A model for joint working

THERE is nothing new about asking patients what they think about their doctors or the services they provide and many surveys have provided important information.[1] But in 1983 establishing a joint lay/professional working group within a royal college was a bold initiative. The RCGP's patients' liaison group, which has now been in existence for five years,[2] should still be seen as an important and forward-looking step and the College members who promoted the idea should be applauded.

Looking back to the first meeting in the College in September 1983, it is remarkable how many of the ideas that lay members put forward so tentatively have been developed by joint discussion into accepted policies and working practice. These include the type of information patients should be able to have about practices, guidelines for accepting patients who wish to change their doctor but have not changed their address, and the information that might be included in practice leaflets and annual reports.

It is, of course, reasonable for professionals to continue to ask why a royal college whose fundamental objective is 'to encourage, foster and maintain the highest possible standards of general medical practice' should establish its own patients' group. Why not rely on receiving the views of outside consumer and patient bodies? It would also be realistic to ask what real contribution seven lay people can make when there are 15 000 professionals ready to give their views and there is a whole structure of committees and faculties to process these? Both professional and patient organizations might feel that this joint group could be no more than a token gesture, a cosmetic exercise or a small nod in the direction of joint working and patient participation in health care.

However, from experience of the group to date, positive answers can be given to such questions. We have found that issues high on the patients' agenda also have a valid place on the professionals' agenda. Moreover, policies and recommendations produced by a joint group are likely to be more influential than those put forward by professional and lay groups separately. Surveys and other fact-finding exercises by the group[3,4] have helped to clarify issues which need to be addressed, and there has never been any doubt about the shared concern of both doctors and patients in the future development of properly organized, properly researched and properly financed high quality primary medical care.

All professions must define their own standards and establish and maintain their codes of practice, and it has been challenging for lay members of the patients' liaison group to help bring a lay perspective to this process. But it is also clear that professional ways of thinking can become too specialized and removed from the day-to-day concerns of the 50 million or so patients registered with general practitioners in the UK. We are aware that some of these patients say they do not know how to get their general practitioner to understand their worries about a persistent symptom, or are confused about availability if the surgery door is closed to patients for large parts of the working day.[5] For an increasing number of elderly people we know that a periodic, though not necessarily frequent, home visit is a much appreciated and important part of both the 'caring and curing' role and not necessarily 'clinically unproductive'. We can also understand the real concerns of many people about taking prescribed medicines, perhaps for years, without a clear understanding of the implications of this or the arrangements for regular 'check-ups'. So it is good to have achieved recognition that concerns such as these need practical answers and should not be dismissed as 'trivial' or 'demand led' care.

Looking to the future, the challenge for the patients' liaison group is to work jointly with professional members who are also concerned to address the practical issues about working practice raised by community health councils, voluntary and self-help and other groups and to develop professional and working guidelines. One issue to be tackled by the group is how to ensure that progress is made in reducing inequalities in the standards of health care services at local levels. Here we hope that faculty patients' liaison groups will help bridge the gaps that sometimes exist between professional aspirations and working practice, and what patients locally might reasonably expect, whether in say, seeking a second opinion, or the extent and frequency of general health 'check-ups'. We also hope to suggest and test how patients can help with new review and educational processes.

Furthermore, it is important, if the UK is really concerned to take the message of the declaration of Alma Ata and work towards 'health for all' by the year 2000, to ensure that lay people participate in the process of planning services for the future. In the past, the majority of patient surveys have shown that a high proportion of respondents have a high level of satisfaction with their general practitioner.[6] A major reason for this satisfaction has been patients' appreciation of the quality of their personal relationship with their general practitioner.[7] By joint working within the College the patients' liaison group takes this relationship several steps forwards. Increasingly 'consumer' needs are being recognized, for example in the white paper,[8] which calls for information, for choice and for surveys of local services, and these are all subjects which have been put forward by patients' liaison group members. But, the questions are not ends in themselves. In professional discussions about standard setting and methods of anticipatory and preventive care it is important to remember that the process of enabling people to become involved in their own and their community's health care is still in its infancy and it should not be seen as a system of professional providers and patient users. Underlying any plans for the future has to be the philosophy that involving people in their own and their community's health care not only makes sound commonsense, but is also the way forward for primary health care practice.

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