aware of the existence of the PPG but feel it is not for them, they have better things to do or feel it is difficult to become involved - no time, intimidated by committees, ‘not our job’, feel inhibited from raising concerns or criticisms in case it would impact negatively on the care given to them.
3. *The unaware*: Perhaps (the majority of?) patients are simply not aware that the PPG exists, what it does or how they could become involved – even if they may have pressing needs or strong opinions about things. (This despite our efforts so far at publicity/ information).

Efforts to raise awareness and increase membership would most usefully be focused on these last two groups. Listed below are some suggestions which may be equally applicable for either or both, extending the ideas in the previous paper aimed at attracting younger people. Some of the ideas are already - at least partially - in hand; some may have been tried in the past and would need refining/ targeting; some may require (modest) expenditure for which the practice will need to decide where furtherance of the aims of the PPG fits with overall priorities.

1. *Making information about the PPG more visible and eye-catching*.

The current notice board, positioned at the far end of the waiting area, is probably not seen by many patients, who will most often find a seat before getting that far. A position in the middle of the waiting area – perhaps swapping with the second of the Community Information boards next to the doorway to the Treatment Room - would be more likely to be seen/ read by patients waiting. Additionally, improving the design of the board/ use of colour/ graphics would catch attention more immediately.

1. *Providing more (up-to-date) information on the board about what the PPG does/ is doing*.

The minutes/ notes of meetings displayed have not always been up to date. Ensuring that meeting notes appear on the board as soon as possible after the meeting might promote a sense of a more dynamic organisation. Listing planned meeting dates might put down markers for future involvement, possibly also to include a broad outline of the topics to be discussed (e.g. the October meeting to coincide with the next phase of the primary care Sustainability and Transformation Plan).

1. *Water cooler*.

Siting a water cooler drinking machine adjacent to the notice board may tempt people to pause and read some of the notices on the board (as well as providing a useful service to patients).

1. *Enhancing the website.*

The website has to satisfy many objectives and the PPG is a relatively minor one. But it might be possible to make the PPG information more accessible. The coloured option boxes in the middle of the Home screen are much more eye-catching than the monochrome drop down menus above the picture which can easily be missed. The ‘Find Local Services’ box is currently unused and there may be scope to adapt it? It would also help if the application form were directly accessible from the PPG link rather than the indirect link via the ‘Contact the Surgery’ tab.

1. *Short term ‘blitz’ campaigns.*

Anita’s paper suggested the idea of doctors/ nurses raising the existence of the PPG in conversation with patients at a consultation, although acknowledging that this could take precious time. An alternative might be for this to be done just as an occasional short term blitz – say a week or two every six months or so, and then only to take a few seconds at the end of the consultation: “Have you heard about our PPG? Here is a leaflet you can take away and read”.

1. *Revising the leaflet and making it readily available.*

The language of the current leaflet could be seen as rather off-putting, if not demanding: “We want you!” “Our PPG needs you!”. A more neutral but attractive wording could be along the lines of “How can we help you?” and “We need to know what you think”. The wording and layout generally could be softened in places so as not to put people off at the outset. It would also help to have a leaflet dispenser rack attached to the notice board itself to be immediately obvious. Similarly, putting some leaflets in the existing carousels opposite the reception desk might catch a few browsers.

1. *‘Tell a friend’*.

Most of us are likely to have friends and neighbours who are also patients here. If each of us took the initiative to talk about the PPG and its activities we may find others who would be willing to get more involved.

1. *Meeting procedure*.

Some people are automatically put off by the idea of sitting in meetings and ploughing through an agenda. Perhaps choosing just a few issues at each meeting and keeping discussion as focused as possible might help to overcome this.

1. *‘Direct mailing’.*

With due regard to appropriate protocols, it might be possible to ask new patients at the point of registration whether they would be happy to receive occasional direct emails from the PPG chair. Further, a mail - from the practice - to existing patients might ask the same question. In this way we could build up a base of patients who could be consulted on particular issues, rather than as at present relying on informal feedback from a few.

1. *‘Selective marketing’.*

We agreed last time to progress the idea of direct contact with schools, starting with the Oxford Academy. Similar targeting could be addressed to other groups e.g. Donnington Doorstep.

1. *New patients’ information pack.*

The PPG is mentioned briefly in the pack but inclusion of the leaflet would provide a more accessible introduction to the PPG for every new patient at the point they register.

1. *Local publicity features.*

Local papers e.g. Rose Hill News, Littlemore News, are generally receptive to free copy of community interest. An offer of a feature (with pictures?) might be well received: “Meet the PPG Chair” perhaps, or “Join in to make your views count”. This would ideally be arranged to lead up to our open meeting at Rose Hill Community Centre in October.

1. *A change of name*

Even though the GP contract as of April 2015 requires “all English practices to form a patient participation group … and to make reasonable efforts for this to be representative of the practice population”, as far as I can see there is no requirement for it to be called a PPG. We see that for example the Temple Cowley Health Centre uses the name Patient *Reference* Group for their PPG and there may be others both locally and nationally that have chosen a different title, perhaps feeling that ‘participation’ might carry too many obligations or inferences for uncertain patients.

Many other words might be more attractive to potential members:

* Patient Link Group
* … Partnership…
* … Liaison…
* … Reference…
* … Consultation…
* … Input…
* … Assistance…
* … Involvement…
* … Action…
* … Discussion…
* … Feedback…
* … Ownership…
* …?...
* …?...

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