

Patient Participation Groups in General Practices in Scotland

A mapping exercise

August 2019



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Chapter 1: Introduction, background, aims and approach

Introduction

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland (one in each NHS Board area) and a national office in Glasgow. The Scottish Health Council, which is part of Healthcare Improvement Scotland, is a key partner in the delivery of Our Voice¹.

This report provides the findings of a mapping exercise conducted by the Scottish Health Council on Patient Participation Groups throughout Scotland.

Background

A Patient Participation Group is a patient-led group linked to a local General Practice. The patients on the group work with GPs and other practice staff to provide a patient perspective on the healthcare services that are offered to the community. The concept of having patient-led groups linked to primary and community care providers was first developed by the National Association for Patient Participation², an English-based organisation. Patient Participation Groups have now become one of the established methods of public engagement within primary care in Scotland. There are over 100 Patient Participation Groups in Scotland.

The Scottish Health Council has been supporting Patient Participation Groups throughout Scotland since 2012. This has included the creation of a 'Start-Up Guide' and 'Development Tool' which are available at www.scottishhealthcouncil.org. The Scottish Health Council has supported the establishment of new groups and development of existing groups. There is no set format for a Patient Participation Group and the Scottish Health Council decided to conduct a scoping exercise to gather information about how different groups work.

Aim

The aim of this project is to share information on the range of different ways Patient Participation Groups operate including methods of recruitment, types of activities, meeting formats and the structure of groups. It is hoped examples of current practice

¹ Our Voice is a framework that seeks to support people who use health and social care services, carers and members of the public to engage purposefully with health and social care providers to improve services http://www.scottishhealthcouncil.org/our_voice/our_voice.aspx

² <https://www.napp.org.uk/>

recorded in this report will be helpful for GP practices considering the establishment of a group or for the development of existing Patient Participation Groups.

Approach

Scottish Health Council local offices contacted established Patient Participation Groups in their areas and asked if they would be willing to take part in this research. Forty-two Patient Participation Groups from throughout Scotland took part in this research. These groups were drawn from across Ayrshire and Arran, Borders, Dumfries and Galloway, Fife, Grampian, Highland, Lanarkshire, Lothian, Shetland, Tayside and the Western Isles. Local office staff met with most groups to review and complete the questionnaire. Others were completed by Patient Participation Group members and returned to the Scottish Health Council. Feedback was then collated and analysed by the Scottish Health Council's Tayside local office.

This report will be shared with all Patient Participation Groups and GP practices who participated in this research.

Chapter 2: Summary

The information provided by the Patient Participation Groups who took part in this mapping exercise demonstrates the diverse nature of how these groups are run and the types of activities they are involved in. There is no right and wrong way to run a Patient Participation Group and it depends on various factors including:

- geographical area covered (for example, whether urban or rural)
- staff capacity to support the group
- patients' availability to attend meetings and carry out different activities (since it is a voluntary role)
- needs of both the GP practice and the wider patient population
- interests, experience and skills of the different individuals on the group
- diversity of the group, and
- size of the group.

Each Patient Participation Group, along with their GP practice, should decide how best to run their group to best enable it to bring benefits and value to both the GP practice and the wider patient population. Sharing ideas and information about how different Patient Participation Groups currently work will hopefully help established and new groups to maximise their potential.

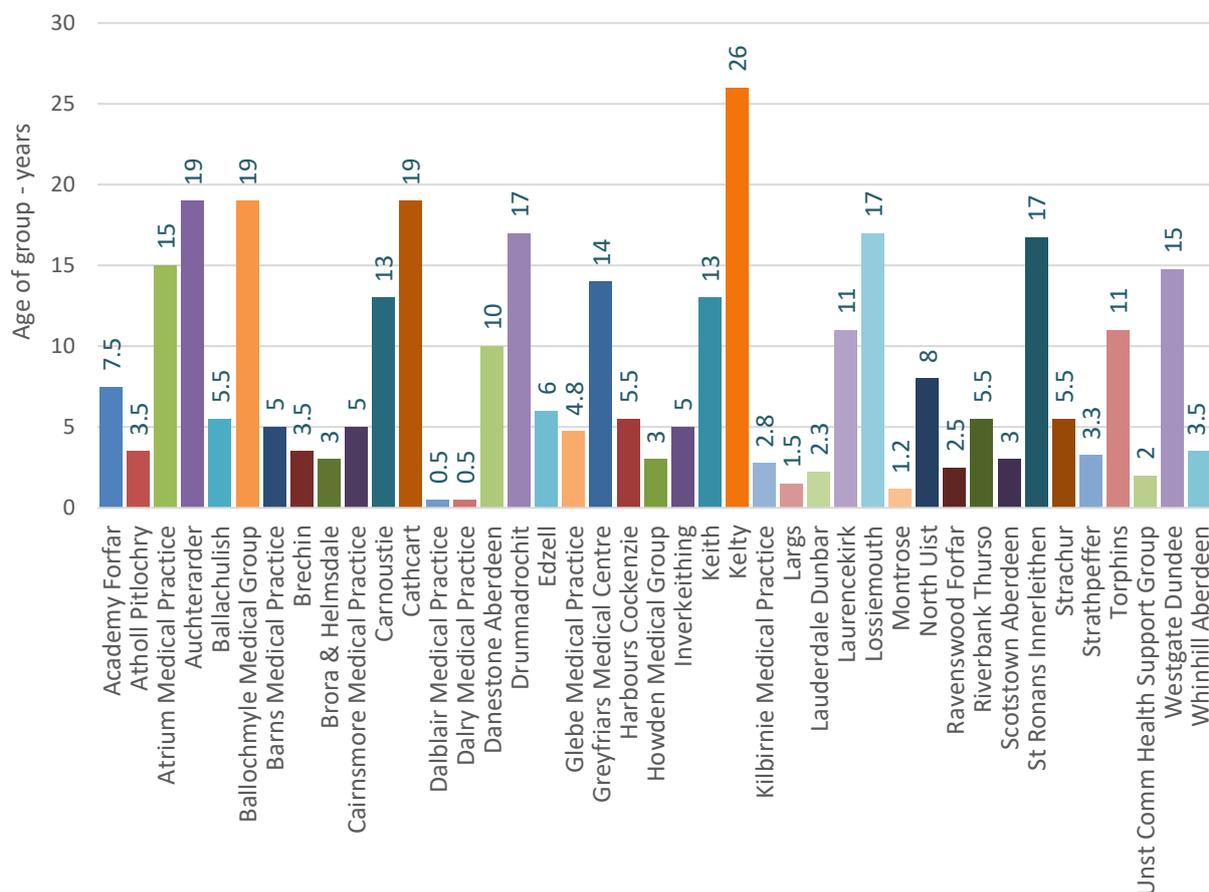
Chapter 3: Age and size of groups

Age of groups

Question: When was the group established?

Some Patient Participation Groups in Scotland have been running for many years while others are relatively new and this is reflected in the groups who participated in our research. The length of time groups have been running ranges from less than one year to 26 years with the longest running group based in Kelty, Fife (see figure 1). Fifteen of the groups (36%) have been established for 10 years or longer and five (12%) have been established for two years or less. On average, Patient Participation Groups we spoke to have been running for 12 years.

