![NHS Newcastle Gateshead Clinical Commissioning Group]

Patient Participation Group Toolkit:

Guidance to help you set up and get the most out of your Patient Participation Group

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Transforming lives together >

This document was produced by Involve North East on behalf of NHS Newcastle Gateshead Clinical Commissioning Group

We are an independent organisation who specialises in involvement and engagement. We work with integrity, ensuring people's voices influence the design of services they receive.

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- Focus groups
- Informal group discussions

For more information about the services we can provide please contact Andrew White on 0191 226 3450 or email andrew@involvene.org.uk. Visit our website at: www.involvene.org.uk

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Introduction

What is this toolkit for?

With the development of Primary Care Networks, there is an opportunity for Patient Participation Groups (PPG) to develop a greater role in influencing service change and development. This toolkit offers timely advice and guidance around establishing PPGs, how to develop your PPG further and some tools for engaging and involving patients, carers and the wider public.

Who should use this toolkit?

This toolkit has been developed for GP practice staff, in particular those whose role includes responsibilities for patient, carer and public involvement and PPG members.

This toolkit includes:

Section 1: Setting-up a Patient Participation Group
Section 2: Developing your Patient Participation Group
Section 3: Involvement and engagement tools
Section 4: Other useful sources of information

Key facts

What is a Patient Participation Group (PPG)?

A PPG typically consists of a small number of patients from a GP practice who represent the views of other patients. They meet regularly to discuss practice-related issues and patient experience with the aim of improving the service patients receive. All group members are volunteers.

➜ **Contractual requirements**
Since April 2015 is has been a contractual requirement for GP practices to have a PPG and to make reasonable efforts for this to be representative of the practice population. The Care Quality Commission (CQC) requires evidence that a practice encourages patient participation and also acts on any patient feedback it receives.

Why is patient and public involvement in the NHS important?

It is important because it gives people the opportunity to:

- Influence their own care and treatment
- Have a say in the way services are planned and run
- Help bring about improvements to the way care is provided

(British Medical Association)

What are Primary Care Networks?

NHS England states that a Primary Care Network:

> "Consists of groups of general practices working together with a range of local providers, including community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks are based on groups of practices covering approximately 30,000-50,000 patients."

Section 1: Setting-up a PPG

➔ In this section you will learn how to set-up a PPG from identifying the best member of staff for the job to setting up a feedback mechanism

What is a PPG and what is its role?

A PPG typically consists of a small number of patients from a GP practice who represent the views of other patients. They meet regularly to discuss practice-related issues and patient experience with the aim of improving the service patients receive. All group members are volunteers.

A PPG can have a wide range of functions and this list is not exhaustive, however common roles include:

- Enabling patients and practice staff to come together and share their thoughts and views about patient experience
- Acting as a critical friend to the practice
- Feeding back the views of the wider patient population to practice staff
- Enabling patients to make suggestions about the practice and contribute to the continuous improvement of services
- Considering survey results and other patient feedback and helping develop necessary action plans
- Carrying out ad-hoc pieces of research into the views of patients
- Helping to write patient newsletters
- Organising health promotion events and helping to improve health literacy

What are the benefits of having a PPG?

- They offer practices the opportunity to involve their patients in the running of the practice
- They enable practice staff to develop an equal partnership with their patients. They provide another platform to communicate with patients
- They offer a forum to test ideas and suggestions with patients
- They provide an opportunity for patients to share their views on the service provided which could lead to improvements for patients and staff and may reduce costs

Setting-up a PPG, where do you start?

A PPG can be initiated by patients or practice staff but typically it is the practice who will look to set-up the group in the first instance. Groups may then go on to become more independent as they establish themselves.

- **Ownership:** PPGs are easier to establish when they have support from the whole practice staff team. At the outset at least one senior staff member from the practice should take ownership of the PPG - someone who is passionate about the value of patient and public involvement. However all staff need to take some responsibility for the project which should be formally introduced and become a regular agenda item at practice meetings. Alongside the individual driving the project there should be someone who is able to offer administrative support.

- **Recruitment:** The PPG is open to anyone who is a registered patient or carer of a registered patient and there are no limits on the number of people who can be members of a PPG. Your ambition should be that the PPG is representative of the patient population but this could be something that is developed once the group is established. ➔ **See Section 2: Developing your PPG** for more help around this.

