

PRACTICE OBSERVED

Practice Research

Why patient participation groups stop functioning: general practitioners' viewpoint

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Abstract
Out of the 67 patient participation groups that were known to the National Association for Patient Participation as having been established by the end of 1983, 17 (25%) are not functioning.

Introduction

The first patient participation groups were established about 1973 in new health centres in Aberdare, south Wales; Berrinsfield, Oxon; and Bristol. Since then 67 groups have been started.

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some have stopped functioning by relating their experience to that of matched groups that are functioning.

Definitions

A "functioning group" is one where the committee holds regular meetings regardless of how often the group meets and so the group's activities continue to be organised.

A "non-functioning group" normally means one where meetings have been suspended and the committee disbanded.

Method

A brief questionnaire was mailed to each general practitioner whose name was listed beside the 54 groups in the 1983 Directory of Patient Participation Groups (National Association for Patient Participation).

and differences in the structure and problems experienced by the two types of groups.

I interviewed personally or by telephone 13 general practitioners who represented non-functioning groups and an interested colleague that I had designed.

Results

The table shows that up to the end of 1983 a total of 67 groups with 200 group years of experience were known to the national association.

Table showing development of patient participation groups from 1972 to end of 1983. Columns: 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983. Rows: Total No. of groups formed, No. of existing groups, No. of new groups, No. of non-functioning groups.

*A total of 17 by the end of 1983.

Since each group is tailored to the local needs of the patients in the practice whom it seeks to represent groups inevitably show a range of interests.

WHY GROUPS BECOME NON-FUNCTIONING

General practitioners who were associated with 14 of the 17 non-functioning groups stated that in part the demise of the group was due to lack of patient interest.

Several doctors suggested what the cause of the lack of interest in their groups was. One thought that in his inner city practice, which was made up of a mobile population with a large ethnic component, there was "no natural community a group could represent."

through all the immediate problems. For instance, in one group "the terrible problems of the new health centre have been overcome, hence little work for the group."

The committee is a vital component of any group and six doctors recorded problems in this area. One committee "lacked the necessary motivation," possibly because those who participated, unlike "middle class and union members," were "united to committee work."

WHEN DO GROUPS BECOME NON-FUNCTIONING?

Groups become non-functioning most often within one year and between four and five years after they are started.

Table showing when groups become non-functioning. Columns: 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983. Rows: Total No. of groups formed, No. of existing groups, No. of new groups, No. of non-functioning groups.

groups?" Most said yes, but only those with non-functioning groups offered an explanation. In the first year "the novelty fades like anything new."

ARE CERTAIN GROUPS PRONE TO NON-FUNCTIONING?

The problems encountered by the 13 functioning and the 13 non-functioning groups were similar: lack of patient interest, seven and five groups respectively; committee breakdowns, one and four; combinations of the above, one and three; other problems, four and one.

The committees of non-functioning groups were more often described as inadequate (nine) than were those of functioning groups (two).

Discussion

The experience of patient participation groups that have stopped functioning has not been reported before. It is hoped that by reporting these findings there may be a better understanding of the practice and its possible future.

Perhaps before trying to start a group the organisers should discuss the experience of patient participation groups that have stopped functioning.

ONE HUNDRED YEARS AGO

As I foreboded in my last letter, Dr. Sandwich has been obliged to resign his appointment of Subdirector of the Egyptian Sanitary Service.

Dr. Norman Moore, who has already discussed, with great skill, the question of the true cause of death of several historical characters, has commented to the Athenaeum of January 10th on the alleged death, by slow poisoning, of Queen Catherine of Aragon.

ask patients: "Do you want and will you support a patient participation group?" Furthermore, after the group has started patients could be asked: "Is the group doing the job you wish?"

Whatever the future of the patient participation movement is, clearly such groups are not the answer to the problem of patient participation in general practice, however attractive they are in theory.

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References

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States—its completed, but has not yet been formally opened. It is nursed by the Kaiserwerth Protestant Sisterhood, which institutions refuse to allow any but Protestants to be members of committee of the hospitals it takes in charge.

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