Figure 1: Age of group



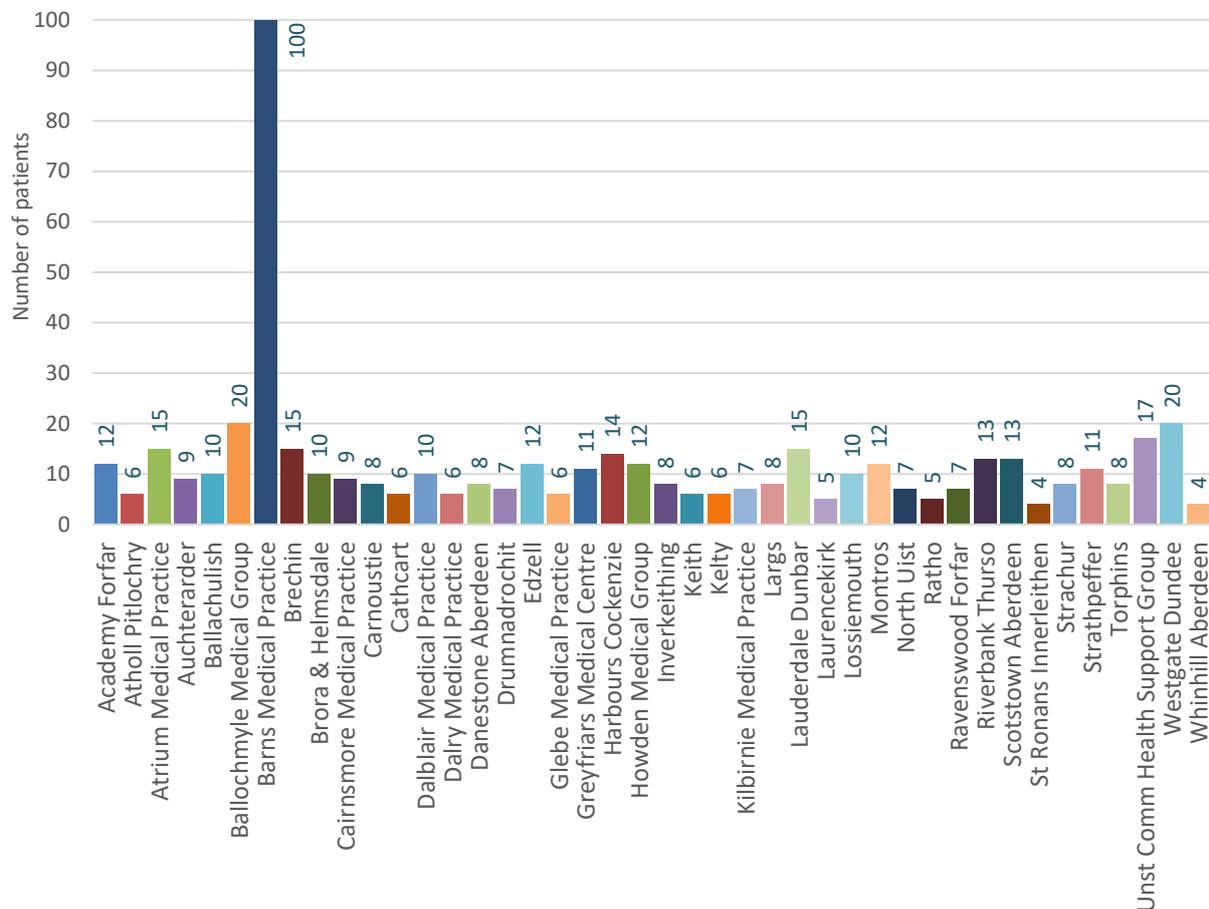
Size of groups

Question: How many patients are on your group?

The number of patients on a Patient Participation Group varies and depends on a number of factors including types of activities undertaken by the group, how easy or difficult it has been to recruit and retain patients, and how long a group has been running. With the exception of one group the number of patients on the Patient Participation Groups that participated in our research, ranges from 4 to 20 with the average number of patients being 10 (see figure 2). The exception is Barns Medical

Practice Patient Participation Group in Ayr which has over 100 patients on its group (see Example A).

Figure 2: Size of group



EXAMPLE A: Barns Medical Practice Patient Participation Group, Ayr *

This group is unusual in that it has over 100 members and is always open to new ones. It meets three times a year and on average 12 members attend each meeting. Members are provided with information by email and can share their views and ideas without having to attend meetings. The group has been instrumental to change within the practice including: establishment of a ‘Patient Voice’ display in the waiting area with a ‘You Said, We Did” section, practice use of Facebook, informing updates to the practice website and telephone system, refining patient information on health screening, and improving patient information leaflets. Every two years the group works alongside the practice to review results from the Health and Care Experience Survey and use these to agree priorities for change.

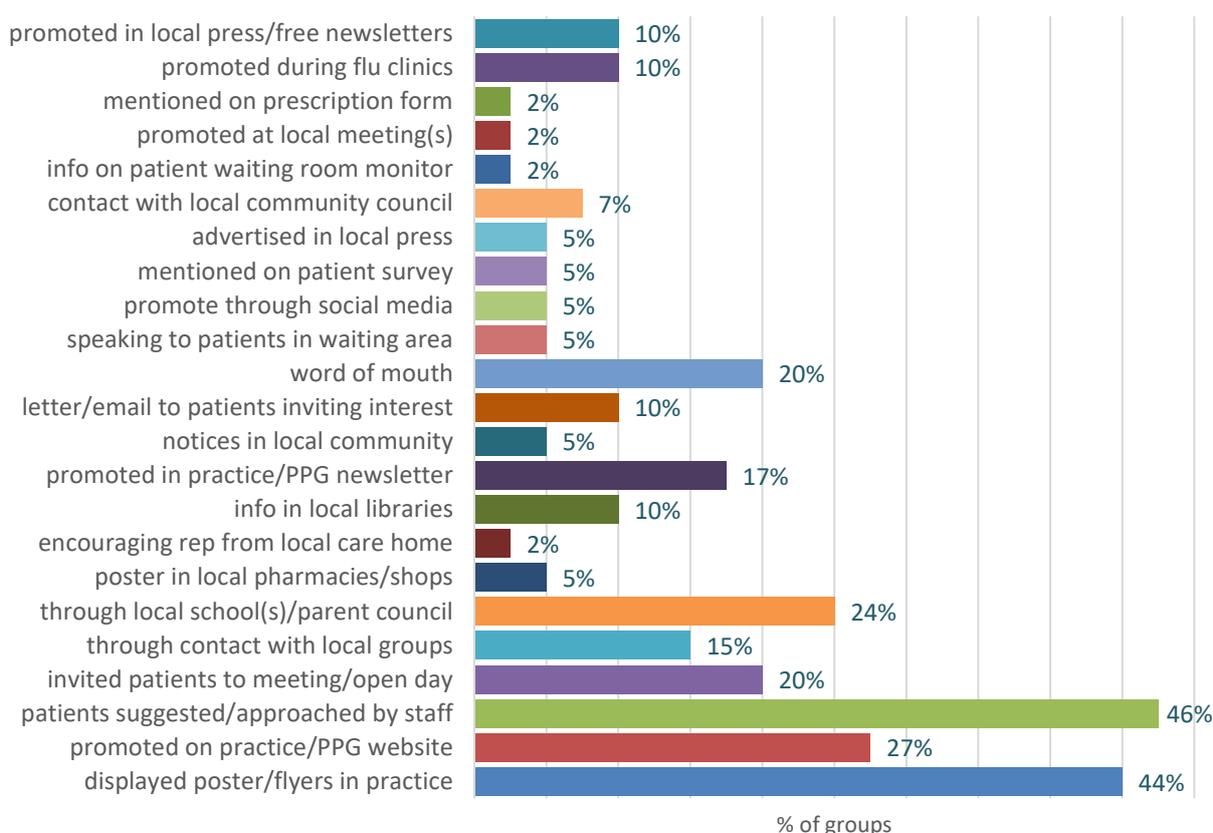
Chapter 4: Recruitment and diversity

Recruitment of patients to the Patient Participation Group

Question: How have members been recruited to your group – initially and ongoing?

The experience of some GP practices and Patient Participation Groups shows that encouraging patients to join a new or existing group can be difficult and sometimes groups never get established in the first place because of this. GP practices and existing Patient Participation Groups have used a wide variety of methods to recruit patients to their groups, both initially and on an ongoing basis (see figure 3).

Figure 3: Recruitment methods



The most commonly used methods of recruiting patients include the following.

- **Staff identifying and directly approaching individual patients** and inviting them to join the Patient Participation Group. Staff involved are mainly GPs, practice managers and nurses, however any staff members, especially those who have face-to-face contact with patients, can assist in this.
- Utilising local **community contacts** (for example, the local community council, community and voluntary groups, local condition-specific patient groups such as 'stroke support groups', schools and parent councils, care homes, libraries and pharmacies) to help promote the group.
- **Word of mouth** by practice staff as well as patients who are already on the group.

- Attending **local meetings and events** (for example, farmers' markets, Health and Social Care Partnership locality/management groups, health and wellbeing fairs, and other health or social care related meetings) to promote the group.
- Holding an **open day** or **open meeting** and inviting all patients to come along to find out about the Patient Participation Group. Such meetings/events can also be used by the practice to share information on, for example, services provided, staff roles, proposed changes and to gather patient feedback.
- **Use an opportunity during patient events or meetings** (organised by the practice) to raise awareness of the Patient Participation Group and encourage new members (for example, if the practice organises an event to share information with its patients on changes to processes, facilities or services).
- Using available **methods of communication** such as the practice newsletter and website, free local newsletters and social media forums, poster in practice waiting room, note on prescription form, mention on patients' survey, a letter or email to all patients.

Other methods used to encourage new members to groups have included the following.

- Actively inviting **representatives of local organisations and groups** such as care homes, community councils, carer groups or other local voluntary groups to join. These representatives can share information with their wider group or organisation and gather feedback and views on behalf of the practice and Patient Participation Group. This can be a good way to share information with and involve a wider range of people who may be more difficult to reach (for example parents, younger people involved in youth groups and patients who are registered with the practice and live in a care home).
- **Writing to local groups and organisations** to encourage members/staff, who are patients registered with the practice, to join the group.

We asked groups if they have a cap on the number of patients. The majority of groups (59%) do not, while others (41%) do. Not having a cap on numbers may not work for every group but it can be an effective way to encourage wider involvement, especially if there are a variety of communication methods that can be used between meetings.

