

Setting up patient focus groups

This is a quick guide to what you need to consider if you want to run focus groups.

1. Purpose: be clear about your aims and objectives and what you want to learn from running a focus group. This is the first step before you begin to plan the process.
2. Planning: you will need to have a safe, quiet area to run the session that can be easily accessed by your patients. Consider disabled access for those with limited mobility. You may also want to arrange refreshments.
3. Data collection: consider what equipment you will need. Some focus group facilitators use flip charts, while others find that recording the group is useful. If you aren't recording it you may want to ask a colleague to act as note-taker to ensure nothing gets missed.
4. Group size: consider how many patients you will have in the group. On average six-eight group participants is a reasonable number – enough to allow group discussion and small enough to be able to facilitate the group effectively.
5. Inviting participants: consider how you can ensure a good cross-section of your patient population are invited so that the results aren't skewed. What will work most-effectively as a way of inviting patients to take part – you could write to them, invite them when you see them in clinic or put up a poster in the waiting room. If you don't have much contact with patients at present you might need to ask colleagues for assistance
6. Starting the session: make sure everyone knows where the toilets and fire escapes are and whether there are any fire alarms planned. Think about introductions and consider using an 'ice breaker' to help the patients relax a little. It's also worth agreeing some ground-rules around confidentiality, not speaking over others and so on.
7. Facilitating the group: use prepared questions to start discussion and have examples or suggestions ready in case conversation stalls. You will need to consider how you can ensure that everyone is able to contribute, for example how you might deal with someone who dominates the group or encourage those who are quiet to have their say.
8. Meeting patient needs: opportunities for patients with secondary breast cancer to meet and talk with others in a similar position can be rare so your patients may value this aspect of the session and be tempted to go 'off-topic'. You will need to chair the session carefully so that you meet your objectives but consider giving your patients time at the end to just chat or swap contact details if they wish.
9. Data analysis: try to ensure that two people listen to the tapes or read the transcripts or notes and independently identify the key issues and themes. Then they should meet to discuss each other's impression of the data and what it reveals.
10. Report writing: your final report needs to convey to others the key issues in a concise and effective way. While it is important to keep it succinct and brief it is imperative that the reader understands what you found and the action plan you have for developing your service based on the findings. Include quotes to strengthen your case but ensure these do not identify individuals and cannot be attributed to a patient without their consent.