

Guidance for setting up Patient Participation Groups in  
Thurrock Essex

<b>Description</b>	The aim of this guide is to offer support and practical guidance to general practices and patients who are interested in setting up patient participation groups
<b>Audience</b>	Practice managers, practice staff, and patients.
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## What is a Patient Participation Group?

With the introduction of GP commissioning, patient participation groups (PPGs) have a much greater role to play in the future. This is particularly true where the views and experiences of people can help inform the decision making process. It is also part of the new General Medical Service (GMS) contract.

PPGs aim to:

- Help deliver real benefits – they should not just be a talking shop;
- Help to capture issues for practices to remedy;
- Improve communication;
- Feed into the central CCG commissioning process;
- Work with the practice to help design local surveys;
- Help patients take responsibility for their own health;
- Be self-organising, where possible, with support;
- Identify best practice and positive experiences and outcomes;
- Engage with a cross-section of the whole practice population.

A PPG is not just about those people who attend meetings. It is much wider than this. A common question of “how big should a PPG be?” should actually be “how many people can the practice easily engage with?” A practice’s PPG is likely to:

- Have regular meetings with members attending;
- Have people signed-up and taking an interest in the PPG from a distance. This means that they do not have to attend meetings but should be engaged with the PPG through the internet – this is known as a patient reference group (PRG), newsletters, and consultation documents, or be involved in any other aspect of the PPG. The use of technology will help this such as discussion boards on websites;
- Have a virtual PRG and PPG. This means that the practice will deliver their “PPG” both remotely and in person.

Whichever way a practice wishes to do this, these groups need to deliver outcomes in a coordinated way.

PPGs should not be:

- A social event with no structure;
- A place for complaints and “moans”;
- Time consuming for practice managers;
- A “Doctors fan club”;
- A group of like-minded people;
- A discussion about specific illnesses and diseases.

What is very clear from speaking with the existing PPGs is that it **takes time** for them to become fully functional. Practices **must not give up** by expecting results overnight. It is natural for the group to take time to “bed in” to the practice way of working and wider involvement.

# A Step-by-Step Guide to Setting up a Patient Participation Group

## Step 1 – Starting up a Group

You are first going to have to:

- Understand the objectives of a PPG;
- Let people know you are setting up a PPG and recruit people to the group, both in person and also based upon internet contact;
- Consider how to be representative and how you will promote equality.

When starting up a group, a concern some smaller practices may have is where to hold the event. If space is an issue, arrangements could be made with other local practices that do have adequate space or have access to potential locations, such as halls or community hubs.

### *Understand what you want your PPG to achieve*

As obvious as it sounds, you need to think about what you want your practice to achieve or deliver. Each practice will have different needs and will use their groups in different ways. We recommend that, as a practice, you agree a list between staff so there is a clear understanding of what you are trying to achieve.

Possible aims and objectives may include:

Purpose	Detail
helping develop a local patient survey (see appendix 9 and 10)	<p><i>Patient participation</i> requires that PPGs work with the practice to agree upon their local patient surveys. They will need to work together to:</p> <ul style="list-style-type: none"> <li>• Identify and prioritise issues for the survey;</li> <li>• Ensure the survey is shared with as many patients as possible;</li> <li>• Ensure the results are analysed;</li> <li>• Agree on an action plan with patients on how they want to respond-including timetable;</li> <li>• Publish the results of the survey.</li> </ul>
Directing practice issues	The PPG can help share issues with practice staff. PPGs are not a platform for the repeated discussions of single issues.
Directing wider commissioning issues	GP commissioning is about commissioners becoming much closer to

	patients. PPGs should fit into a wider CCG structure that allows experiences, views or concerns to reach the right people at the centre. The CCG will support this process through its <u>Commissioning Reference Group (CRG)</u> .
Working with other PPGs across Thurrock	Do you want your PPG to link in with others? This would be a good way for best practice to be shared and ideas to be formed across a larger area.
Helping with fund raising	There are examples of PPGs helping the practice with events that help with fund raising or with events that support the practice (i.e. open days).
Improving communication	The PPG must be a conduit for improving communication between patients, the practice and the role of GP commissioners. The process for some of this will be in the hands of others (i.e. the CCG).
Helping the practice deliver change	Where changes are required in the practice, either as a result of the local survey or some other initiative, the PPG can help staff sell the idea to patients.
Determining how much the group will manage itself	This is up to the practice to determine. As much as possible, the group should function without much involvement of staff to avoid PPGs becoming counter-productive.
Promoting education and self help	If practices promote campaigns or self-help initiatives, the PPG could help support it and improve take-up. They could also help the practice understand what areas are of particular interest for patients or link in with other organisations that need volunteers. These can be recruited from the practice population.
Becoming a hub for social networking	The group could be more than something that just meets to discuss the practice.

*Letting people know you are setting up a PPG and recruitment*

On the next page is a table with suggestions on how to promote setting up a group. There is no right or wrong way to do this, and you could use a combination of the suggestions in the table. **Appendix 13** has a copy of a sign-up sheet you can use.