For more tips on recruiting patients see the Scottish Health Council's [Start-Up Guide for General Practice Patient Participation Groups in Scotland](#)

Diversity of patients involved

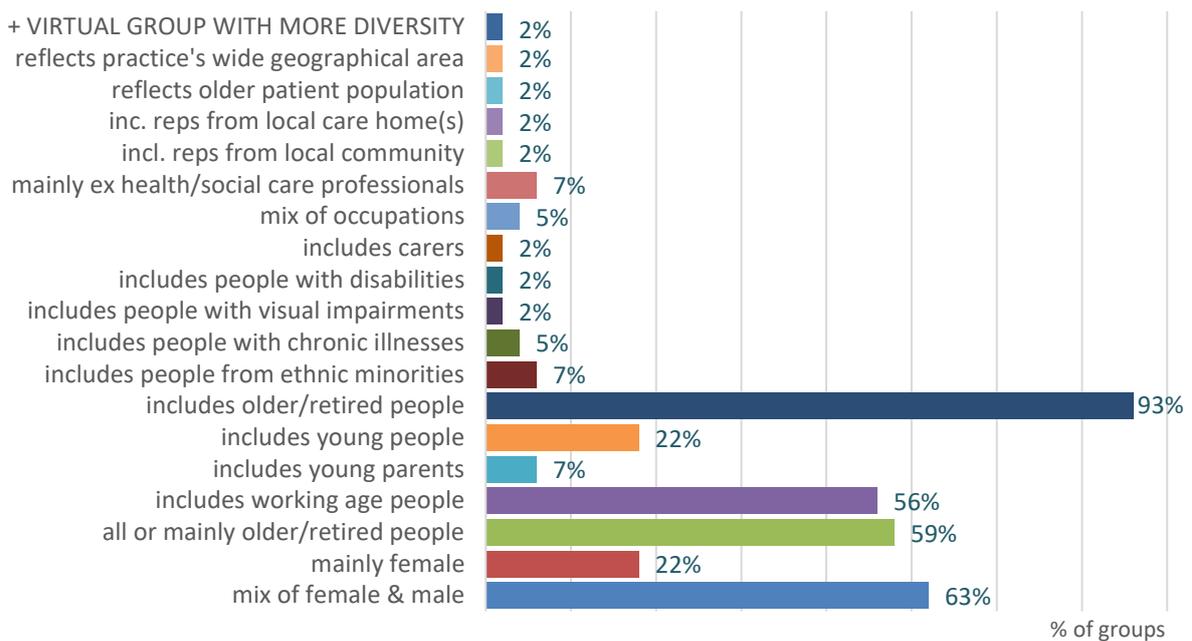
Question: What is the diversity of your group like?

As far as reasonably possible, membership of a Patient Participation Group should reflect the GP practice's wider patient population. However, achieving this proves to be a common challenge throughout Scotland.

We asked the groups who participated in this research about the diversity of patients on their groups (see figure 4).

Most respondents said they would like their group to be more diverse, including having more young people, parents of young families, working age people, people with disabilities and people from different ethnic backgrounds. Many groups have previously tried to encourage a more diverse range of patients but often, where this has been achieved, it has proved difficult to retain them in the longer term due to home and work pressures.

Figure 4: Diversity



Below are methods which some groups have been using to increase diversity of members.

- **Working with local secondary school(s), colleges and universities** to encourage involvement of students who are patients of the practice. This can be individual students, or a small group who take it in turn to attend meetings. It may be of particular interest to those who are considering/studying towards a career in health or social care.
- **Being flexible about attendance and consider different methods of communication** for people who cannot attend every meeting (for example, having a virtual element to the group where members can be kept up to date and comment through email or social media). Meeting times can be changed or alternated to different times of day to try and widen involvement. The meeting venue can be changed or alternated, for example using a community venue if that enables easier access.
- To help with specific projects **consider inviting individuals onto the group on a temporary basis**. This may encourage people who are not in a position to join the group permanently (for example young people or parents of young children).

- Linking in with **existing community and voluntary groups** has proved to be an effective way for some in reaching a more diverse range of people.

Having a Patient Participation Group related to one practice may not be feasible in some areas (for example in areas with smaller populations or where the population is more widely dispersed). In such areas other ways are sometimes being used to help facilitate meaningful dialogue between the community and health and social care providers (see Example B).

EXAMPLE B: Unst Community Health Support Group, Shetland

The population of Unst - a small island community in Shetland - want to stay on the island and in their homes for as long as possible. This is something health and social care services want to support and in 2017 the Unst Community Health Support Group was established with a remit that covers both health and social care. Membership is open to all service users and health and social care staff who live or work in Unst. More information on the group can be found at www.unsthealthcentre.co.uk/ppg.aspx

Chapter 5: Meetings

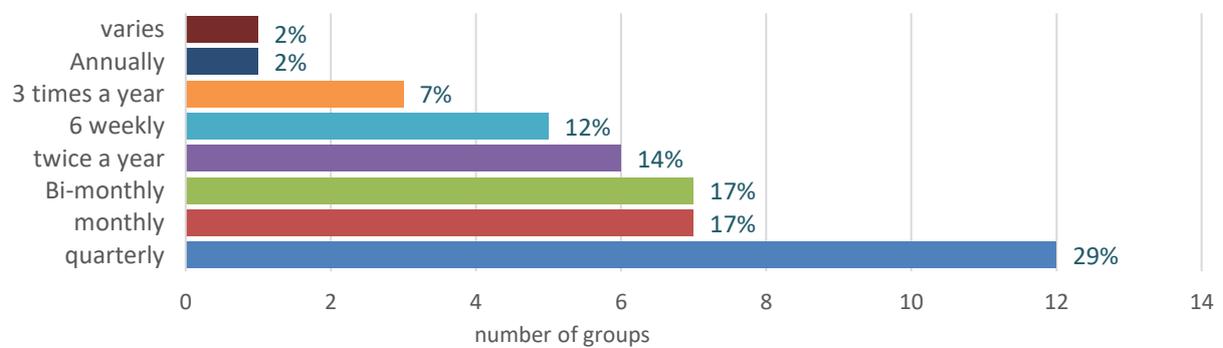
Meeting frequency

Question: How often does the group meet?

There is no right or wrong frequency for Patient Participation Group meetings. Groups agree what works best for them, based on a number of factors including the amount of time members can commit to, activities undertaken by the group and staff availability.

Meeting frequency ranges from monthly (17%) to annually (2%). Most groups either meet quarterly (29%), monthly (17%), bimonthly (17%) or twice a year (14%) – see figure 5.

Figure 5: Meeting frequency

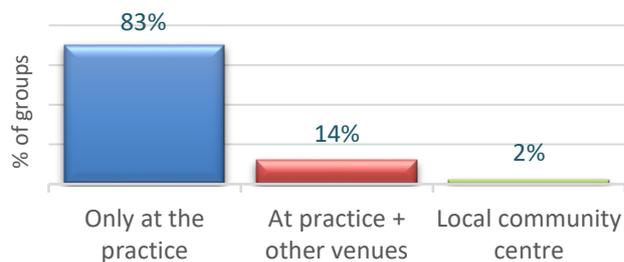


Location of meetings

Being mindful of public transport and having meetings at a convenient location helps enable as many as possible to attend.

Question: Where does the group meet?

Figure 6: Location of group meetings



Thirty-five groups (83%) always meet within the practice, a further six (14%) hold meetings between the practice and other local venues such as a local community hospital and one group always meets at a local community centre (see figure 6).

Terms of Reference

There are benefits in taking the time to prepare a Terms of Reference including that this:

- reminds members that the group is not a forum for individual complaints or personal issues
- can guide the group in the early stages as it acts as a reminder of the group's purpose

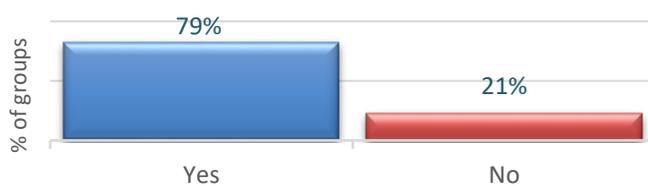
For more tips on writing a Terms of Reference see the Scottish Health Council's [Start-Up Guide for General Practice Patient Participation Groups in Scotland](#)

- helps bond people together
- can act as a point of reference if problems arise
- helps promote the effectiveness of the group, and
- can pre-empt issues that might otherwise arise.

It is also useful to include ground rules in the Terms of Reference or as a separate document. These are an effective way to help ensure that meetings run well.

Question: Does your group have a Terms of Reference (or working agreement)?

Figure 7: Terms of Reference

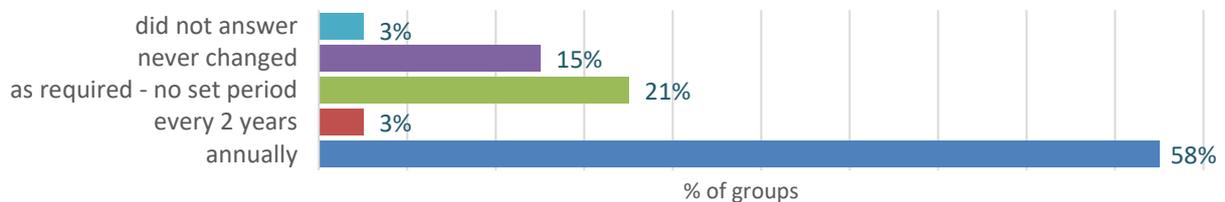


Most groups (79%) said they have a Terms of Reference or similar (see figure 7). Some groups also have a confidentiality agreement that they ask members to sign when they join.

Question: How often is the Terms of Reference reviewed?

