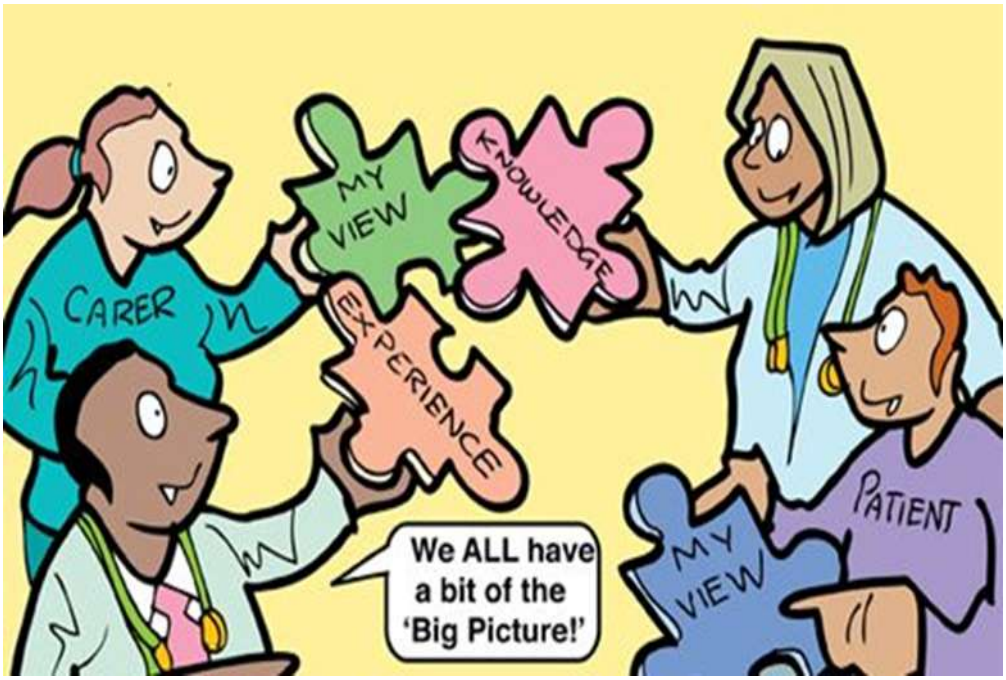
Patient Participation Groups

Improving the experiences of Patients and Carers

A framework to facilitate the use of patient and carer experiences to improve the quality of services in GP Practice



Contents

1. Introduction 3

2. Points for success 3

3. Other key points to consider 4

4. Gathering, using and responding to the views and experiences of patients and carers 5

4.1. Understanding how GP Practices work? 5

4.2. Specific information about the Practice 5

5. Knowledge and understanding of what patients and carers are saying 6

5.1. What matters to patients in general? 6

5.2 The specific experience of patients and carers in your Practice 6

6. Seek to understand what you don't know 8

7. The Participation Cycle 9

Diagram 1: Participation Cycle 9

1. Source and review feedback 9

2. Agree priority areas for action 10

3. Implement changes 11

4. Report on progress and outcomes 12

8. Useful resources 13

Example of PPG activity and reports: 13

Understanding acronyms in the NHS: 13

Virtual PPGs: 13

The smart guides to engagement: 13

GP survey: 13

Health profile: 13

9. Appendices 14

1. Introduction

This framework has been created in partnership with Patient Participation Groups (PPGs), as a guide and resource to enable PPGs:

- To obtain, review and respond to a variety of sources of information that describe the views and experiences of patients and carers visiting their GP Practice.
- To influence the quality of the services provided by the Practice with the aim of improving the standard of service quality experienced by patients and carers.

This framework has been developed through a project funded by NHS England Regional Insight Team and led by Healthwatch Swindon PPG Forum in partnership with Swindon Clinical Commissioning Group and with support from the Local NHS England Area Team. Liaison also took place with the National Association of Patient Participation (NAPP) to ensure the work was linked with their current work on developing a self assessment Framework for PPGs.