Suggestion	Detail
Flyer	These can be produced fairly inexpensively and can be placed in many places. A suggested template is produced in <b>Appendix 1</b> . You can delete or change the image if you wish, or use this as a basis for any meeting type.
Website	A website announcing your group may be viewed by many people. If you do not have a website, speak to other practices at the practice manager's network.
Waiting-room's electronic message board	This will cost you nothing if you already have an electronic message board, and it will be accessible to all those who are waiting in your surgery.
Taking advantage of other common documents shared with patients	Letters, prescriptions, or prescription slips could have an attached note or letter, outlining your interest in recruiting people to the PPG. This would reach a wide audience that you are already in contact with.
Town, parish, or other newsletters	These newsletters often reach most addresses in an area. This is a proactive way of promoting your group to those who may not come into your surgery often.
Local businesses, including pharmacists	You can ask local businesses or pharmacists to put up flyers to help reach new audiences who may not come in contact with your surgery. This is a good way to attract "well" patients.
Sharing the "word"	Simply having staff asking people on the front desk may encourage interest.
Open days/coffee afternoons	You may wish to have an open day or a coffee afternoon, allowing you to promote a PPG. These are more costly to organise than some of the other suggestions but allows you to speak directly to those who may be interested.
Handpicking members	There are good examples of practices who contact patients with a view of getting a cross-section of the population.
Using local groups to share information	The CCG work with voluntary sector organisations as part of the wider (Patient and Public Involvement) PPI strategy. Should practices wish to use voluntary sector groups to promote a PPG, we can help facilitate this on your behalf.

This list is not exhaustive and would welcome any other methods used by practices to be shared as “best practice”.

*Consider how to be representative and how you will promote equality*

Practices need to ensure that they comply with the Equality Act. When engaging it is always worth asking, “What you wish to achieve?” Otherwise you may find yourself re-doing a lot of the same work but in a different way.

Practices will need evidence that equality of engagement has been considered throughout. There is also a duty to publish information about the engagement that has been undertaken.

PPGs in Thurrock admit that achieving full equity is difficult and that attracting the right people is a constant challenge.

Below are some steps that practices should take to meet this duty:

Issues you may wish to consider	Suggested solutions
How can we engage with those people who are less visible to us?	Try to use existing local community forums or groups to reach representatives.
What if some groups of people refuse to participate because they are afraid to compromise their privacy? For example if we are reviewing a particular service they may assume we know who they are by the fact they use it.	Using groups who represent these people could act as a conduit.
What do you mean by a “silent Group”?	<p>These are groups of people who are seldom heard throughout the engagement process. These may include:</p> <ul style="list-style-type: none"> <li>• People with mental health conditions;</li> <li>• People with learning difficulties and disabilities;</li> <li>• Gypsies and travellers;</li> <li>• People who are undergoing, are considering or have undergone gender reassignment;</li> <li>• Older and young people;</li> <li>• Pregnant and breastfeeding women;</li> <li>• Asylum seekers;</li> <li>• Refugees;</li> <li>• People with caring responsibilities;</li> </ul>

	<ul style="list-style-type: none"> <li>• People on low income or benefits;</li> <li>• People in rural settings;</li> <li>• People from deprived areas;</li> <li>• Those in residential and care homes;</li> <li>• “Looked after” children.</li> </ul>
How can we promote our PPG in the community?	This could be achieved not only within the practice but through local organisations. This could include local places of worship, pharmacies, community hubs village halls and community newsletters. Where there are two or more practices in an area, it would be worth considering pooling efforts/resources.
How can we continue to engage through any decision making processes (for example the local survey)?	Using local organisations (see above) would help keep people updated, as will using the practice website, leaflets in the waiting room and e-mail newsletters.
How can we ensure that there is a healthy turnout for PPG meetings?	Meetings should be planned in advance with dates being made available. This will allow people to organise their attendance. Practices could alternate meetings between the day and evenings. However, feedback from PPGs in Thurrock indicates that this is not always practical and does not always produce the desired results. However, using more virtual methods of engagement may address this problem.
When should we engage with our practice population?	Practices should engage all the time, but the intensity will change, depending on what issues emerge throughout the decision making process. For example simple engagement which promotes the PPG should happen all year round. When a local survey is carried out, then engagement will increase and the practice will be required to understand the issues experienced by patients.
What do you mean by decision making process, and what decisions is the PPG actually going to make?	<p>The decision making process can be broken down into the following points:</p> <ul style="list-style-type: none"> <li>• Beginning: gathering opinions or evidence.</li> <li>• Middle: deciding and developing options.</li> <li>• End: developing actions plans and deciding how you wish to implement the changes/views and how you will communicate these.</li> <li>• Post action plan stage: it is important that you review and evaluate how well those changes have occurred.</li> </ul>
What methods of engagement can we use other than simple promotion?	<p>This list is not exhaustive but applies to methods most practical within a practice:</p> <ul style="list-style-type: none"> <li>• <i>Waiting room/Front desk:</i> you can use these two areas to encourage people to take part in questionnaires or surveys. This would be a very useful tool with the local survey.</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Focus Groups</i>: these can be set up at any time throughout any decision making process. They could be used to get a few people together to discuss what issues are important (e.g. for the local survey) or how any issue could be improved. <i>Conversation Cafés</i> are another alternative where people can drop in and out of the discussion.</li> <li>• <i>Online engagement</i>: this is a useful tool that is easily accessible and reaches a larger audience. Obviously not all patients will have internet access but some will.</li> <li>• <i>Appreciative Enquiry</i> – these could be organised and run by patients themselves. The basis for these is to encourage people to talk about their experiences of “what works”.</li> </ul>
<p>Will this become too burdensome for the practice and actually create more work and result in less time with patients?</p>	<p>PPGs will obviously take up some time. However, in the long term they could help identify areas that will save time and, of course, increase patients experience of the practice and of the wider commissioning topic.</p>
<p>What general lessons can be learnt about engagement?</p>	<p>This list is not exhaustive:</p> <ul style="list-style-type: none"> <li>• <i>Good leadership</i> – staff within the practice need to commit the necessary time, effort and support for PPGs. The practice may wish to have a named member of staff who leads on this within the practice;</li> <li>• <i>Proportionality</i> - engagement should be proportionate to the size and resources of the practice and depend on engagement needs. It is not realistic to expect practices to spend all their time doing this;</li> <li>• <i>Early engagement</i> – the sooner you engage, the more time you have to involve the right people. Producing a timetable (<b>SEE APPENDIX 8</b>) will help guide practices on what they should do;</li> <li>• <i>On-going engagement</i> – issues will change and people will want to hear about the actions from the last piece of work;</li> <li>• <i>Partnerships</i> – local partnerships already exist within some practices and these should be nurtured.</li> </ul>