Of those who do have a Terms of Reference, over half (58%) review the document annually (see figure 8). Some groups (21%) said they don't have a set period for review and instead they do so as and when required. Other groups (15%) have not reviewed their document as of yet although some of these are only a couple of years old or less.

Figure 8: Frequency of TOR review

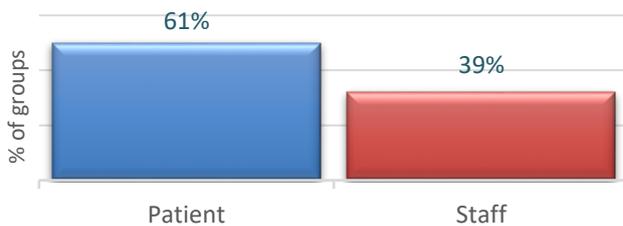


Chair of group

This is a responsible role with the chair usually organising and running meetings, helping to ensure the group meets its aims and at times acting as an official representative of the group. This role is usually fulfilled by a patient, the practice manager or a GP. Some groups have found that rotating this position gives everyone the opportunity to gain experience of this role and share the responsibility.

Question: Is the chair of the group a patient or member of staff?

Figure 9: Chairperson

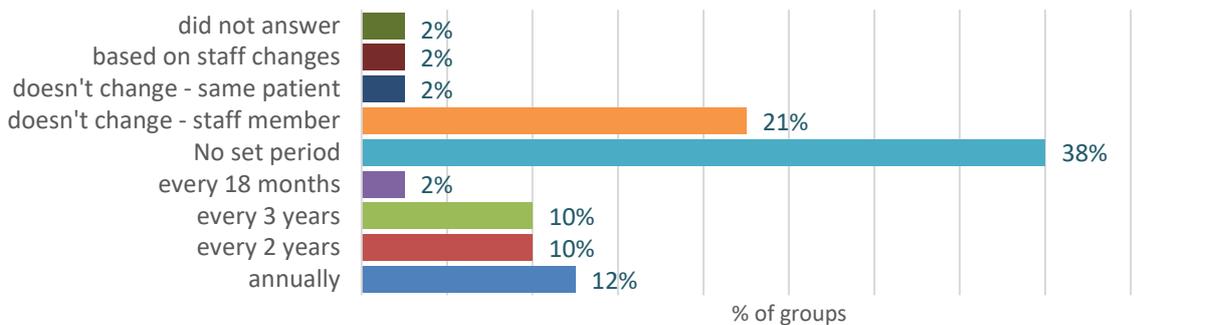


In over half of the Patient Participation Groups (61%) the meetings are chaired by a patient. The remaining groups (39%) are chaired by a member of practice staff (either a GP or the practice manager) – see figure 9.

Question: How often is the position of chair reviewed?

Over a third of groups (38%) do not have a fixed time period for reviewing the position of chair. In 23% of groups the chair has not changed up to this point. (see figure 10).

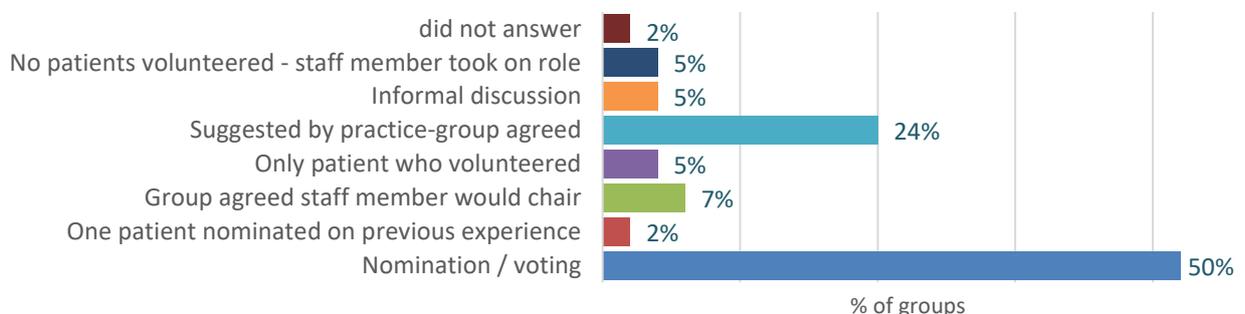
Figure 10: Frequency chair changed



Question: How was the chair selected?

In half of the groups the chair is selected through nomination and voting while in 24% of groups the chair was suggested by the practice and the group agreed (see figure 11).

Figure 11: Selection of chair



Meeting agenda

Having an agenda is essential to a productive meeting which stays on track. It also makes it easier to document the meeting and any actions. It is useful to agree a

process for setting the agenda including who to send items to and by when. To enable as many to attend as possible it is helpful to keep meetings relatively short.

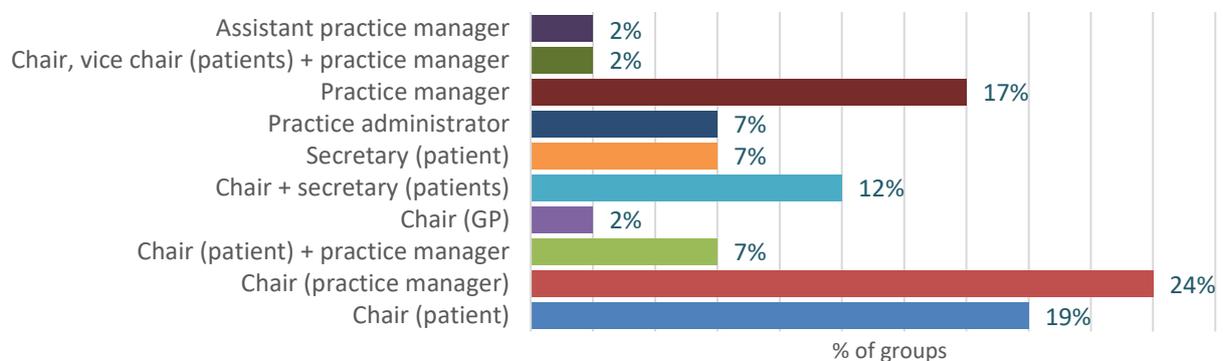
Question: Do you have an agenda for each meeting?

All 42 (100%) of the Patient Participation Groups surveyed produce an agenda which is circulated prior to each meeting. In most groups the patients have an opportunity to suggest items for the agenda.

Question: Who coordinates the meeting agenda?

In 48% of groups patients have full or part responsibility for the coordination of the agenda while in the remaining 52% the responsibility sits fully with practice staff (see figure 12).

Figure 12: Coordination of agenda



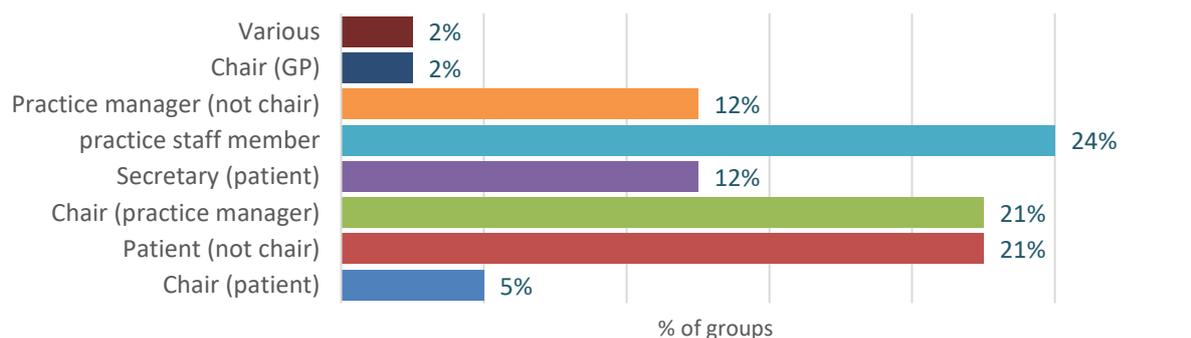
Note of meeting

The traditional way to record a meeting is either a minute or note of meeting but producing an action note instead is becoming more popular. An action list makes it easy to see at a glance progress made and who is responsible for each task.

Question: Who takes the note of meeting?

In 38% of groups it is always a patient who takes the note of meeting, in 60% it's always a staff member and in the remaining 2% it varies. In 29% of groups it is the chair (either patient or staff member) who takes the note of the meeting (see figure 13).

Figure 13: Responsibility for note of meeting



Chapter 6: Communication

Having a two-way flow of information between the Patient Participation Group and staff will help all those involved to feel empowered and valued. It is important to be mindful of individual member's circumstances and communicate in a way that works for them. For example, some members may prefer communication using social media while others do not.

Groups were asked about the methods they and their associated GP practices use to communicate with each other and their wider patient population.

Websites

Question: Does the practice have its own website? If so, does the Patient Participation Group have a dedicated section on the website?

Almost all of the related practices (95%) surveyed have their own website (see figure 14). Of those, 80% have a dedicated section for their Patient Participation Group (see figure 15).