The information provided in this framework is the result of an extensive period of collaboration between the participating groups.

The framework is designed to be flexible to suit the needs of different PPGs and users should choose to utilise the information as they see fit.

2. Points for success

For the PPG to succeed in becoming a voice for the patient population and for the Practice to benefit from the input of its service users, participants identified that both practice staff and patient or carer members of the PPG need to ensure that relationships are built on the following key requirements and that these are established and maintained in order to ensure a strong, effective Patient Participation Group (PPG) .These key requirements are:

- Mutual trust and respect between all members (staff and lay members).
- A clear understanding of roles and responsibilities.
- Clear and frequent communication.

2.1. Working together

The partnership between the different members of the PPG should be founded on the following principles and adopted by all:

- Understanding and accepting each member's contribution and perspectives.
- A willingness to respond and act on what people say.
- Adopting a non – judgemental stance.
- Embracing honesty, realism, openness and transparency.

2.2. A unique partnership

A clear commitment to establishing relationships based on trust and open, honest communication will develop the confidence of staff and patient / carer members of the PPG, thereby enabling mutual support and confidence to improve the quality of the experiences of patients/carers and the overall quality of service.

Through the unique partnership between staff and patient/ carer members of the PPG, the PPG seeks to:

- Contribute to the continuous improvement of services and quality of care by supporting the practice in seeking, reviewing and responding to the views and experiences of patients.
- Foster improved communication between the practice and its patients.
- Provide practical support for the practice and help to implement change.
- Encourage patients to take more responsibility for their health.

3. Other key points to consider

The key functional points that will support the effectiveness of the PPG are described below:

3.1. Seeking to establish a representative membership: How can this be achieved?

The PPG should seek to have a composition of members that is as inclusive and as representative of the Practice patient population as far as is reasonably possible.

For example, the PPG should recognise that there may be a part of the BME community that use the Practice, but are not represented in the PPG. Therefore the PPG should attempt to engage with that particular part of the population, making contact and seeking their feedback. As a result of this, it is more likely that recruitment into the PPG will happen.

If the PPG is unable to attract membership from specific areas of the Practice population, they should seek to include the views and opinions of those areas through alternative methods such as:

- Ensuring that the views of those who are not often heard are actively sought, for example; elderly patients, BME groups, patients with learning disabilities, children and mothers/fathers. Engaging with these groups should be a continuous part of the work plan for the PPG.
- Establishing a virtual membership of the PPGs which would allow communication and representation through email networks and social media to enable the PPG to reach out to the wider diverse population. An example of how this can work can be found at: http://www.napp.org.uk/virtualppgs.html
- Establish regular meetings with at least one senior representative of the Practice. This is most often the Practice Manager (or equivalent) or a GP.

- Establish a good structure to the function and work of the group by:
    - Developing clear 'ground rules' or a memorandum of understanding which the PPG will adopt. See Appendix 1 for an example.
    - Setting up and implementing a confidentiality agreement. See Appendix 2 for an example.
    - Ensure that there is a clear understanding of the role and purpose of the PPG.
    - Develop a clear and achievable work plan.
    - Understand how you will measure the impact and effectiveness of the work that the PPG completes.

4. Gathering, using and responding to the views and experiences of patients and carers

The following information has been identified by PPGs as helpful to enabling them to function well:

4.1. Understanding how GP Practices work?

Each GP Practice is an independent business within the NHS that has its services either commissioned by NHS England or co-commissioned with the CCG, governed by the General Medical Service Contact with Enhanced Service Specifications. Further information can be found here: http://www.nhsemployers.org/your-workforce/primary-care-contacts

All Practices are required to be registered with the Care Quality Commission (CQC) and comply with their regulations and standards. Further information can be found here: http://www.cqc.org.uk/content/how-we-regulate-services

They undergo regular inspections as part of the CQC Inspection Program. Further information can be found here: http://www.cqc.org.uk/content/our-intelligent-monitoring-gp-practices

4.2. Specific information about the Practice

- Information about the "Practice Population" - The PPG should have an understanding of key aspects of the Practice population such as the age range of patients, the number of carers who use the practice and the ethnic composition. The information can be found on the following website: http://fingertips.phe.org.uk/profile/general-practice

  The Practice manager can help with the more detailed understanding of the information available in relation to health needs.