<p>You mentioned that there is also a duty to publish information about the engagement that has been undertaken. How should this be done?</p>	<p>These reports will be part of the local survey.</p> <p>The report should be published on a website but should be made available in other formats too.</p>
<p>I have heard of some groups using E-Meetings as a way of engaging. Is this OK?</p>	<p>There is no right or wrong way to set up a PPG. Most will do it “in person” but practices can consider some more modern forms if felt appropriate. Virtual groups may include discussion boards on websites or e-mails, for example.</p> <p>Whichever form of virtual communication the practice wishes to use, the outcomes should mirror those from more traditional methods of engagement. You have just chosen a more innovative way of doing it.</p> <p>It must be remembered that a virtual only PPG will reach lots of patients but will do so at the expense of others.</p> <p><b><i>Doing a combination of both is recommended.</i></b></p>

## Step 2 – The First meeting

Hopefully by now many people would have expressed interest in participating with your PPG. You will need to have also identified which staff you would like to lead on this in the practice and attend the meetings. It is recommended, where possible, that clinical representation should be present.

You should consider:

- Who will attend from the practice – you may need somebody to take notes for this meeting;
- What refreshments will be available;
- Where it will be held;
- What time do you wish to hold it.

The very first meeting does not need to be very long. An hour-or-so should be okay. Things you may need to discuss are:

- Introductions, objectives, confidentiality ( **See Appendix 2**);
- What everybody would like to get from the group;
- What skills different people can bring;
- An introduction to what THIS means for local people;
- How your PPG can fit into the wider CCG structure (**See Appendix 3** for a prompt sheet include process map);

- Improving representation, if required;
- Agreeing on a date for the next meeting. For this second meeting, you will be electing people to the group.

In **Appendix 4** there is a sample agenda for the first meeting that you can use if you wish to do so.

### **Step 3 – The Second meeting**

In this meeting you will be:

- Encouraging people to introduce themselves to one another;
- Recapping on the roles in the group as well as the Terms of Reference – see **Appendix 5** as a guide;
- Electing people to the roles of the group;
- Reviewing and agreeing the role of the PPG from the first meeting;
- Prioritising a work plan – Think about sorting these in short, medium and long term objectives;
- Discussing the frequency, timing and venue of meetings.

In **Appendix 6** is a template that can be used for the second meeting. This template can also be used as a basis for the Annual General Meeting (AGM).

### **Step 4 – Subsequent meetings**

Depending on what your group wants, it is likely you will have a meeting once every quarter. Current PPGs have said that every 6-8 weeks is a good period between meetings as people easily forget the issues. The purpose of these meetings will be to:

- Allow people to introduce themselves to one another. Get those attending to provide brief résumés of who they are and their roles. This is for the practice and other members to familiarise themselves with others;
- Review your work plan – as agreed in the AGM/second meeting;
- Follow up on any issues from earlier meetings;
- Allow for the PPG to raise issues about the practice or wider commissioning issues;
- Discuss communication and updates;
- Agree ideas. These could be linked to your survey results actions and could be focused towards areas that improve access.

**Appendix 7** could be used as a template for your quarterly meetings

### **Step 5 – Work outside the meetings**

It is important to think about the type of work taking place outside the meetings. The practice may undertake the following:

- Writing up the minutes of meetings if the group chooses not to have a secretary. Remember that these will need to be shared in advance of any meeting so people have time to read them;
- Undertaking the work associated with the local survey prescribed under the *Patient Participation Survey*. **Appendix 8** contains a recommended timetable you may wish to use;
- Investigating areas that have been raised at meetings;
- Directing issues to the CRG which have a wider commissioning impact;
- Producing newsletters and/or working with the PPG to produce these;
- Organising open days and/or other practice events;
- Helping distribute to members PPI-focused communication from the CCG. Ideally we would like you to share details of people that join so we can send CCG literature directly of course with their permission;
- Forming partnerships with local organisations;
- Keeping your website updated;
- Promoting and advertising your PPG.