Figure 14: Practice has a website

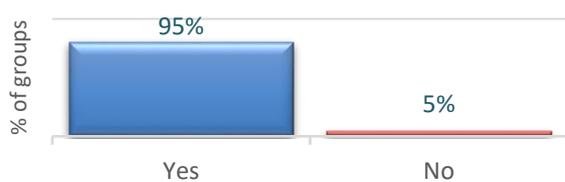
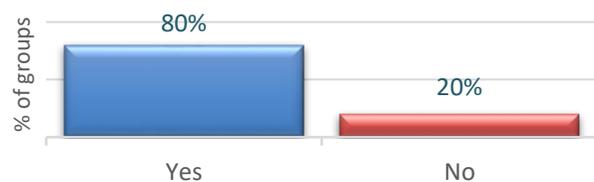


Figure 15: Group section on the practice website

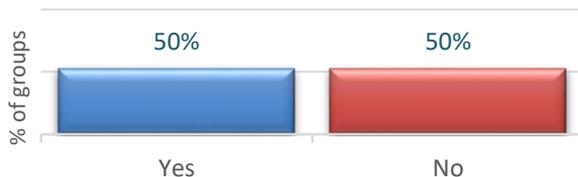


Newsletters

A patient newsletter is a useful way for a General Practice to share information with its wider patient population. Examples of information that can be included are: updates on practice services, staff and facilities; answers to frequently asked questions from patients (FAQs), a 'spotlight' section on individual staff/roles, and Patient Participation Group updates.

Questions: Does the practice have a patient newsletter?

Figure 16: Practice newsletter



Half of the practices (50%) have a regular practice newsletter (see figure 16). Often these are posted on the practice website.

Question: Does the group have its own newsletter or a section in the practice newsletter?

Some Patient Participation Groups have their own newsletter (14%) but the majority (71%) have a dedicated section within their practice newsletter (see figures 17 and 18).

Figure 17: Group has its own newsletter

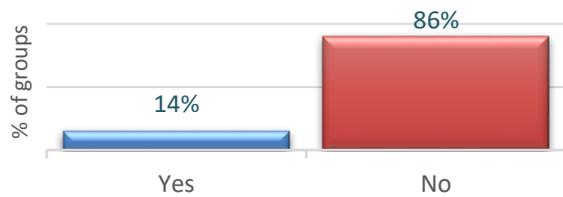
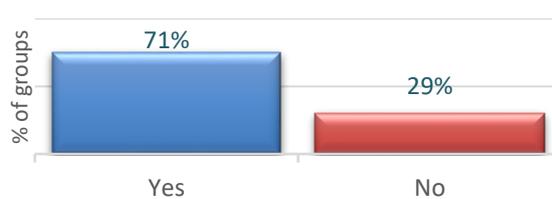


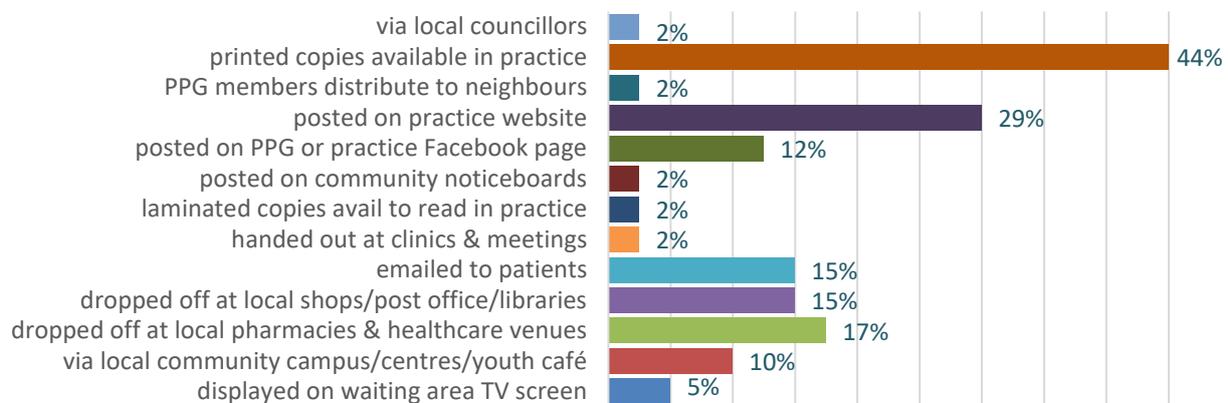
Figure 18: Group section on practice newsletter



Question asked: How is the practice/group newsletter shared with patients?

Practice/Patient Participation Group newsletters are distributed in a variety of ways (see figure 19). The most common methods used are displaying printed copies in the practice (44%) and electronic copies on the practice website (29%).

Figure 19: Distribution of newsletter

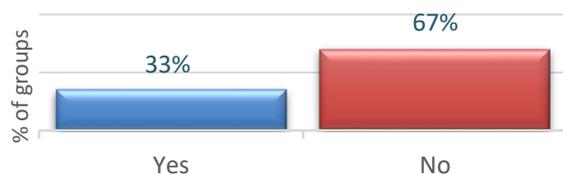


Social media

Social media has the potential to reach a wider audience than traditional engagement and participation methods and tools. It enables people to participate from their own homes at a time that suits them. Social media is a useful tool to share health information, provide information about services, facilitate discussion and seek the views of patients.

Question asked: Does the practice or group use Facebook, Twitter or any other form of social media to communicate with patients?

Figure 20: Use of social media

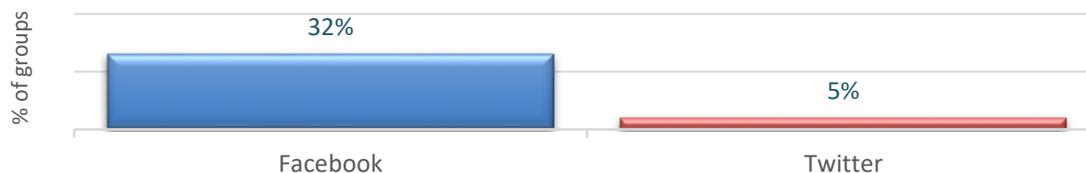


Most practices (67%) said they do not use any form of social media to communicate with patients other than their website (see figure 20).

Question: If the practice or group does use social media, what does it use?

Nearly a third of practices (32%) use Facebook but only 5% use Twitter (see figure 21). Some practices and groups have discussed using social media but have not yet implemented it. Two practices also share information through local community Facebook or Twitter pages.

Figure 21: Types of social media used



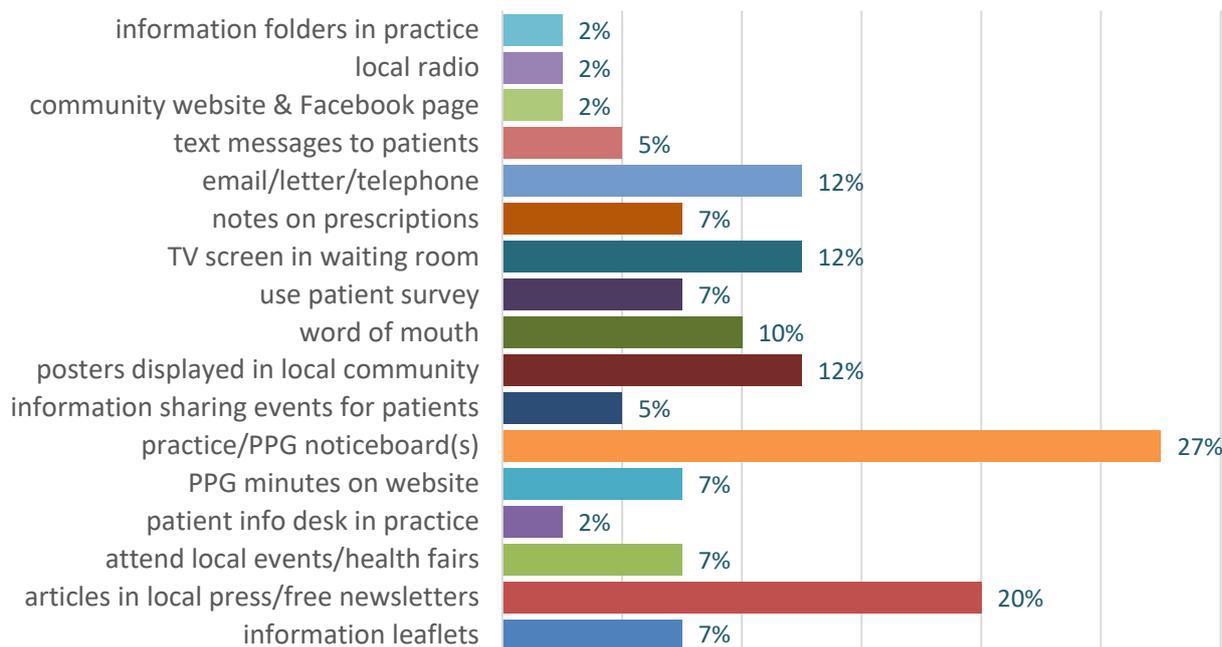
Other methods of communication

Question: Does the practice or group use any other methods to communicate with the wider patient population? If yes, what do you use?

Practices and Patient Participation Groups use many different methods to communicate with patients (see figure 22).

The most common methods used are: posting information on practice/Patient Participation Group noticeboards (27%), placing articles in local press or free newsletters (20%), posters displayed in the local community (12%) and using the waiting room TV screen (12%).

