



For a number of years, they have been working hard to support the local residents on our patch and improve their community. A few years ago, they successfully raised funds to install 23 defibrillators across the Roseland Peninsula in Cornwall for use by everyone – patients, residents and tourists. Not only did they raise enough money to buy them and install in proper electric cabinets, but they also raised enough money to continue to maintain them and replace batteries/pads when necessary. The defibrillators have been used successfully and saved a number of lives.

At a flu day a couple of years ago, we opened up the village hall next door to show off what activities the group has on offer – the art group had a gallery of work on display, refreshments were served and information available on the walking groups. People came in after having their flu jab for a free cuppa (donations gratefully accepted) and I noticed that some people were still there two hours later just nattering away. An idea for a social café was borne, and 18 months on, we have two social cafés operating in two villages on a fortnightly basis offering a variety of activities – everything from crafting, board games, art and clay, flower arranging and chair Pilates. There's also a quiet area where you can just pop in, have a cup of tea and a cake and read the paper. The group also ran a one-off IT class which was hugely successful with the oldest attendee in her 90's who can now 'Skype' her grandchildren in America!

The group runs other regular activities throughout each week – these include a drama group for kids from six to 16, an art group, walking football, two walking groups (dogs allowed), and most recently they have purchased five table tennis tables and they run a weekly club. This is our most successful activity with, on average, 40 people a week attending. With social prescribing so high on the 'to-do' list for healthcare, you don't need a degree to work out that these community get-togethers are doing wonders in reducing social isolation, improving hand/eye co-ordination and generally just getting the brain going. The success of these smaller groups, combined with the cafés – and the positive feedback we are getting in the surgery – is testament to the efforts the group has put in to get this off the ground and make it a success.

So, what makes this group 'outstanding' and why are they so successful in their efforts to get the community together? Well, having come from a surgery where the patient group was not really sure of what it wanted to do or why it needed to be there, I really had my eyes opened when I joined this practice.

Previously, I was trying to engage patients in the group, stimulate conversation – steer them away from complaining – and ask them to think about what they wanted to do. Unfortunately, their ideas focussed on how to get more appointments out of us (with no idea how to do that obviously!) and how to increase the number of doctors we had, but no thought as to who was going to pay for that extra person. Each meeting was difficult and tense and I spent most of the time wondering if it was ever worth the hassle!

So, what makes a successful group? Is it partly to do with the make up of the group? You definitely need some 'movers and shakers' on the team – someone whom you know will run with an idea and have a fighting chance of making it happen. It's important that the group understand their role... is your patient group working towards a surgery goal? Are they largely autonomous, and like mine, working for the benefit of the community (with the aim to keep them well and independent for longer, and thus positively impacting on the need for healthcare)? Do they have aims/aspirations?

My group has responded very well to concerns I have raised about gaps in social care – think of all of those problems that can be caused by early discharges and care plans not being put in place. They are now working towards more fundraising to employ a ‘community co-ordinator’ – a link between health and social care. We can’t afford to employ someone ourselves – and the group understand that there is a small number of people spread throughout our patch who are socially isolated, can no longer drive and in danger of becoming housebound through no other reason than the fact that there is no-one to help them get out of the house – even to pick up some shopping.

Are there things that you would like your group to take on? Is there an idea that they might be able to run with? (And don’t forget, if they make a go of it, remind them it was their idea in the first place!) Do you have face-to-face meetings? Are you open to having [virtual members](#) as well as actual bodies round a table? How can we engage all ages to be part of the group?

What do you think your community needs and how does this compare to what your patients think your community needs? Does it have a village hall? Could this be used for some activity? Is there a dog walking group? Something like this could get people together, get them talking/walking and give them something else to think about other than the four walls they’re living in. Do you need volunteer drivers to help people get to and from the surgery, or to hospital appointments?

We have a number of young mums whose husbands work away from home Monday to Friday. They have no local family but a more mature couple could provide some much needed support to that isolated new mum. Is there a need for a ‘rent-a-granny’ programme? Have a chat with your district nurses, your midwife/health visitor – they might be more aware of some of the issues facing patients, if you don’t know already.

When you’ve got your group together (in whatever forum) take some time to learn about their backgrounds... what do they do now? Are they retired? What did they used to do before retirement? It’s my experience that those members of my group who are retired are only retired because work said so... or they felt it was time to go... but they still have a brain and good ideas – so exploit them! An ex accountant could be just the person to look after the finances. That ex headmistress could be the very one to round up the troops to get a befriending group going. You might have someone who enjoys a craft of some sort – can they be persuaded to share their enjoyment with a wider audience?

Your patient group is an opportunity for the community to come together for the benefit of each other. Remember, this group isn’t a practice group, it’s a *patient* group – and we need to let them be responsible for their own agenda... but if they need steering in the right direction, well, that’s where you come in.