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Introduction

In April 2015 it became a contractual requirement for all practices to have a patient participation group (PPG). This ensures that patient and public are involved in the shaping of service delivery, prioritising patient safety and maintaining good quality of care in general practice.

Patient involvement can take various forms from participation in their care management, to giving feedback on satisfaction and experience, to active participation in service design and delivery. The level of involvement can also vary from consultation, tokenism, participation to partnership and collaboration with shared decision making (1). This variation in involvement is evident across the practices within the CCG. By understanding the theory, barriers and enablers to patient and public involvement, support can be provided for the development of a functional PPG.

Prioritising patient safety and enabling PPGs to work collaboratively with practices to support service delivery is paramount, in a system that is under pressure with limited resources.

Project goal

To understand theory/evidence behind current barriers to patient engagement and its possible impact on practice, to support the development of functional PPGs within the CCG.



Project description

1. Understand current evidence/theory around patient & public involvement.
2. Review all work done by CCG to date to support PPG development.
3. Review PPG working to understand enablers and constraints.
4. Identify need to support PPG/practice development
5. Prioritise need and solutions
6. Implement development program.

Key findings

Enablers for patient & public engagement (2)

- High quality-patient focused service delivery
- Understanding patient's expectations-feedback/survey analysis
- support and co-produce changes in service
- improved access to hard to reach patient groups
- patients and staff working better together
- Better understanding of current problems in care delivery
- Efficient use of resources

Barriers to patient & public engagement

- Lack of appropriate population representation
- Lack of leadership from clinical staff and PPG
- Lack of knowledge and skills within PPG to identify areas for improvement
- Lack of practice knowledge and skills in communication and engaging with PPG.
- Lack of capacity (time) from both the PPG and practice
- Conflicts of views from clinicians and patients
- Lack of understanding function of PPG
- Lack of governance/membership for PPG



Next steps

1. Engage with Comms team, PPGs and practices to develop a program to support development and share learning across PPGs within the CCG.

2. Provide clinical leadership to:

- support PPG development and understand variance
 - use current available data to support quality improvements in patient safety and care delivery
 - support development of practice staff relationship with PPG

Use model for improvement to assess if the change (development program) is an improvement (Figure 1) and adapt subsequent Plan-Do-Study-Act (PDSA) cycles.

Evaluation

Qualitative feedback from practice staff and PPG on proposals for training program and networking event.

Qualitative evaluation of training program.

Explore quantitative measures of improvement.

Conclusion

There is a huge variation in function of the PPGs across the North East Hampshire and Farnham CCG. This is due to multiple factors including human factors. Therefore, only by working together can a program be developed to support both PPGs and healthcare staff work more effectively. This will ensure that patient safety and delivery of good quality of care, is available.

References

- (1) Ocloo J, Matthews R. From tokenism to empowerment: progressing patient and public involvement in healthcare improvement. *BMJ Qual Saf* 2016;25:626-632.
- (2) BMA. Patient and Public involvement: a tool kit for GPs. BMA, 2011.
- (3) IHI. How to Improve. Available from: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx> [Accessed on 10/2/18]

Model for Improvement

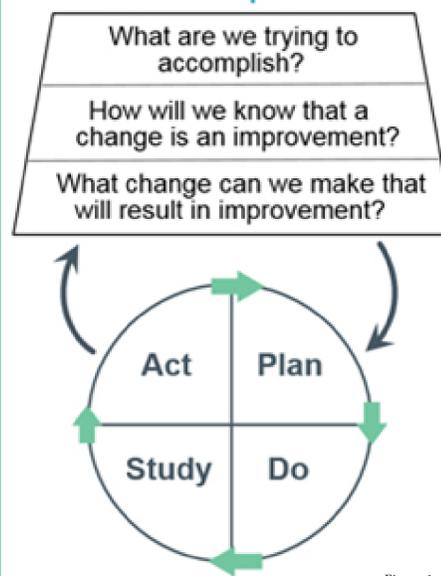


Figure 1.

Credits

A big thank you to Jessie Cunnett, Steve Manley and Sue Newell for their support and expertise. To Karen Toms at Hartley Corner for opening my eyes to the possibilities of a PPG.