- **The message:** There are a wide range of ways you can try and recruit patients to your PPG but before you begin to do this you will need a clear and consistent message to communicate to patients to encourage them to join the PPG. The message should:

    - Be simple and positive, e.g. 'help us develop a practice which meets patients' needs', 'come and share your views of the practice' – ensure patients can see what difference they will be making
    - Be translated into other languages or formats depending on your patient profile
    - Explain what will be expected of them in the set-up phase e.g. attend an initial meeting at the practice or give their views via email (after the group has met for the first time there will be more detail to share about how it will operate)
    - Be clear that being a member of the PPG is voluntary and that they have no obligation and can leave at any time
    - Be clear that being part of the PPG will not adversely affect the patient's care

- **Catching their eye:** To recruit people to your PPG you could:

    - Create posters to display in the practice
    - Use electronic display boards
    - Send emails to patients
    - Use Twitter if you have an account and online following
    - Create a distinct page on the website for the PPG
    - Hold an event/have a staffed display in your waiting area
    - Include an opt-in section on new patient registration forms
    - Ask practice to staff to identify any patients they think would be interested

- **Capturing patient details:** You should develop a paper-based and online form for patients to complete which asks for some simple demographic information (name, age, ethnicity, disability) and their preferred method of contact. Ensure that you refer to GDPR protocols in relation to collecting and storing this data and inform patients of this.

- **The first meeting:** In the first instance it may be easier to hold a face-to-face meeting; the views of people who are not able to attend on the day can be sought

via email in advance and fed in. Patients, the practice staff member who is leading the project and a staff member offering administrative support should attend. Practice staff should arrange the meeting at an appropriate time for the largest number of patients to attend and send out invitations, agenda items and any other information in advance.

- It is important to acknowledge that this will be an unfamiliar environment/situation for both practice staff and patients. Patients are unlikely to know each other so consider initially carrying out an ice breaker activity before the more formal part of the meeting begins.

- The following agenda items should be discussed:

  - The Terms of Reference of the PPG:
    - Its name
    - Who can become members
    - Its aim - what both the practice and patients hope to achieve from the group
    - Its objectives - how you will go about achieving that aim
    - The roles and responsibilities of patients and practice staff including how requests for information and responses to patient feedback reports are actioned
    - Meetings – frequency, format, location, who will take minutes
    - Ground rules for conduct

  - A time-frame and process for the election of a patient chair

  - The format of the PPG – There are no set rules for the format of a PPG, it should be shaped by the patients and practice staff and can take any form providing that it is able to meet the aims and objectives laid out in Terms of Reference.
    - Typically you will find that PPGs hold face-to-face meetings at the practice on a regular basis
    - In order to open the PPG up to a wider audience who may not be able to or want to attend a face-to-face meeting, a virtual PPG could also be established. This virtual group could run in conjunction with the face-to-face group with the same opportunities to share their views via a dedicated email address and a video call facility could be provided during face-to-face meetings

  - Actions for the next meeting and who will undertake them

- **After the meeting:** Circulate the minutes and dates of future face-to-face meetings to all PPG members including any who were not present

Going forward…

Once the set-up phase is complete it would be useful to consider developing an initial work plan, identifying and outlining potential future projects. Ideas can be generated by both the practice and patients. For example, the annual practice patient survey may be due and the PPG could help with increasing response rates, or the patient survey may have uncovered some dissatisfaction which PPG members might want to investigate.

Before starting any activities visit ➔ **Section 3: Involvement and engagement tools** to learn about the things to consider when planning activities, as well as the range of tools available to you.

Section 2: Developing your PPG

➔ This section suggests actions that could be used to develop your current PPG and also to support the newly established Primary Care Networks (PCNs)

NHS England states that **a great PPG**:

- Is embedded into the GP Practice and the local community
- Has a diverse and enthusiastic membership
- Uses a range of existing evidence and insight
- Gathers additional views where appropriate to support activities
- Has a clear purpose
- Has a focus on impact
- Adds value

Reviewing your PPG

It is important to undertake regular PPG reviews to identify areas and activities that need developing. When undertaking this review you should consider focusing both internally and externally.