### Step 6 – **Maintaining and developing your PPG**

Over time your PPG will become more effective as you become more experienced. It is important that both the CCG and the practice help keep the momentum going.

Your practice may wish to consider the following areas:

- Encouraging your PPG to work with others to share ideas and best practice;
- Taking advantage of any centrally organised events around PPGs or wider Public and Patient Engagement;
- Affiliating themselves with the National Association for Patient Participation ([admin@napp.org.uk](mailto:admin@napp.org.uk));
- Working with the CCG to help provide information to the group, which helps shows comparison between practices;
- Using your website to, encourage people to participate that cannot attend meetings

## APPENDIX 1

**Are you interested in finding out more about [*YOUR SURGERY NAME*]?**

**Would you like to influence the way local health services are developed?**

**Do you have any skills or experiences that will help [*YOUR SURGERY NAME*] improve our service to you?**

We are keen to set up a patient participation group, so why not come along and meet us.

We are planning an informal get together of people who are interested in finding out more about the group. The meeting will take place at:

*[INSERT DATE, TIME AND LOCATION]*

**We will be talking about the following topics:**

- *ISSUE 1*
- *ISSUE 2*
- *ISSUE 3*
- *ETC*

If you would like to come along to the meeting, or if you have any queries about the patient participation group, then please contact

*[CONTACT NUMBER AND NAME]*

## APPENDIX 2

*Practice details 1*

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### Confidentiality Agreement

*Name and Address*

When attending meetings as a member of [*insert practice*] Patient Participation Group, no aspect of any individual patient will be discussed. In the event that any patient's identifiable information is noted by yourself during the course of your time within the practice, we expect you to be accountable for patient confidentiality in the same manner as an employed member of staff. The disclosure of any information to anyone who is not entitled to receive is a serious matter for you, the patient and the practice and could lead to legal action. Any breaches in our confidentiality agreement could result in dismissal from the group.

SIGNED.....

For and on behalf of Drs *X X X*

DATE.....

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I acknowledge receipt of this confidentiality agreement. I have read, understood and agree to be bound by its contents. I have signed a copy to be retained by the practice.

SIGNED.....

DATE.....

## **APPENDIX 3**

### **How the Patient Participation Group Fits within wider Public and Patient Engagement Structure**

#### **Introduction**

The purpose of the local PPG is two-fold:

- Work with the practice to resolve local issues;
- Escalate to the practice wider commissioning issues.

This brief paper will discuss the second point.

#### **Escalating wider commissioning issues**

It is the responsibility of the practice, as GP commissioners, to escalate and direct issues relating to the wider commissioning process to the correct area. In most cases the practice will not have the experience or the time to work this out so practices should:

- Promote comments and views from patients on services or gaps in services;
- Find a way of managing these views and escalating these to the necessary place;
- Advise patients that they can escalate these directly to the CCG through the Commissioning Reference Group (CRG);
- Encourage members to attend CRG meetings and raise issues;
- Understand from local practices whether there are any particular trends.

#### **Patient involvement on the Commissioning Reference Group (CRG)**

The CRG is a forum created by the CCG some time ago to:

- Allow patients to set the agenda;
- Encourage representation from at least one patient from each practice PPG;
- Work with the CCG through these leaders to identify areas that may be appropriate for discussion with commissioners. This may include issues escalated through written request process, trends coming forward through the PPG or issues being flagged through the CCG website. The areas for discussion will be agreed and actions recorded;
- Encourage representatives from the PPG to take back ideas from other practices and the CRG;
- Feed into future commissioning plans so lay people can take on greater responsibility and fully engage in co-production and decisions.

#### **Escalating issues to the Strategic Board and/or GP lead**

Issues will be directed to the CCG Strategic Board where:

- Issues being escalated from the CRG appear to have wider potential as an operational discussion;
- Issues do not reach the CCG, but the numbers of similar queries suggest that ownership and leadership is required at a higher level;
- GP leads feel issues being discussed on the CCG website may require closer involvement.

## **APPENDIX 3**

### **Issues raised that are not a local commissioning authority consideration**

Practices are encouraged to forward issues raised within the practice to:

- Organisations that have responsibility for an area that the CCG is not responsible for i.e. NHS England;
- Direct these issues to the CCG who can then forward them on (if appropriate);

### **Communication in the PPI structure**

Good communication is important for both commissioners and patients. We are encouraging the following forms of communication to be shared between the PPG and other parties:

The PPG/practice will communicate the following:

- Issues that have a wider commissioning impact that the practice have reduced power to resolve;
- Feedback from the CRG to the rest of the group;
- minutes of meetings with their population;
- issues for discussion will be escalated to the CCG;
- Best practice will be shared with other groups.

The CCG will communicate the following:

- Information through newsletters, updates, and CCG's website updates;
- Information about training and development;
- Information about patient involvement needs on projects – the PPG/practice can promote this within the practice;
- queries raised by the PPG and how the CCG will follow it up;
- Examples of best practice from other practice;
- Areas that may require input from patients (i.e. reviewing patient experience surveys).