  This will help the PPG to have an understanding from whom they need to hear from and on whose behalf they are acting.

- Information on the services that are provided by the practice and any new services that are planned.

- An understanding of the communication methods used by the practice with their patients.

  The PPG may be able to support the practice to improve different aspects of how they communicate with their patients.

- Find out what is important to the practice team and the challenges they face. The PPG may be able to help and support the Practice on these matters.

- Information on the health of the local population: This helps gain an understanding of the health issues of the local population that drives the commissioning of services for health and social care. This can be found on the Local Health Profile provided by the Public Health Observatory and can be found here: http://www.apho.org.uk/ (click on 'health profiles' on the top line).

  The following link takes you directly to the profile search facility: http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH2012

- Knowledge of the NHS Constitution. This is a legal document that sets out the rights and responsibilities of patients and staff as well as the pledges of the National Health Service (NHS). There is a specific reference relating to patient feedback and complaints. For more information click on the following link: https://www.gov.uk/government/publications/the-nhs-constitution-for-england

  Once on the website, see the booklet 'The NHS Constitution, the NHS belongs to us all': Section 3a refers to - *Patients and the Public – your rights and NHS pledges to you* and Section 3b refers to - *Patients and the public – your responsibilities*.

5. Knowledge and understanding of what patients and carers are saying

5.1. What matters to patients in general?

Developing an understanding of what matters to patients and carers is important. Remember you are not a member of the PPG for yourself but are representing the patients and carers across the practice population.

The following article from The Kings Fund helps give a greater understanding of the importance and impact of a positive experience on the outcomes for patients: '*Improving GP services in England: Exploring the association between quality of care and the experience of patients'*. To view the article, click on the following link: http://www.kingsfund.org.uk/publications/improving-gp-services-england

5.2 The specific experience of patients and carers in your Practice

This can be obtained from a number of sources:

- Concerns, complaints, comments, compliments (4Cs) and suggestions which should be shared with the PPG in an anonymised format with issues categorised to help

identify common matters or trends (see Appendix 3a - 4Cs example reporting template and Appendix 3b - completed example of 4Cs reporting template).

- The National GP Survey which is run by Ipsos Mori on behalf of NHS England who survey each practice on an annual basis. The survey questions address a wide range of issues such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours and the quality of care received from their GP and Practice Nurses. You can search for the results for your Practice here: https://gp-patient.co.uk/

- The PPG may wish to undertake a local survey in partnership with the Practice. Your local Healthwatch may be able to advise and support you with this and there are numerous free online research tools that can be used.

- The NHS Choices website gives details of local NHS services and health information as well as providing the opportunity for patients to post comments about their experience of the service. However, consideration should be given to the fact that comments are made anonymously. NHS organisations such as GP Practices have access to reply to those leaving comments, enabling them to express regret at the reported experience and inviting them to contact the Practice directly in order that the issues they have raised can be addressed. Compliments also can be acknowledged .Responding in this way helps to promote a positive image of the Practice and increase the confidents of service users.

  PPG members may offer to monitor the NHS Choices site for the practice. Further information can be found here:

  http://www.nhs.uk/Service-Search/GP/LocationSearch/4

- The Friends and Family Test (FFT) is a feedback tool supporting the fundamental principle that people using NHS services should have the opportunity to provide feedback on their experience every time they used it. It asks *"How likely are you to recommend our GP Practice to friends and family if they needed similar care or treatment?"*

  Combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. It was implemented in GP practices in December 2014 and further information can be found here: http://www.england.nhs.uk/ourwork/pe/fft/

  The PPG is ideally placed to support the Practice in promoting and sustaining this continuous source of feedback (FFT) by:

  - Being present in the surgery whenever possible to promote the feedback opportunity to patients and carers.