- **Internal**
  It is important for both practice staff and PPG members to take ownership of the review. Areas to explore could include:

  o Does the current structure (virtual/physical) work?
    - Roles and responsibilities
    - Terms of reference
    - Format of meetings
    - Staff or PPG members training requirements
  o Is the PPG membership representative? Review member demographics and identify gaps. If you identify any specific demographic gaps within your PPG, you may wish to undertake some targeted recruitment, this could include:
    - Attending specific clinics where this demographic group attend
    - Target individuals to invite
  o Is the promotional and recruitment material fit for purpose? Does the material explain what a PPG is in plain English? Does it outline what a PPG does and why it is important? Does it explain the benefits of being part of a PPG such as:
    - Skills to include on your CV
    - Gaining a understanding of how your practice and the NHS work
    - Supporting your practice to make decisions that benefit patients
  As part of any targeted recruitment, you should also develop targeted promotional material. This material should be accessible for the target audience. This may require the material being produced in another language, via alternative mediums, such as BSL or in an easy read format
  o Identify opportunities that exist to promote/recruit such as:
    - Events or clinics– flu season, baby clinics, well man clinics – current PPG members could attend and recruit people

- ▪ Hold an open evening or other event where patients can find out about the PPG
  - o What impact has the PPG had? Consider how the PPG has affected the GP practice. Has the PPG improved patient facing material? Has the PPG supported the annual GP Patient Survey – what impact have these action had?

- **External**

  Looking beyond the PPG and GP practice will help you identify potential development opportunities that could improve your PPG in terms of both its membership, resources and the activities it undertakes. Areas to explore could include:

  - o A mapping exercise of the local area, identifying potential partnerships – Voluntary and Community Sector (VCS), local authority, schools, tenant federations
    - ▪ You could link this to your internal demographic review and engage with groups identified as being under represented, these groups could help identify potential new members, advise you on the material you use or directly feed into or support your PPG
  - o Do you share premises with other services, or even another practice? Explore the potential of joined-up working. Could time limited task and finish groups be established? Are there resources or best practice you could share?
  - o Has the work of the PPG had an impact or influence outside the practice? For example does the PPG engage with its Clinical Commissioning Group?

- **Wider involvement networks**

  - o Broadening the scope of the PPG

    - ▪ Primary Care Networks (PCNs)

      PCNs are made up of all primary care and community service providers in a given locality and typically include more than one GP Practice. The development of this place-based approach to healthcare offers an opportunity for PPGs to broaden the scope of their remit from being solely practice-focussed to also looking at areas of concern, interest or potential impact across their PCN.

      For example, a practice refers patients on to specialised services such as musculoskeletal services. This expansion of the PPG remit would allow patients to broaden their influence to include services their GP practice links with.

      If this is something your PPG decides it would like to develop, there are a number of things you could do to begin the process:

      - – Identify which PCN your GP practice sits within and map out which other GP practices, community health services and voluntary and community services are part of it
      - – Identify the Patient and Public Involvement contacts within the PCN (this should include other PPG chairs within your PCN)

and set-up a meeting to discuss initial ways of working together.
   – At a later date you will need to identify what the PCN's priorities are and how your PPG and others in your PCN can develop a structure to support them. It is worth considering whether an overarching PCN structure should be developed with PPGs feeding into it or whether combining two or more PPGs might help share resources and increase diversity

- Other engagement structures

   In addition to PCNs there will be a range of other involvement structures that your PPG could get involved with and feed their views into.

   A mapping exercise will identify what other local structures are available but these will typically include:

   – Clinical commissioning group structures, for example in Newcastle and Gateshead there is the Patient Public Carer Engagement Forum and the Involvement Forum
   – Local authority operated engagement structures such as Health and Wellbeing Boards
   – Your local Healthwatch
   – VCS health engagement structures, for example in Newcastle Wellbeing and Health Open Forum

Section 3: Involvement and engagement tools

➜ This section provides guidance and a range of tools that can be used to gather the views of patients and promote participation.