## APPENDIX 4

### Agenda – First Meeting

#### XXXXXXXXXX Practice – Patient Participation Group

Ground rules
<ul style="list-style-type: none"><li>• This meeting will not be a forum for individual complaints and single issues;</li><li>• We will advocate open and honest communication and challenging discussions between individuals;</li><li>• We will be flexible, listen, ask for help and support each other;</li><li>• We will demonstrate a commitment to deliver results, as a group;</li><li>• Silence indicates agreement – speak up, but always go through the chair;</li><li>• All views are valid and will be listened to by the group;</li><li>• Phones will not be allowed, and all forms of disruption will be avoided;</li><li>• We will start and finish on time and stick to the agenda.</li></ul>



### AGENDA

1. Aims and Objectives
2. Welcome and Introductions
3. What do We Want from this Meeting?
4. What do We Want from our PPG?
5. Ground Rules
6. Having Good Representation
7. Date of Next Meeting
8. Any other Business

## APPENDIX 5

### Terms of Reference

#### **XXXXXXXXXX Practice – Patient Participation Group**

##### **Title of the Group**

The Group shall be called THE PATIENT PARTICIPATION GROUP (PPG) of [*Practice*], and shall be affiliated to the National Association for Patient Participation [*Optional*].

##### **Aims of the Group**

The aims of the group are to:

- Promote co-operation between the practice and patients;
- Organise and develop a local “survey” with patient input;
- Understand issues affecting patients;
- Developing action plans that address patient issues;
- Feed into CCG wide Public and Patient Engagement structure

##### **Ground rules of the Group**

There shall be the following ground rules

- This meeting is not a forum for individual complaints and single issues;
- Members will commit to open and honest communication and challenging discussions between individuals;
- Members will be flexible, listen, ask for help and support each other;
- Members will demonstrate a commitment to delivering results, as a group;
- Silence indicates agreement – speak up but always go through the chair;
- All views are valid and will be listened to;
- Phones will not be allowed, and all forms of disruption will be avoided;
- Meetings will start and finish on time, and stick to the agenda.

##### **Membership of the Group**

Members of the group will be:

- Any patients registered within the practice;
- a cross-section of the practice population that reflects equality in:
  - Age;
  - Sex;
  - Ethnicity;
  - Demographics

## APPENDIX 5

The group will annually elect the following people:

- **Chairperson** – a lay member rather than a member of the practice, they will be responsible for:
  - Managing and chairs the meetings;
  - Representing the practice in wider public and patient engagement events.
- **Secretary** – this role *may* be undertaken by a member of staff from the practice, they will be responsible for taking minutes and general admin.
- **Treasurer** – Will be needed to take care of funds and finances [*only applies if your PPG will be fund raising*].

### Responsibilities of the Group

#### *Responsibilities of the Practice*

- Provide feedback on patients' needs, concerns and interests whilst helping patients to understand the practice's viewpoint where necessary;
- Communicate information about the community which may affect healthcare;
- Give patients a voice;
- Promote good health and higher levels of health literacy by encouraging and supporting activities within the practice;
- Provide opportunities for patients to become involved in the commissioning of services across Thurrock CCG;
- Give feedback to NHS trusts on consultations;
- Undertake and analyse key issues for an annual local survey that will be published with the findings and action plans to encourage improvements. The methodology for this shall be shared and agreed with patients;
- Create a patient participation group that is representative, equitable, and covers, where possible, all sections of the practice population;
- Help support voluntary groups within the community;
- Monitor services and highlight issues for local input;
- Promote the wider Public and Patient Engagement agenda;
- Help develop a training programme for those involved in public engagement;
- Develop, promote, and encourage public and patient engagement across Thurrock;
- Promote transparency and openness. Appropriate information will be provided that gives patients information on how practices compare when issues are raised;

## APPENDIX 5

### *Responsibilities of the Patients*

- Contribute to practice decision-making and consult on service development and provision;
- Liaise with other PPGs in the area;
- Help support fundraising for medical equipment or other facilities to improve the practice and/or fund the activities of the PPG;
- Challenge the practice constructively whenever necessary;
- Use the wider public engagement structure to escalate issues that are not resolved locally;
- Ensure that the group will not be used for individual complaints or single issues;

### **Meetings of the Group**

- The group will:
  - Meet no fewer than [*please add number – minimum 4*] times a year;
  - Hold, in addition, an annual general meeting ;
  - The meetings will be advertised throughout the practice and in alternative settings deemed appropriate;

### **Organisation of the Group**

- The group's activities will be organised by a committee of volunteers and invited members;
- The committee will be composed of a chair, deputy chair, secretary and treasurer, and between four and six members, to be agreed at the AGM. Other members will be co-opted as required.
- Administrative assistance will be provided by staff at the practice.