  - Contributing to the development of visual promotional displays of the FFT and why it is important.

- Reviewing the results and comments and agreeing as a PPG how to support and implement action wherever possible.
- Ensuring this information is used in conjunction with other feedback such as concerns or complements.
- Promote and support feedback to the patients through different mediums such as posters newsletters. It may be useful to base this feedback around the theme of *'You said… We did…."*

- Focus groups can be effective way of obtaining the views and experience in an informal way from a specific groups of people on a specific topic; for example, obtaining experiences and views from a group of patients with diabetes on access to podiatry services. This approach can also help the PPG to gather information from those groups who perhaps would not normally provide feedback through other methods for example a specific ethnic group.

  Further information on running focus groups can be found at: http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html

  Your local Healthwatch may also ne able to advise or help you.

- The Care Quality Commission (CQC) carries out inspections on GP Practices. Each Practice is informed by the CQC when an inspection is to take place. Individual practice reports can be found at: http://www.cqc.org.uk/content/doctorsgps

  The PPG has a role to play in that inspection process and the Practice Manager should ensure that the PPG is informed of the inspections. Further information on the working relationship between a PPG and the CQC can be found at: http://www.cqc.org.uk/content/working-local-groups#patient-participation-groups. Click on '*Patient Participation Groups'* once on the site.

- Local Healthwatch: Healthwatch England is the national consumer champion for health and social care. Healthwatch organisations have significant statutory powers to ensure the voice of the 'consumer' is strengthened and heard by those who commission, deliver and regulate health and care services such as NHS England, CCGs, GP Practices and the CQC.

  Many local Healthwatch organisations actively support PPGs by having a PPG Forum. They may also have feedback from patients about GP Practices – they will have shared these with the practice. To find your local Healthwatch follow the link http://www.healthwatch.co.uk/find-local-healthwatch

6. Seek to understand what you don't know

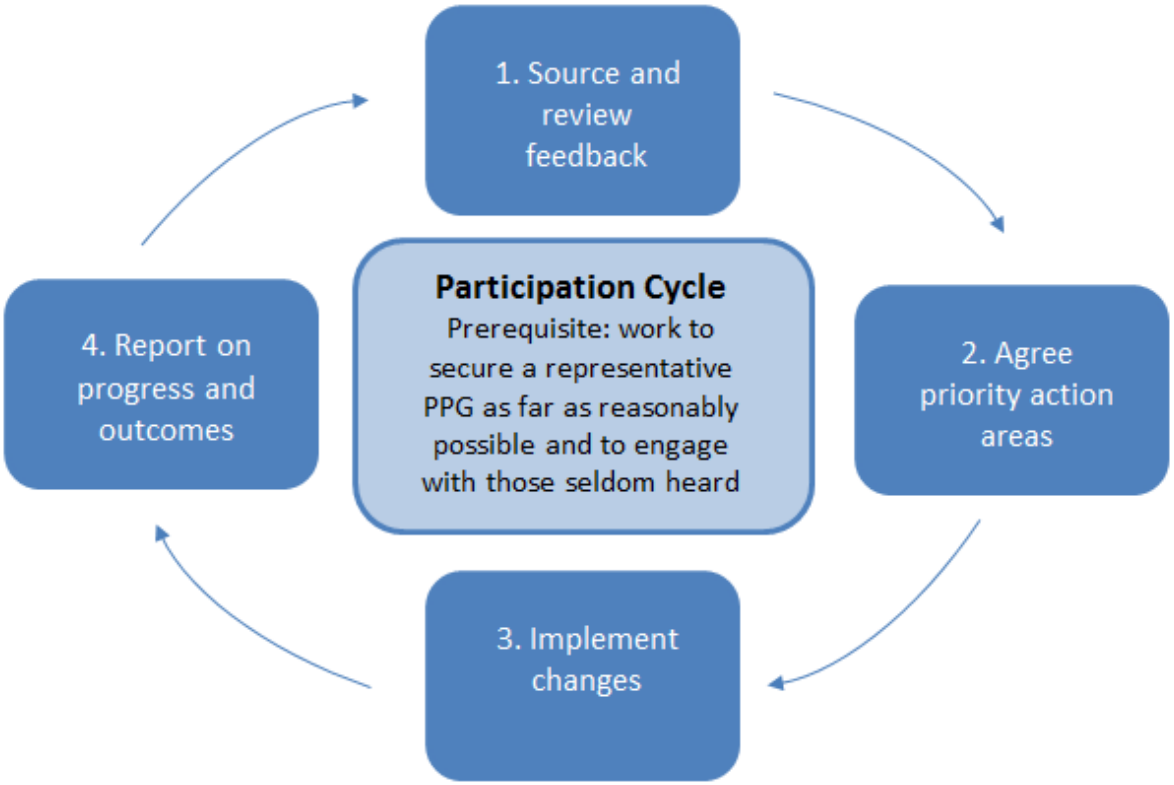
The PPG should seek to understand who they have not heard from in terms of the Practice population and plan on how to address this to ensure those viewpoints are taken on board.