Some things to bear in mind before you start…

- Feedback can be affected by a range of factors including:
  - o Consultation fatigue – groups or individuals can suffer from consultation fatigue if you seek their involvement too often
  - o An individual's demographic or social economic group
  - o Cynicism towards how their involvement can make a difference
  - o The time of year, public holidays or celebrations

- A person's preferred method of providing feedback will depend upon its nature, whether it is a positive, negative or general comment or a suggestion. Some people may prefer to provide feedback anonymously – fearing negative comments could impact future or ongoing care. You will also need to consider literacy levels and cognitive abilities of participants and whether material should to be translated, provided through the use of interpreters or advocates or through visual or audio methods. **It is fair say that one size does not fit all and all approaches should be adapted to the target participants**

- Gunning Principles – these apply to formal NHS consultations and not to all public involvement activities. However these principles can provide a helpful checklist to ensure your engagement and involvement activities are inclusive and will provide meaningful results. The principles are:

  - o Engagement and involvement must take place when the proposal is still at a formative stage; ask people for feedback when there is still options available
  - o Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response. Those being consulted should be provided with sufficient information to enable them to understand what the proposal is, the reasons for it and why it is being considered. This information should also be provided in a format people can understand.
  - o Adequate time must be given for consideration and response. People must have enough time to properly consider and respond. There is no automatically required timeframe within which this should take place.
  - o The product of engagement and involvement activities must be conscientiously taken into account. Decision makers must demonstrate they have considered what they have heard when the ultimate decision is taken

Project plans

It is important to create a project plan before undertaking any activity. A well designed plan will help you manage participant expectations, achieve project time frames and avoid project creep – moving the goal posts during a project. Your plan should include:

- Project background - provide some information on the practice and why you are undertaking this project
- Target audience - identify who you wish to speak to and why, including any considerations to encourage involvement
- How you wish to collect the data - ensure that data is collected and stored consistently. All questions should be asked and data recorded in a consistent manner. This will make analysing it easier
- Timeframe - outline a timeline identifying key dates for tasks to be completed, such as a having a draft questionnaire available for the next PPG meeting
- What will be produced? Be clear about what you wish to produce such as a report, information poster or leaflet
- Roles and responsibilities - decide who is responsible for each part of the project, such as who is responsible for analysing the data or who will read the 1st draft. This should also include who should be contacted if parts of the project fail and need to be changed

Designing the question(s)

- **Qualitative and quantitative data:** Depending on the questions you design you will collect qualitative or quantitative data. The main difference between these two types of data is:
  - Quantitative data values numbers. If you asked your PPG to score the biscuits you provided between 0-10 during the meeting this would generate quantitative data - numbers
  - Qualitative data values words. If you asked your PPG what they thought of the biscuits this would generate comments, views and opinions such as "I prefer chocolate, but these are ok, not my first choice." This is qualitative data

When designing the questions you wish to ask, you should consider:

- **Ambiguous questions:** It is important to make sure that any questions you ask avoid ambiguity - vague questions can and will get vague or unrelated responses. This is particularly important if the question is being completed without a facilitator who could prompt or guide the participant.
- **Closed questions:** These questions offers a response that the participant chooses, typically 'Yes' or 'No' for example: 'Is it easy to make a GP appointment at your surgery?' 'Yes' or 'No'
- **Open questions:** The opposite to closed, provide participants with the opportunity to answer a question in their own words, to voice a view or opinion, for example: What's your experience of make an appointment at your GP surgery?
- **Prompts and options:** Context is king. Prompts and options can help keep participants on topic or encourage them to explain their answer.
- **Making sure of Other:** It is always important to provide participants with the option of Other – there will be things you haven't thought of!
- **Weighted questions:** It is important not to apply bias to a question, for example; 'How great was the food provided at the event today?' This assumes the food was great. A non-biased question would be: 'How was the food that was provided at the event today?'

- **Punctuation:** Let's eat grandad! – Let's eat, grandad! Punctuation can alter meaning, make sure it's right!
- **General Data Protection Regulations (GDPR):** When collecting any data from a participant or planning how you target or contact participants you need to be aware of your GDPR obligations. This includes:
  - How the information will be stored and for how long
  - Who has access to it
  - How anonymity will be maintained and how it will be used

  Refer to your relevant GP Practice policy for further guidance
- **Monitoring questions:** As part of all engagement and involvement activities, where possible it is important to gather some basic demographic information such as gender, age, ethnic background. This information can be used to further analyse gathered data and identify patterns and trends relating to specific demographic groups

Methods

There are numerous methods you can use to collect views and opinions, including:

- **Graffiti wall**

This is great at getting lots of responses fast. All you need is:

  - A simple question such as "how was your visit today?"
  - A large sheet of paper such as a sheet of flip chart paper,
  - Some post-it notes (although people could just write directly onto the paper)
  - Some pens

You then invite participants to leave a comment.