## APPENDIX 6

### Agenda – Annual General Meeting

#### XXXXXXXXXX Practice – Patient Participation Group

### Agenda

Ground rules
<p>This meeting will not be a forum for individual complaints and single issues;</p> <ul style="list-style-type: none"><li>• We will advocate open and honest communication and challenging discussions between individuals;</li><li>• We will be flexible, listen, ask for help and support each other;</li><li>• We will demonstrate a commitment to deliver results, as a group;</li><li>• Silence indicates agreement – speak up, but always go through the chair;</li><li>• All views are valid and will be listened to by the group;</li><li>• Phones will not be allowed, and all forms of disruption will be avoided;</li><li>• We will start and finish on time and stick to the agenda.</li></ul>

#### 1. Welcome and Introductions

#### 2. Group Business

- Election of chair, secretary and treasurer
- Terms of Reference
- Frequency of meetings
- Quorum
- Annual review arrangements

#### 3. Work Plan

- Local patient survey
- Short, medium and long-term objectives
- Communications and reporting back

#### 4. News from the Practice

- Feedback on current issues from the practice

#### 5. Date of Next Meeting

#### 6. Any other Business

## APPENDIX 7

### Agenda – Regular Meeting

#### XXXXXXXXXX Practice – Patient Participation Group

### Agenda

Ground rules
<p>This meeting will not be a forum for individual complaints and single issues;</p> <ul style="list-style-type: none"><li>• We will advocate open and honest communication and challenging discussions between individuals;</li><li>• We will be flexible, listen, ask for help and support each other;</li><li>• We will demonstrate a commitment to deliver results, as a group;</li><li>• Silence indicates agreement – speak up, but always go through the chair;</li><li>• All views are valid and will be listened to by the group;</li><li>• Phones will not be allowed, and all forms of disruption will be avoided;</li><li>• We will start and finish on time and stick to the agenda.</li></ul>

#### 1. Welcome and Introductions

#### 2. News from the Practice

- Local Survey - update
- Feedback on current issues from the practice;
- New issues
- Review of objectives
- GPC update inc. Public and Patient Engagement news;

#### 3. Date of Next Meeting

#### 4. Any other Business

## APPENDIX 8

### Timetable for Implementation of a Survey

Action	Comments	Date
<b>Hold First PPG Meeting</b>	You will need to outline the requirement for a local survey and also agree the Terms of Reference ( <b>Appendix 5</b> ) to incorporate this requirement.	
Agree how the practice is going to engage with the population over the future survey.	Thinking ahead will give you a clear vision of what you need to do. You can use some of the methods under <i>Step 1 – Starting up a Group</i> .	
Agree what groups of people you want to engage with specifically.	This can come from local knowledge, the practice profile produced by CCG or linking-in with local groups such as the voluntary sector.	
Be confident that the practice complies with equality guidance.	Please use <i>Step 1- Consider how to be representative and how you will promote equality</i> for guidance.	
Agree with the practice what issues should be a priority for the local survey.	These can be changes to the way the practice operates or what it feels should happen in the future.	
Produce a template for patients to record their priorities for the survey.	A template has been produced in <b>Appendix 9</b> . However, you can change this should you wish. It is recommended that you agree the format of this with the PPG at the second meeting.	
<b>Hold Second Meeting</b>	Agree the pro forma that is to be used to collect views from patients for local survey.	
Engage with your patients and encourage them to complete the pro forma. Set a deadline.	Please see <i>Step 1- Consider how to be representative and how you will promote equality</i> for ways in which you can promote patients to completing this.	
Analyse the returns and group issues together. Produce a simple report for the PPG.	These could be grouped into themes, areas or specific issues. It is up to the practice how they wish to create this.	
<b>Hold Third Meeting</b>	Agree with PPG which issues should be used in the local survey. It should also be agreed what methodology should be used for carrying out the local survey. See <b>Appendix 10</b> as an example.	
Develop the “local Survey”.	Develop the questions which are to be asked. These questions will relate to the issues agreed with the PPG at the third meeting. It is important that questions are valid and effective. Guidance for writing questions can be found in <b>Appendix 11</b> . An example of a local survey can be seen in <b>Appendix 12</b> .	
Publish the Local survey.	This will be achieved under your methodology for carrying out the survey. You have already agreed this, so it is simply putting it into action. See <b>Appendix 10</b> for example. A closing date will also have to be agreed.	
Collect and analyse the results.	This can be done internally or externally. If externally it is the responsibility of the practice to organise. The Commissioning Support Unit (CSU) is currently not in a position to do this. The CSU is happy to offer support in using this.	
Produce a report for the local survey.	This will be firstly presented to the PPG at the fourth meeting for agreement and will be published afterwards. This should include the	

## APPENDIX 8

	<p>following:</p> <ul style="list-style-type: none"> <li>• A profile of the members of the patient reference group (PRG) – a separate entity to the PPG that represents patients;</li> <li>• The steps taken by the practice to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the practice took in an attempt to engage that category;</li> <li>• Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey;</li> <li>• The manner in which the practice sought to obtain the views of its registered patients;</li> <li>• Details of the steps taken by the practice to supply an opportunity for the PRG to discuss the contents of the action plan;</li> <li>• Details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented;</li> <li>• A summary of the evidence, including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey;</li> <li>• Details of the action which the practice, intends to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey;</li> <li>• The opening hours of the practice premises and the method of obtaining access to services throughout the core hours;</li> <li>• Where the practice has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.</li> </ul>	
Produce an action plan from the results of the local survey.	This will outline how the practice wishes to take forward the outcomes from the survey.	
<b>Hold Fourth Meeting</b>	Allow the PPG to make comments on the local survey. The PPG may also wish to add in some comments before publication. Present the action plan and agree timetable.	
Update report and publish.	<p>You <u>must</u> publish this on your website. You <u>may</u> wish to share the report with the following:</p> <ul style="list-style-type: none"> <li>• The PRG;</li> </ul>	