Local Healthwatch may be able to help the PPG gain knowledge on running a focus group or meeting to gain information from patient groups. Healthwatch may also be able to provide initial facilitation support if required. If interpreters are required they should be provided by the practice.

7. The Participation Cycle

The Participation Cycle (see Diagram 1 below) describes the process of obtaining, reviewing and responding to feedback from patients and carers. The details of actions to be taken at each stage of the cycle are described below this diagram.

Diagram 1: Participation Cycle



1. Source and review feedback

Source feedback:

It is important to know what feedback is available. Refer to Section 5.0 to understand what may be available to be reviewed by the PPG. Some of the information will need to be provided by the practice.

Think about who has not been heard from and who in the future it is important to gather information from. See Section 6.0.

Review Feedback:

Having identified the information that will be reviewed, the PPG will need to:

- Agree how often this will be reviewed.
- Agree how the information will be accessed for review by the PPG.
- Agree who will collate and prepare the information and make it available.

The table in Appendix 4a 'Plan *for review of Patient / Carer Experience Data in GP Practice'* is provided to help this planning process. This will then form part of the regular work plan giving clear structure to the review of information about the experience of patients and carers. Appendix 4b is completed as an example.

It is important to review this information as a whole. This will help the PPG to:

- Understand the broad experiences of patients and carers.
- Identify any common themes that may be emerging that require a greater understanding as to why patients are reporting the issue as a problem. This understanding will help identify the right action to secure improvement.

Example:

The PPG meet to review the feedback that has been obtained from the Practice. The following information is shared:

a) Two complaints and eight concerns raised over a month regarding the cleanliness of the baby changing area after the mother and baby session.

b) A complaint regarding the lights not working in the car park which contributed to an elderly gentleman falling and hurting himself. Four concerns about the lighting were raised with the reception staff.

c) A compliment regarding one of the receptionists and how she handled a patient's enquiry and three other compliments regarding the helpful cheerful manner of the receptionists when the patients arrive at the Practice.

d) A suggestion regarding improvement to signage in the Practice.

2. Agree priority areas for action

Deciding the priority areas for action may be a straightforward process. If it isn't then it can be worth considering the following criteria to help in decision making:

- The number of people that could be positively affected by addressing an issue.
- Does the issue affect a seldom heard or vulnerable group, such as those patients who have a significant hearing or sight impairment or a learning difficulty?
- Will resolving the issue be easily achievable?