Some of the benefits to this approach are:
  - Quick and easy to set up
  - It will look after itself, no need to staff it
  - It is an easy way to get quick responses

Some of the disadvantages to this approach are:
  - It is easy for people to ignore
  - Comments can be difficult to understand – lack context
  - It is open to saboteurs (people could deface the sheet of paper, use multiple comments to sway opinion or even remove other people's comments)
  - People's hand writing can be difficult to understand
  - Comments can be very short and lack information

- Comments cannot be linked to particular demographics – you do not know who said what

Some top tips for using a graffiti wall:
- Put it in a place people will pass
- Use colour and make it inviting
- Use a simple question
- Place a couple of dummy comments on the sheet
- Remind people that it's there!

- **H – Form**

The H-Form asks people to think about both the positive and negative aspects of a subject and starts people thinking through changes and improvements. You can also rank the strength of feelings about the subject by asking people to put their comments on in accordance with how strongly they feel about it – all you need to do is add a scale along the side of the H-form from 1-10.

The H-Form builds on a Graffiti Wall as it seeks to gain more information – positive, negative and improvements. It can be staffed or left for people to complete themselves, although it would be better to be staffed.

Some of the benefits to this approach are:

- Quick and easy to set up
- Gets comments on positive and negative aspects as well as suggested improvements
- Can be adapted to rank comments

Some of the disadvantages to this approach are:
- Comments can be difficult to understand – lack context
- People's hand writing can be difficult to understand
- Comments can be very short and lack information
- Comments cannot be linked to each other or to particular demographics – you do not know who said what

Some top tips for using an H-Form:
- Use colour and make it inviting
- Use a simple question
- Place a couple of dummy comments on the sheet
- If staffed and If you can, try to review the comments with the participants so, if needed further context can be added

- **Participatory appraisals**

Very similar to a H-Form but a step closer to a feedback form or questionnaire, participatory appraisal displays a number of questions in an inviting way, making use of colour, pictures, in fact anything to catch someone's eye or provoke interest.

It is one step up from an H-form or Graffiti Wall as it must be staffed.

Some of the benefits to this approach are:
- o You are able to engage people as they pass the display, improving participation
- o You are able to set the context of replies and comments
- o You can dig a bit deeper into answers

The main disadvantage to this approach is the commitment of staff time.

Some top tips when using PA are:
- o Use colour!
- o Use pictures or photos – too many words is off putting
- o Don't have too many questions; if you are stopping people, their time is precious. A couple of minutes max!
- o Set up in locations that have a high foot fall, such as canteens
- o Don't be scared to approach people, but don't be pushy

- **Questionnaires**

Questionnaires are a great way of getting a lot of structured information quickly. You can ask more in-depth questions and use both qualitative and quantitative techniques.

Questionnaires don't just have to be paper based, online services such as Survey Monkey allow you to create an online questionnaire, quickly distribute links to it via an email, store the individual responses and analyse the information for you.

Questionnaires can be administered by a staff member/facilitator or non-administered where the participant can complete it on their own.

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Administered questionnaires

Some of the advantages of using this approach are:
- o Can provide you with in-depth information
- o You can use both qualitative and quantitative techniques
- o The facilitator can approach participants, therefore improving uptake
- o The facilitator can explain context and ensure a participant understands the question

Some of the disadvantages of using this approach are:
- o Needs to be facilitated and therefore can be time consuming
- o Face to face responses can mean people don't feel comfortable and don't provide an honest answer

Non-administered questionnaires

Some of the advantages of using this approach are:
- o You are able to get lots of responses quickly
- o Can provide you with quite in-depth information
- o You can use both qualitative and quantitative techniques
- o Can be quick and cheap to produce
- o Can reach people that are hard to reach

Some of the disadvantages of using this approach are:
- o You can't be sure the participant understands the questions you are asking
- o Participants don't have the option to ask questions
- o Participants can miss out important questions
- o You cannot explore interesting answers or tease out further information

Some top tips for using questionnaires:
- o Be brief, focus on the "need to know" not the "it would be nice to know"
- o Use plain language and don't double barrel questions e.g. do you like tennis or do you like golf?
- o With all produced material, PROOF READ and make sure the design is appropriate to the topic
- o Include simple instructions and make sure the first question is easy to answer
- o Use open ended questions only when it adds value to the research, and provide space or the opportunity for the participants to comment in general

- **Interviews**

A well scripted interview can provide you with a deep understanding of participant's experiences. Often used to gather a patient story, this is solely a qualitative approach that lets you explore experiences, views and opinions and can create a powerful narrative.