Figure 22: Other methods of communication used by practice/group



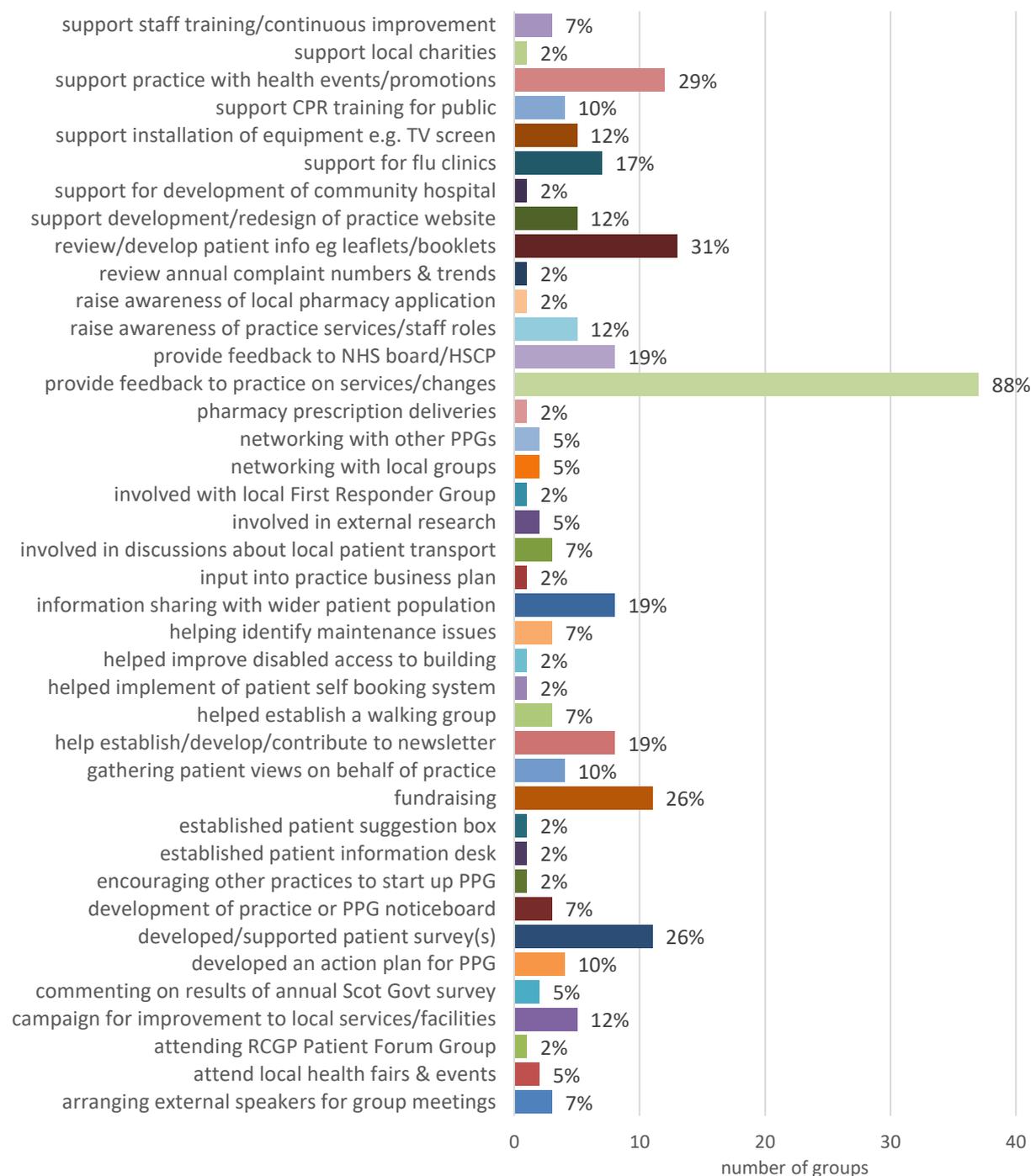
Chapter 7: Group activities

Developing an action plan is a useful exercise which can help a Patient Participation Group focus on its aims and goals. This can include identifying activities that members can get involved in over the short, medium and long term.

Question: What different types of activities has the group been involved in?

The Patient Participation Groups who participated in this research have been involved in a wide range of activities (see figure 23).

Figure 23: Types of activities Patient Participation Groups have been involved in



The most common activities Patient Participation Groups have been involved in are the following.

- **Providing feedback on practice services and proposed changes to systems, processes and facilities** from a patient perspective. In fact, some groups were initially established specifically to provide feedback to the practice on proposed changes (for example new premises).
- Helping **test new systems or processes** before they are fully implemented. For example, some groups have been involved in testing a new telephone system, appointment system or prescription ordering service.
- **The review and development of written patient information** (for example, patient leaflets, booklets and information packs/folders, and appointment cards). One group said it has worked with staff to review all patient information leaflets on the services provided within their practice.
- Working with staff to design and conduct **patient surveys** within their practice. Some groups have helped staff to analyse the feedback and develop an action plan for the practice and/or group to take forward. Surveys have then been conducted to evaluate progress. Surveys have proved to be an especially good way to determine patients' knowledge and understanding of services provided and staff roles, and can then inform which of these to further promote and raise awareness of. Some groups have also helped staff analyse and develop action plans following the receipt of results from nationally conducted surveys.
- Helping to **develop and/or contribute to practice newsletters**. Some groups have been instrumental in the establishment of their practice newsletter. Members also help distribute newsletters locally (for example, dropping off copies at local libraries, pharmacies and community venues).
- Helping to **develop the practice website**. Some groups also have a dedicated section where they can share their own information.
- Improving **patient noticeboards** and helping to keep them up to date. Some groups have their own dedicated noticeboard where they share information and provide updates from the group to other patients or ask for feedback.
- Providing other ways for patients' voices to be heard. For example, assisting the installation of a **suggestion box** within patient areas.
- Promoting and supporting annual **flu clinics**. Some groups will provide additional resource by signing in patients, directing them where to go, and even making tea/coffee. (See Example D)
- Some groups have members who are **available in patient areas to assist patients** in using the practice self-booking in system and/or equipment where patients can take their own blood pressure and weight. (See Example E)
- Three groups have been responsible for establishing a **walking group for any practice patients who want to take part**.
- A small number of groups have been involved in **fundraising for equipment**.

- Raising awareness to the wider patient population of **new services and clinics** available within the practice.
- Helping **support practice open days or health promotion events** (for example, where a speaker is invited to give a presentation on a specific health-related topic). Groups have also used these opportunities to raise awareness of their group and encourage wider involvement.
- Supporting **staff training and development**. One group mentioned that it provides an opportunity for members to play the role of patients in staff training days.
- Providing **feedback to other health and social care providers** about wider service provision in the local area (for example, on a community hospital, access to patient transport, proposed changes to services or facilities).
- The **promotion of cardiopulmonary resuscitation (CPR) training** available locally to the public.

EXAMPLE D: Keith Patient Participation Group

Each winter, Keith Health Centre opens on a Saturday or Sunday for flu vaccinations. The Keith Patient Participation Group organises a combined health fayre/vintage tea at the community hall across the road. After receiving their flu vaccination, people are invited to go across for a tea/coffee and a chat. Group members are busy all day, serving tea and coffee and connecting people with local and regional organisations who can provide services to keep them fit and well. The event draws over two hundred people and is well supported by the local Tesco (who provide the tea, coffee, cakes, biscuits) and the local media. This is only possible due to the hard work of the Patient Participation Group members.

EXAMPLE E: Academy Practice Patient Participation Group, Forfar

The group established a Health Information Desk within the practice reception area where trained volunteer Patient Participation Group members can provide patients with health information leaflets in order to promote self-management or signpost patients to health services and local/national self-help and support groups. The volunteers also assist patients to use the self-test pod (which allows patients to check their blood pressure, height and weight at their own convenience any time during surgery opening hours). Due to volunteers working within the practice setting and dealing with patients first hand, volunteers are required to go through the disclosure process and NHS Tayside provides training for this. On completion of training, volunteers are given a badge and become registered NHS Tayside volunteers.

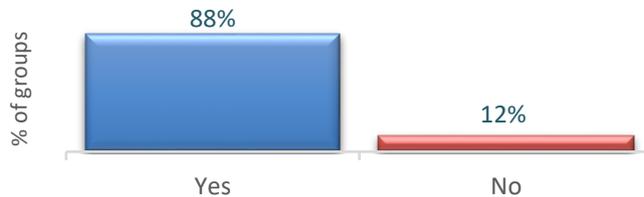
Feedback on current services and/or proposed changes

The Scottish Health Council wanted to find out how often practices and other health and social care providers use the opportunity to ask their local Patient Participation Group(s) for their views on current provision of services and proposed changes.

Question: Does the affiliated GP practice ask the Patient Participation Group for feedback and views on proposed changes?

Most groups (88%) have been asked by their practice for their views relating to services and proposed changes (see figure 24).