- Will the issue need a lot of time or money to resolve?

Example:

a) They also decide to address the issues of cleanliness in the baby changing area.

b) Look at the car park lighting as it presents the highest risk to patient safety.

c) The PPG feedback their congratulations to the receptionist team on the positive comments.

d) They take on board the suggestion relating to the changes of the signage at the practice, and agree to do further work to understand the signage matter.

3. Implement changes

Having agreed the priority areas for action, the PPG should:

- Describe the expected outcome/benefit for patients.
- Decide the best way to address the issue i.e. the action required. It is important to remember that both the practice and PPG need to be open and honest with each other in confirming what changes are possible and how they can be carried out.
- Agree the timeframe over which the changes will take place.
- Who will take the lead on that change? It may be that the Practice Manager will be the lead but working closely with a PPG member or members to achieve the change.
- How the activity will be communicated to the Practice patients.

Appendix 5 provides an Action Plan Template to record and monitor this activity.

Example:

a) The PPG and practice agree that the best course of action for the cleanliness issue would be to alter the times at which the cleaner comes into the practice so that she is present at the end of the parent and baby session to clean the changing facilities after they have been heavily used.

b) They also agree to regular checks are to be made of the lighting in the car park with light bulbs being replaced immediately as required. This will be taken forward by the practice manager who will liaise with the company contracted to manage the maintenance of the site, ensuring this action is taken.

d) The issues concerning signage will be further explored to understand the problem and explore possible solutions with patients over the next six months. A member of the PPG agrees to lead this work, liaising closely with the senior receptionist.

All actions are added to the action plan with expected completion times.

4. Report on progress and outcomes

The final stage in the participation cycle relates to feeding back to the population including what the patient/ carer feedback said, what actions were taken (or not taken) and how effective the changes introduced by the PPG and the practice have been in showing improvements to the patients.

Both the PPG and the Practice should make every effort to publicise the effectiveness of the improvements that have been introduced as this will aid in the promotion of the work of the PPG and the recruitment of new members. The idea of promoting a "you said, we did" culture is commonplace across many businesses in customer focused industries and the principles behind this should be observed in the PPG / Practice relationship as well.

The PPG and Practice should work together to decide which methods of communication are available to them to promote the work of the PPG and which would be the most effective. Promoting the impacts online through the Practice website as well as a dedicated feedback board in the Practice will in most cases be the best options available. The PPG should also consider newsletters and local media as well as website and posters.

Feedback to the practice population is vital and will encourage and will help to motivate people to give further feedback because they feel heard and respected. It is often an aspect of the Participation cycle that is omitted. Make it clear how patients / carers can give feedback; this should include the opportunity to give feedback anonymously – such as the Friends and Family Test or comment/suggestion cards.

The following methods may be used to give feedback:

- Website – 'You said … We did / are doing'.

  It is helpful also important to say what could not be done and why.

- Posters in waiting area: ensure this is up to date by regular refreshing of information. A PPG member may wish to take the lead on this linking with an identified member of staff.

- A generic email to all patients on 'You said… We did'.

Example:

The PPG and the Practice share the positive experience provided by the receptionist team. They are considering developing an employee of the month award and are seeking feedback from patients and carers on this.

The parent and baby group are notified of the changes to the cleaning schedule at their next meeting and the information is published on the Practice website and the poster in the three waiting areas.

A notice is erected in the car park notifying patients about the lighting repairs that are taking place and there will be a process in place for ongoing maintenance

The action of seeking more information on improving the signage in the Practice is described with an invitation to patients /carers to help in the work i.e. this will include a description of what is required and the time expected etc.

This process has allowed the PPG and Practice to effectively address key items of feedback and make positive changes to the service delivered by the practice.