## APPENDIX 8

	<ul style="list-style-type: none"> <li>• Those who answered the survey;</li> <li>• The wider practice population;</li> <li>• Consortia and consortia practices (when in place);</li> <li>• Local HealthWatch</li> <li>• Care Quality Commission (CQC) - at the time of inspections/registration.</li> </ul> <p>Publication of the results and practice opening times might include:</p> <ul style="list-style-type: none"> <li>• a visible poster within the waiting room area;</li> <li>• NHS Choices website (if available) summary results sent electronically to the PRG.</li> </ul>	
Provide the report.	The CQC needs to receive this on inspection.	
AGM and subsequent meetings.	The PPG will be continued to be updated on progress.	

## APPENDIX 9

### **[Practice name] Local Survey – Understanding What is Important to You**

We shall shortly be producing a survey to help us understand how we can improve the quality and experience you receive from us.

We would like to hear what things are important to you.

Please answer in the box below. You can include as many areas as you like!

What issues should we concentrate on in a local survey to help improve the service to patients in our surgery?

---

Please return this form to *[please add name]* and *return address/e-mail*

## APPENDIX 10

# Methodology for Undertaking the Local Survey

### Understanding the Issues

To understand the issues which will be grouped and analysed into areas of priority, we shall produce a scoping document – see attached (*note to practice this will be appendix 9 which you may wish to use or amend locally*). This document will be shared or promoted to our patients as followed:

- In the waiting area;
- Practice staff shall promote these to patients who use our surgery;
- We shall publicise this document at the following locations:
  - Pharmacists;
  - Local Shops;
  - Libraries;
  - Parish council notice boards;
  - Websites;
  - Places of worship.

The closing date for this will be [*practice to add date*] and the template will be agreed with the PPG in advance.

*Questions to the PPG:*

- *Do you agree that we have included all possible options to capture the views of our patients?*
- *Is there a risk that some patient groups may not have their views heard?*

### Analysing the Results

After the closing date, the practice will analyse the results for the PPG and group the views of our patients. We shall organise the results as follows:

- By area of interest (i.e. clinical);
- By theme of raised concern (i.e. delay in test results);
- Recommendations for areas that could go into the local survey;
- We may also include areas the practice would like to ask;
- The practices will seek agreement from the PPG on what areas they would like to become part of the local survey.

*Question to the PPG:*

- *Would the PPG like to assist in analysing the questions and become part of this process?*

## APPENDIX 10

### **Designing the Questions**

Once we have agreed the areas of priority with the PPG we shall develop the questions that will go into the local survey. This will be achieved by:

- Having the PPG set the questions in partnership with the practice;
- Following best practice guidance for setting questions that are fair, equitable;
- Producing the format of the local survey and agreeing this with the PPG.

### **Publish the Local Survey**

We shall publish the local survey for our patients to complete as follows:

- In the waiting area;
- Practice staff shall promote these to patients who use our surgery;
- We shall publicise this document at the following locations:
  - Pharmacists;
  - Local Shops;
  - Libraries;
  - Parish council notice boards;
  - Websites;
  - Places of worship.

*Questions to the PPG:*

- *Are you happy that we have included all possible options to capture the views of our patients?*
- *Is there a risk that some patient groups may not have their views heard?*

The closing date for this will be [*practice to add date*] and the template will be agreed with the PPG in advance

### **Analysing the Results**

Once the date for the local surveyed has closed we shall analyse the results as follows:

- Prioritising each of the areas in the survey;
- Capturing any additional comments made by patients;
- Producing a report that lists the results.

*Question to the PPG:*

- *Would the PPG like to assist in analysing the answers and become part of this process?*

## APPENDIX 10

### **Publishing the Report and Developing an Action Plan**

The practice shall publish the results from the survey in a report that will include the following:

- A description of the profile of the members of the patient participation/ reference group;
- The steps taken by the practice to ensure that the patient participation/ reference group is representative of its registered patients and where a category of patients is not represented, the steps the practice took in an attempt to engage that category;
- Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey;
- The manner in which the practice sought to obtain the views of its registered patients;
- Details of the steps taken by the practice to supply an opportunity for the patient participation/ reference group to discuss the contents of the action plan;
- Details of the action plan, setting out how the findings or proposals that arose from the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented;
- A summary of the evidence, including any statistical evidence relating to the findings or basis of proposals that arose out of the local practice survey;
- Details of the actions which the practice, and, if relevant, the CCG or NHS England intend to take as a consequence of discussions with the patient participation/ reference group in respect of the results, findings and proposals that arose out of the local practice survey;
- The opening hours of the practice premises and the method of obtaining access to services throughout the core hours;
- Where the practice has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

## APPENDIX 11

### Advice and Guidance for Writing Survey Questions for Patients

An important goal as a survey author is to construct clear, direct questions and answers using the language that survey participants will understand. While there are no set rules on the wording of these survey questions, there are some basic principles that do work in improving the overall design.

