

# 4Ps

## *Development programmes for people in healthcare*

### **What happened in the session? compiled from 4Ps experience to date at different locations**

#### **Involving the wider community**

Individuals and groups as a resource.  
Constructive use of patient and public representatives in decision taking forums.

In this, the penultimate, session we moved from patient involvement into patients becoming citizens and contributing to the service through volunteering or representing the patient perspective.

We began by exploring participants' own experience of involvement. How many of them volunteer? What use are they making of volunteers? Was anyone responsible for finding out what skills they had to offer and where those skills were needed? Whose responsibility was it to see that they, and the staff who they are meant to be helping, know what is expected of them? How would the group like to see them used – and how would they set about it?

The group discussed the sort of volunteers they would welcome – and ways of recruiting them. They considered grateful patients and their relatives, and perhaps encouraging the co-operation of the local press. Recruitment needs to be linked to function. Recruitment for an expert patient group is very different from recruitment for a reference group.

User groups who tend, by definition to be 'experts', are a source of much anxiety. The anxiety usually stems from a lack of confidence or experience and, increasingly, from bad experience. They wanted user groups to be real and not tokenistic, with real patients, and thought about ways of encouraging useful people to join. We looked at the reasons why users should be involved, and what function they fulfilled. (See separate notes on different functions clarity of representation and questions to be asked )