8. Useful resources

Example of PPG activity and reports:

Cornerways Medical Centre in Hampshire has a PPG that has posted its Annual Reports for 2013 and 2014 online and provides helpful information and ideas in running and planning work of a PPG:

http://www.cornerwaysmedicalcentre.co.uk/

Understanding acronyms in the NHS:

http://www.nhsconfed.org/acronym-buster?q=GMS

http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/gms-acronyms

Virtual PPGs:

http://www.napp.org.uk/virtualppgs.html

The smart guides to engagement:

This series has been published by NHS Networks. These are for everyone working in or with clinical commissioning groups (CCGs). The guides have been written by experts to provide straightforward advice on all aspects of patient and public engagement in an easily digested format:

https://www.networks.nhs.uk/nhs-networks/smart-guides

GP survey:

https://gp-patient.co.uk/

http://www.england.nhs.uk/statistics/category/statistics/gp-patient-survey/

Health profile:

http://www.apho.org.uk/

http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH2012

9. Appendices

Appendix 1 – Ground Rules/Memorandum of Understanding

Patient Participation Group

Ground Rules/ Memorandum of Understanding

Example

- There will be respectful open honest communication and challenge between all participants
- All views and ideas are valid and can be listened to
- We will be flexible, listen, ask for help and information and support each other
- We will speak up – silence is taken as agreement
- We will show our commitment to delivering results as whole group
- This meeting is not a forum for individual complaints and single issues

Phones will be turned off and risk of other disruptions minimised

Appendix 2 – Confidentiality Agreement

Patient Participation Group

Confidentiality Agreement

[Inset Name and Address of GP Practice:]

When attending meetings as a member of the [insert practice name] Patient Participation Group no aspect of any individual patient will be discussed. All information shared about the experience of patients will be anonymised.

In the event that any patient identifiable information is noted by yourself in 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 this information 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.

Example

SIGNATURE: PRINT NAME:

JOB TITLE:

For and on behalf of Drs XXXXXX

DATE:

For PPG members:

I acknowledge receipt of this confidentiality agreement. I have read, understood and agree to be bound by its content. I agree to a copy being help by the practice.

NAME:

SIGNATURE:

DATE:

Appendix 3a - 4Cs example reporting template

Complaints, Concerns, Comments and Complements (4Cs)

Quarter X [month *X – month Y: year*]

A description of categories of issues raised is provided below this table. *(Add rows as required)*

Complaint Concern Comment or Compliment & date (month/year)	**Cat1** Communication/ Attitude	**Cat2** Premises	**Cat 3** Practice management	**Cat 4** Practice administration	**Cat5** Clinical	**Cat 6** Other	**Outcome and/or learning**

Example

Description of categories:

1. **Communications / Attitude:** A contact made face to face or by telephone, facsimile, email or website and issues relating to verbal / non-verbal characteristics or content.
2. **Premises:** The physical environment and psychological effect of the site occupied by the practice / service.
3. **Practice / Surgery Management:** Decision made by the Practice Manager about the operation of the Practice / Service e.g. access to individual practitioners, appointments, opening hours and locum cover.
4. **General Practice Administration:** Activities undertaken by the reception and administrative staff within the Practice.
5. **Clinical:** Clinical decisions, advice and treatment provided by a care professional within the Practice.
6. **Other:** Any other issues not covered by the above.

Appendix 3b - 4Cs reporting template (completed as an example)

Complaints, Concerns, Comments and Complements (4Cs)

Quarter X [month *X – month Y: year*]

A description of categories of issues raised is provided below this table.

Complaint Concern Comment or compliment & date (month/year)	**Cat1** Communication/Attitude	**Cat2** Premises	**Cat 3** Practice management	**Cat 4** Practice administration	**Cat5** Clinical	**Cat 6** Other	**Outcome and/or learning**
Compliment 05.2014	Receptionist very helpful						Feedback given to the specific receptionist and best customer focused practice endorsed to all.
Complaint 05.2014	Receptionist 'short' in her manner	Toilet 'smelly' on 2 occasions		Very difficult to get appointment	Dr. helped me to understand what was wrong with me		Cat1 : All reminded of the importance of ensuring that the frustrations of the moment do impact on the patient Cat2 : Cleaning regime revisited with the cleaning supervisor and spot check to be named by practice manager on regular basis for next 2 months Cat 4: Information for patients re making appointments made clearer on the website and in the patient information booklet about the Practice. PPG member will support patients awareness of website information in the surgery.