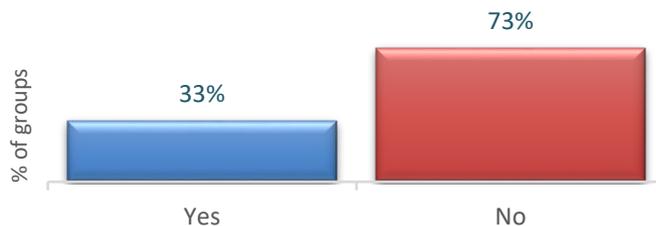
Figure 24: Feedback to practice



Question: Does the local NHS Board, local authority, or local Health and Social Care Partnership ask the Patient Participation Group for feedback and views on proposed changes?

Only 33% of groups have been asked by the local NHS Board, local authority or Health and Social Care Partnership for feedback and views on proposed changes (see figure 25).

Figure 25: NHS/local authority/Health and Social Care Partnership



Impact of Patient Participation Groups

Question: Do you feel the Patient Participation Group has been able to make a positive difference to the practice and wider patient population?

Almost all of the groups (91%) felt they have made a positive difference to the practice/wider patient population during the time they have been established (see figure 26). Similarly, 92% of practices said the Patient Participation Groups have made a positive difference (see figure 27).

Figure 26: Response from groups

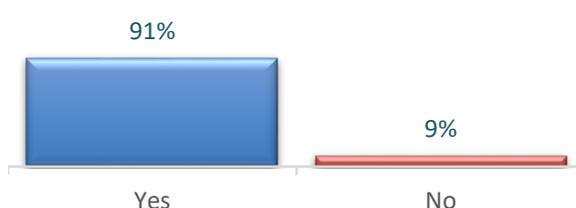
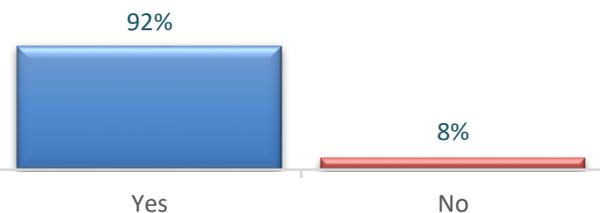


Figure 27: Response from GP practices



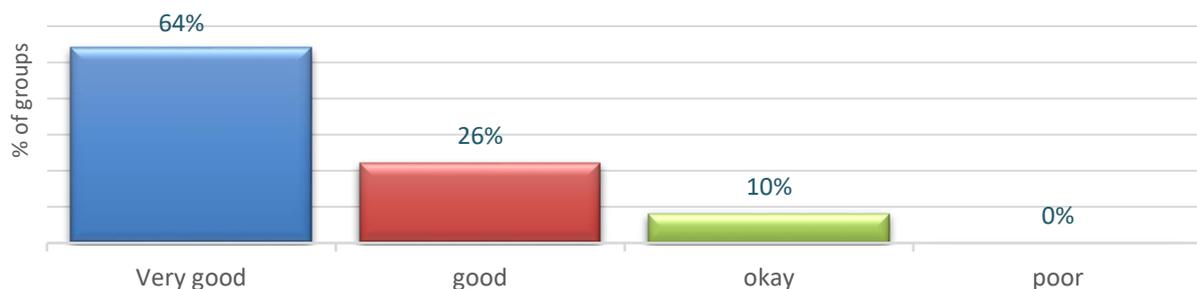
Chapter 8: Support from practice and funding

Staff support

Question: How would you describe the support you receive from the practice?

Most groups (64%) described the support they receive from their GP practice as “very good”, 26% described it as “good”, and 10% described it as “okay”. No groups said the support was “poor” (see figure 28). Many gave additional feedback to say how much they appreciate the support they receive from practice staff.

Figure 28: Support from practice staff



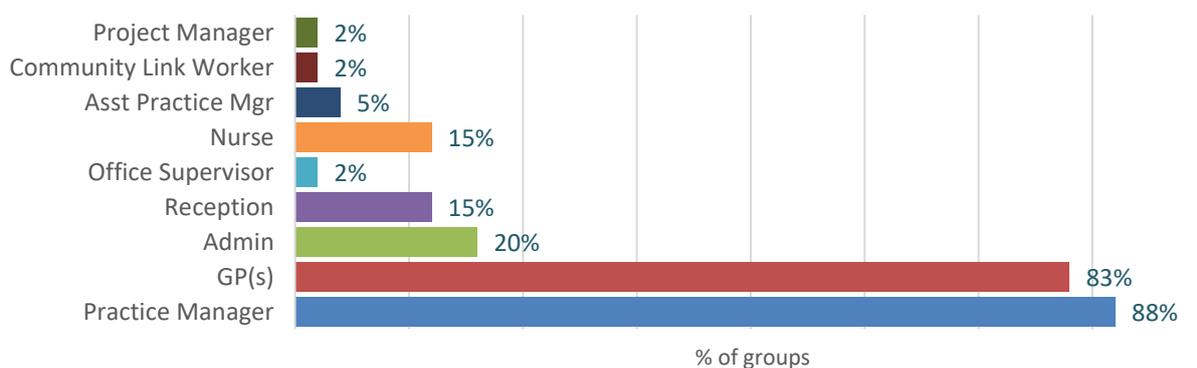
Staff attendance at meetings

General feedback the Scottish Health Council has received from groups surveyed is that they feel more valued and have a stronger feeling of partnership working when staff regularly attend the Patient Participation Group meetings.

Question: Do practice staff always attend meetings?

All of the Patient Participation Groups surveyed said that at least one member of practice staff attends the meetings. Mainly, the practice staff who attend meetings is the practice manager (88% of practices) and at least one GP (83% of practices). Other staff members also attend from time to time (see figure 29). For example, practice nurses and reception staff have attended to provide an overview of their role within the practice and give patients an opportunity to ask questions. One group also has some additional patient only meetings.

Figure 29: Staff attendance at meetings



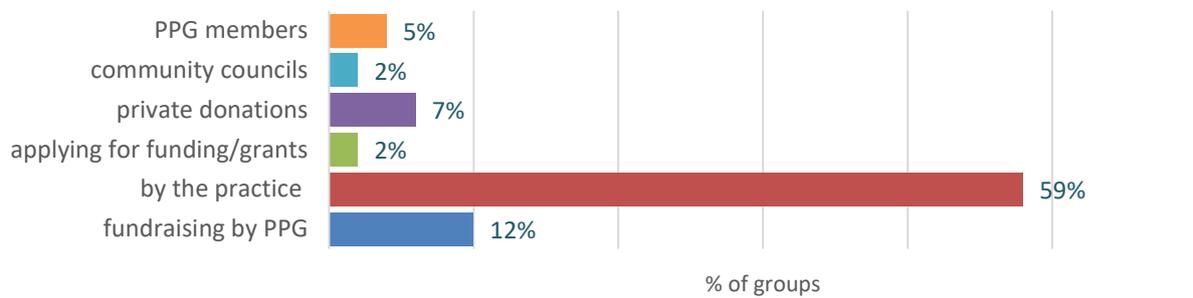
Funding

Membership of a Patient Participation Group is on a voluntary basis and group expenses tend to be minimal.

Question: How are expenses relating to the group funded?

Nearly a fifth of the Patient Participation Groups (19%) said they have not yet incurred any expenses. In over half the groups (59%) expenses have been covered either fully or in part by the practice (see figure 30). Some groups have covered costs through fundraising activities (12%). Only 2% of groups have received funding through applications for funding or grants. These are sometimes available through the local NHS Board, Health and Social Care Partnership or local authority.

Figure 30: Types of funding



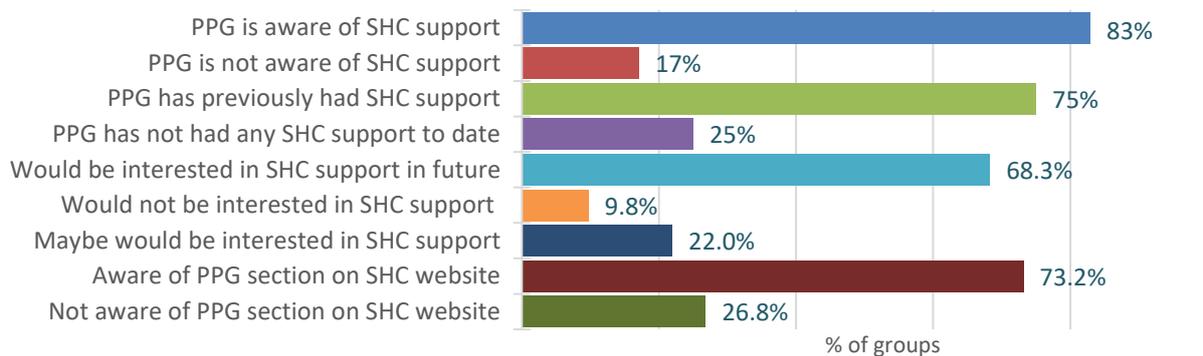
Chapter 9: Support from the Scottish Health Council and networking

We asked Patient Participation Groups if they:

- were aware of support provided by the Scottish Health Council
- knew about the Patient Participation Group section on the Scottish Health Council’s website, and
- would be interested in support from the Scottish Health Council in future.

The responses are shown in figure 31.