#### Constructing good questions

**1. Be brief** – Keep questions short and ask one question at a time

**2. Be objective** – This means:

- Avoid leading questions, such as “We have recently upgraded this site’s features to become a first-class tool. What are your thoughts on the new site?” Replace with: “What are your thoughts on the upgrades to this site?”
- Avoid loaded questions;
- Avoid built-in assumptions about things the respondent may or may not know about.

**3. Be simple** – This means

- Avoid jargon;
- Avoid using extremes such as ‘never’, ‘always’ or ‘only’.

**4. Be specific** – This means **avoid asking things that are:**

- Too general;
- Too complex;
- Or undefined.

**5. Type of Questions you could use** - The question type determines the type of information collected. It is up to you which one you choose but, in terms of analysing, you may wish to go for ranked/rating questions with an opportunity for respondents to add comments:

- **Open-ended** – This is where the respondent has empty boxes to write what they want:
  - Pros: good to use when asking for attitude or feelings, likes and dislikes, memory recall, opinions;
  - Cons: some respondents find these difficult and so put ‘I don’t know’, it can take the respondent longer to fill in and can take you longer to analyse.
- **Close-ended** – Where respondents answer ‘yes’ or ‘no’, or from multiple choice list.
- **Ranked** – Where respondents rank what is most/least important, on a scale from 1-5:
  - 1-5 is thought to be the right number of options (i.e. no more)
  - Generally, you would have two negative, two positive and a neutral, to make it balanced. Removing the neutral response will force either a positive or negative response.

## APPENDIX 11

- **Rating** – is a popular way of collecting subjective data where you want to measure the ideas of a respondent (for instance opinions, knowledge or feelings). There are two types:
  - Create a statement and ask respondents to rate how they feel about it, for instance “Strongly disagree/Disagree/Neutral” and so on;
  - Provide respondents with a scale, for instance from “Improved” to “Not improved” and ask them to rate their opinion on this scale;
  - If you remove the neutral option, you force the respondent to choose either a negative or positive. There’s no fixed rule on whether this is right.

### 6. How to encourage respondents to complete the survey

- Ask people to participate in advance can boost response numbers;
- Have an introduction that briefly explains what the survey is about. Within the introduction;
- you may want to include:
  - the name of the organisation conducting the survey;
  - the confidentiality information;
  - how the data collected will be used;
  - how long it will take to complete;
- Make the first couple of questions quick and easy;
- Thank respondents for completing your survey;
- Pilot your survey to make sure the questions make sense and that you get the information you are looking for.

## APPENDIX 12

### **[Practice name] Local Survey – Understanding What is Important to You**

The practice welcomes our patients to respond to our local survey. This survey has been written with the help of our patient group to help understand what things we need to do to improve our service for our patients.

We look forward to hearing from you. If you would like to provide any comments please use the back of the page:

Q1:				
<input type="checkbox"/>				
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

Q2:				
<input type="checkbox"/>				
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

Q3:				
<input type="checkbox"/>				
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

Q4:				
<input type="checkbox"/>				
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

Q5:				
<input type="checkbox"/>				
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

Q6:				
<input type="checkbox"/>				
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

**APPENDIX 12**

**Please use this box for any specific point you would like to make about any of the questions**

[Empty box for providing specific points or feedback]

---

**Please return this form to [please add name] and return address/e-mail**

**APPENDIX 13**

**[Practice name] Patient Participation Group Sign up Form**

Name	
Address	
Telephone	
E-mail	
GP Practice	

\* If you are not happy for us to share this with our central CCG Public and Patient Engagement Team please tick?

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Do you represent an organisation? (if yes)
Under 16 <input type="checkbox"/>	17 - 24 <input type="checkbox"/>	Organisation Name:
25 - 34 <input type="checkbox"/>	35 - 44 <input type="checkbox"/>	Your Role:
45 - 54 <input type="checkbox"/>	55 - 64 <input type="checkbox"/>	
65 - 74 <input type="checkbox"/>	75 - 84 <input type="checkbox"/>	
Over 84 <input type="checkbox"/>		

**Are you....**

A Patient <input type="checkbox"/>	Carer? <input type="checkbox"/>	Patient <input type="checkbox"/>
------------------------------------	---------------------------------	----------------------------------

<b>White</b>			
British Group <input type="checkbox"/>	Irish <input type="checkbox"/>		
<b>Mixed</b>			
White & Black Caribbean <input type="checkbox"/>	White & Black <input type="checkbox"/>	White & Asian <input type="checkbox"/>	
<b>Asian or Asian British</b>			
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
<b>Black or Black British</b>			
Caribbean <input type="checkbox"/>	African <input type="checkbox"/>		
<b>Chinese or other ethnic</b>			
Chinese <input type="checkbox"/>	Any Other <input type="checkbox"/>		

<b>How would you like to be involved?</b>	
Information/newsletters <input type="checkbox"/>	Patient Forums <input type="checkbox"/>
Project groups <input type="checkbox"/>	

<b>Are there any areas you are particularly interested in? e.g. Diabetes</b>

-----  
**Please return to [please add name]**

E-mail (You can double click on the boxes to tick!) [please add]  
 Post [please add]