Example

Complaint Concern Comment or compliment & date (month/year)	**Cat1** Communication/Attitude	**Cat2** Premises	**Cat 3** Practice management	**Cat 4** Practice administration	**Cat5** Clinical	**Cat 6** Other	**Outcome and/or learning**
							Cat 5: The actions taken by the GP were shared as best practice at whole team meetings. This will help improve patient experience in sharing decisions regarding care and treatment
Concern 05 2014		Chair broke when patient sitting on it.					It was noticed that some chairs were also dirty. Therefore all chairs to be reviewed as part of safety and hygiene audit

Example

Description of categories:

1) **Communications / Attitude:** A contact made face to face or by telephone, facsimile, email or website and issues relating to verbal / non-verbal characteristics or content.
2) **Premises:** The physical environment and psychological effect of the site occupied by the practice / service.
3) **Practice / Surgery Management:** Decision made by the Practice Manager about the operation of the Practice / Service e.g. access to individual practitioners, appointments, opening hours and locum cover.
4) **General Practice Administration:** Activities undertaken by the reception and administrative staff within the Practice.
5) **Clinical:** Clinical decisions, advice and treatment provided by a care professional within the Practice.
6) **Other:** Any other issues not covered by the above.

Appendix 4a - Plan for review of Patient / Carer Experience Data in GP Practice

Sources	What source	Frequency of review	When (date)	Who prepares/collates information for review
Local Source	Comments			
	Concerns			
	Complaints			
	Compliments			
	Local Survey or Survey on a service or specific issue			
	Friends and Family Test			
	Other			
Organisation Source	Local Healthwatch			
	Other			
National Source	GP Survey http://www.gp-patient.co.uk/results/	Twice a year		
	Patient Opinion (web based)			
	NHS Choices (web based)			

Example

Appendix 4b - Example of Completed Work Plan: Review of Patient / Carer Experience Data in GP Practice

Sources	What source	Frequency of review	When (date)	Who prepares/collates information for review
Local Source	Comments: – recorded as they arise directly to the receptionist or member of staff and entered on the practice data base / recording template	Monthly	First Monday every month	Practice manager: as part of the patient experience report (on template)
	Concerns :- as above	Monthly (but actioned before)	First Monday	Practice Manager to provide on report template
	Complaints - recorded anonymously on the database using the reporting template	Monthly	First Monday	
	Compliments: as for concerns and comments	Monthly	First Monday	
	Local survey or survey on a service or specific Issue	When completed	When completed	PPG could initiate and collate
	Friends and Family Test	Monthly	Monthly returns required	PPG could help with collation of scores and comments
	Other e.g. local councillor	Quarterly	By arrangement	Depends on nature of information. These could be recorded under concerns /comments
Organisation Source	Local Healthwatch: feedback on the experience of patients and carers about the practice	Quarterly	By arrangement	PPG & or Practice with local Healthwatch
	CQC inspection report	Following CQC Inspection	By arrangement	Practice Manager to circulate to PPG. NB: this may be in confidence if shared before the report is published.
National Source	GP Survey http://www.gp-patient.co.uk/results/	Annually	When published	Practice collates for PPG review
	Patient Opinion (web based)	Quarterly	Quarterly	PPG could review website & collate
	NHS Choices (web based)	Quarterly	Quarterly	PPG member to review website & collate information

Example

Appendix 5 - Patient Participation Group Action Plan Template

Issue	Action	Led by whom	Completion date	Expected outcome / benefit to patients / carers / staff

Communication plan: feedback to patients	Date

Example