

What kind of Practice Participation Group (PPG) do we need?

After 8 months representing the Canterbury Medical Practice at the Public Reference Group (PRG) of the Canterbury and Coastal Clinical Commissioning Group (CCG), I thought it was time to share some of my experience so far with other members of our PPG.

My first difficulty (apart from learning all the acronyms) is to be able to report back at the appropriate point in the agenda on what we have done as group which would be of interest to those around the table. This is made more difficult because our meetings seem not to synchronise with those of the PRG.

We seem to work as a sort of overview board for our practices – which may be all that we want – but we don't do anything newsworthy. Are there aims and objectives for our PPG? If so, are we meeting them and/or do they need reviewing?

It seems to me that there are three types of PPG in East Kent: proactive; functional; statutory.

I talked about the proactive type at our July meeting. They seem to meet frequently and also help with practical tasks at the surgery (for instance, at this time of year volunteers offer a check-in service for people coming for flu jabs, thus freeing up a significant amount of receptionists' time). They seem to be a sort of friends group as well as having an overview role as we do. They appear also to run an on-line consultation group for their patients.

The functional groups are more like ours. As far as is possible they ensure due process and raise issues of concern from the surgeries. They may have a wider 'virtual' group and also comment on broader health issues affecting their communities.

My impression is that the statutory groups meet because each practice must have a PPG, but have little engagement in their areas.

At every PRG meeting it becomes evident that there is a great number of related consultative bodies, some specific to a medical speciality, others related to the provision of particular services in the community, and some are boards on which lay representation would be welcomed.

The CCG also generates mostly by e-mail information about public events focusing on specific medical provision and seeks consultation from patients on service provision: patient transport and mobility equipment are recent examples. As a PPG are we able to facilitate getting this information direct to our patients?

So I should like to propose some areas for consideration. They are in no particular order and are not recommendations, but ideas which have emerged from my attendance at PRG meetings. At the very least I could then report at the next PRG that we are undertaking a review of what we do.

- Our aims and objectives
- Frequency of our meetings
- Composition of our PPG and 'virtual' group: should each surgery have a specific number of representatives?
- Do we need some lay people with specific areas of interest/expertise?
- How often should we refresh the membership?
- Do we want to change how we operate?
- How can we better disseminate CCG messages and information?
- Should we as a PPG be looking at new areas of activity?
- Can we facilitate wider participation in the various consultative bodies and if so, how can we communicate/share the information necessary to make these work better?

William Pettit

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