Some of the advantages of using this approach:
- o Allows you to gather in-depth information
- o The interviewer is able to keep the discussion on track
- o As it is one-to-one you can be flexible around a participants availability

- o The interviewer is able to adapt how a question is asked to ensure better understanding and improve the quality of the data collected. This could also mean the interviewer does not ask the questions in the designed sequence and allows the participant more free direction (although they should still ensure all questions are asked)
- o You don't have to physically meet – you can use a telephone or video calls on skype or WhatsApp minimising set up time

Some of the disadvantages of using this approach:
- o If undertaking multiple interviews it can be time consuming
- o Recruitment, planning and write up can be very time consuming
- o If undertaking an interview over the telephone you can miss non-verbal cues
- o You have a limited sample size

Some top tips for using interviews:
- o Make sure your venue is appropriate, you need a quiet, comfortable room
- o Provide refreshments. You don't want your participants munching their way through the interview but tea, coffee and a biscuit will create a nice atmosphere
- o Keep to time but build in some time for slippage – don't make people feel rushed
- o Let your participants set the time and date based on their availability
- o Make notes to aid your interview and audio record the discussion to ensure that you haven't missed anything
- o Make sure you gain consent – either verbally (audio recorded) if you are not conducting a face-to-face interview or written

- **Focus Groups/Discussion Group**

A focus or discussion group brings together a small group of people to discuss a particular issue, service or experience. It will let you fully explore all the comments and information the participants provide which can often lead to new themes and issues being discussed.

Some of the advantages of using this approach:
- o The group is able to interact with each other, this can then generate new discussions
- o The facilitator is able to keep the discussion on track
- o The facilitator can control the group, and to an extent, reduce any individuals monopolising the discussion
- o The facilitator is able to adapt how a question is asked to ensure better understanding and improve the quality of the data collected. This could also mean the facilitator does not ask the questions in the designed sequence and allows the participants more free direction (although they should still ensure all questions are asked)
- o You can gather a lot of in-depth information quickly in one relatively short activity

Some of the disadvantages of using this approach:
- o The focus group can become dominated by one or two members
- o Some members can shy away from fully engaging

- Although the activity of the focus group is short, the recruitment, planning and write up can be very time consuming
- Participants may express views rather than opinions in line with the group rather than stand out as different

Some top tips for using focus groups:
- Size matters! Between 4-8 people is ideal, any bigger and participants could be lost in the crowd
- Make sure your venue is appropriate, you need a quiet, comfortable room
- Provide refreshments. You don't want your participants munching their way through the focus group but tea, coffee and a biscuit will create a nice atmosphere
- Keep to time but build in some time for slippage – don't make people feel rushed
- Choose to either set a time and date or let your participants set this based on their availability
- Audio record the discussion to ensure that you haven't missed anything
- You need two facilitators, one to ask the questions and explore responses and the other to organise the logistics – start/stopping the recorder, organising tea and coffee, greeting the participants
- Make sure you send all the information your participants need, and call them two days in advance to confirm their attendance

- **Incentives**
  Using incentives can be a great way to demonstrate how much you value someone's involvement. It can also be a great way to increase participation rates. Incentives can take many forms from providing tea, coffee and a biscuit, reimbursing reasonable expenses such as travel to giving out shopping vouchers or even running a prize draw.

- **Feedback**
  It is always important to feedback to participants (as mentioned in the Gunning Principles), this acknowledges you have valued their input and will help encourage their future involvement. This feedback can take many forms such as simply providing a copy of the report/results or producing 'You said, we did' material (poster/flyer) to display in practice. Is it important to make sure this feedback is appropriate to the target audience and this may require you to create summary or easy read documents.

Section 4: Other useful sources of information

- **National Association for Patient Participation (NAPP)**

  This umbrella organisation for PPGs provides a number of resources around establishing and developing PPGs.

- **Other local PPGs**

  Have a look on other GP practice websites to see what they doing well and what could you learn from them

- **The Patients Association**

  This independent patient charity campaigns for improvements in health and social care for patients. The website holds guidance and toolkits around PPGs

- **The British Medical Association (BMA)**

  The BMA has produced also a patient and public involvement toolkit for GPs