Figure 31: awareness of Scottish Health Council support



The Scottish Health Council can offer advice and practical support in establishing a new Patient Participation Group or in developing an existing group. We have developed a **Start-Up Guide**³ and **Development Tool**⁴, as well as other useful tools such as a **map of all Patient Participation Groups** in Scotland and **video case studies**, all of which are available on our website.

Networking with other groups

It can be useful, especially for new groups, to make contact with other groups as they may be able to provide invaluable help, advice and support and share examples of what has worked well, and not so well, for each other.

Networks are also a good way to help groups overcome challenges through sharing practice and brainstorming solutions to try and take forward (for example, how to widen membership and encourage increased involvement). See Example F for details of a current network.

³

http://www.scottishhealthcouncil.org/patient__public_participation/patient_participation_groups/ppg_start-up_guide.aspx

⁴

http://www.scottishhealthcouncil.org/patient__public_participation/patient_participation_groups/ppg_development_tool.aspx

Question: Do you network with other groups? Would you find it useful?

Nearly half of the groups (48%) said they have had contact with other groups (see figure 32) while 79% said they would find this beneficial (see figure 33).

Figure 32: Previous networking with other groups

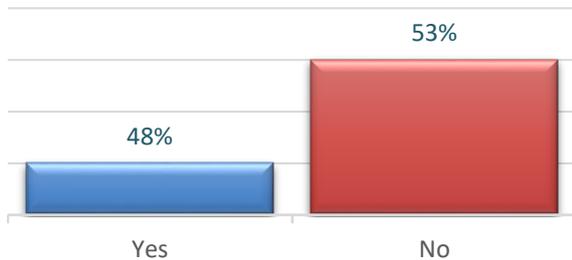
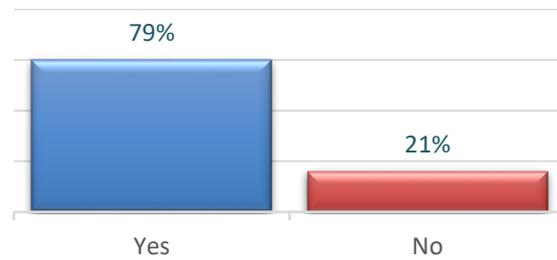


Figure 33: Networking beneficial



EXAMPLE F: East Lothian Patient Participation Group Forum

The East Lothian Participation Group Forum was established in February 2019 and consists of four Patient Participation Groups - Harbours Medical Practice, Cockenzie; Lauderdale, Dunbar; Riverside, Musselburgh and Tranent Medical Practice. The purpose of the forum is to meet together and share experiences. Where joint working benefits patients and the General Practices, the groups work together to understand issues and contribute to further development and improvement of services to patients. An independent chair was appointed to lead the Forum. It meets every four months with each meeting arranged and hosted by one of the Patient Participation Groups. New groups are welcome to join and contribute to the development of Patient Participation Groups in the East Lothian area.

The Scottish Health Council can also provide support by sharing contact details and organising networking events.

For further information on the types of support available from the Scottish Health Council, GP practice staff and Patient Participation Groups can contact the Scottish Health Council through our local office network⁵.

⁵ http://www.scottishhealthcouncil.org/contact/local_offices.aspx

Acknowledgements

The Scottish Health Council would like to thank the following Patient Participation Groups and practice staff for their time and the vast amount of information they provided us with:

Academy Medical Centre Patient Participation Group, Forfar
Atholl Medical Centre Patient Participation Group, Pitlochry
Atrium Medical Practice Patient Group, Coatbridge
Auchterarder Community and District Health Group
Ballachulish Patient Participation Group
Ballochmyle Medical Group Patient Participation Group, Mauchline
Barns Medical Practice Patient Participation Group, Ayr
Brechin Health Centre Patient Participation Group
Brora & Helmsdale Patient Participation Group
Cairnsmore Medical Practice Patient Participation Group, Creebridge
Carnoustie Medical Group Patient Participation Group
Cathcart Street Patient Participation Group, Ayr
Dalblair Medical Practice Patient Participation Group, Ayr
Dalry Medical Practice Patient Participation Group
Danestone Patient Participation Group, Aberdeen
Drumnadrochit Medical Practice Patient Participation Group
Edzell Patient Participation Group
Glebe Medical Practice Patient Participation Group, Lesmahagow
Greyfriars Medical Centre Patient Participation Group, Dumfries
Harbours Medical Practice Patient Participation Group, Cockenzie
Howden Medical Group
Inverkeithing Medical Group Patient Participation Group
Keith Patient Participation Group
Kelty Patient Participation Group
Kilbirnie Medical Practice Patient Participation Group
Largs Patient Participation Group
Lauderdale Patient Participation Group, Dunbar
Laurencekirk Patient Participation Group
Lossiemouth Patient Participation Group
Montrose Patient Participation Group
North Uist Patient Participation Group
Ratho Surgery Patient Participation Group, Newbridge
Ravenswood Patient Participation Group, Forfar
Riverbank Practice Patient Participation Group, Thurso
Scotstown Patient Participation Group, Aberdeen
St Ronans Patient Participation Group, Innerleithen
Strachur Patient Participation Group
Strathpeffer Patient Participation Group
Torphins Patient Participation Group, Aberdeen
Unst Community Health Support Group

Westgate Medical Practice Patient Participation Group, Dundee
Whinhill Patient Participation Group, Aberdeen

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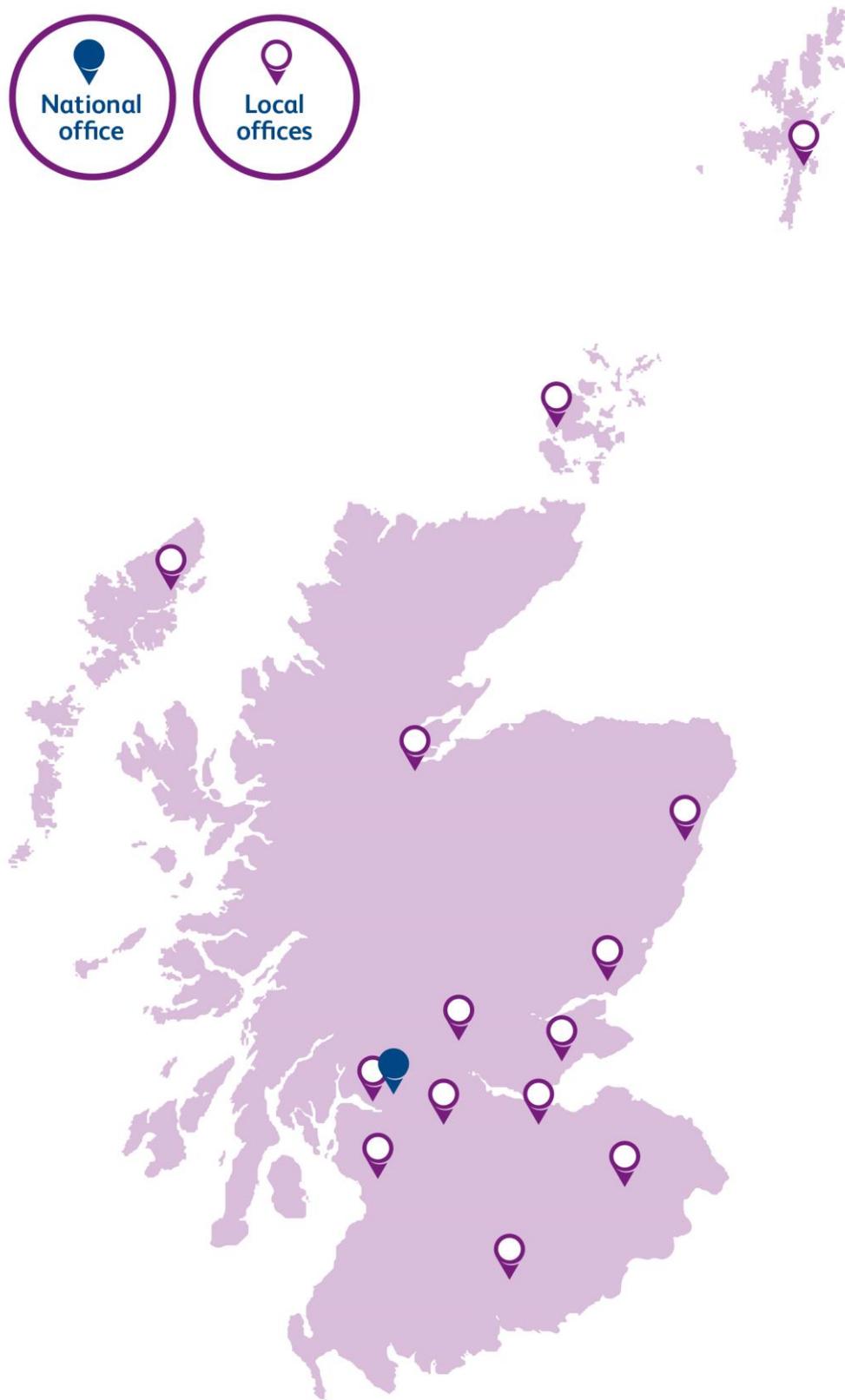
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