Useful Information on Patient Participation Groups (PPGs)

Why Set up a PPG? What’s in it for our Practice?

- PPG can give your practice the edge in this climate of increased competition. With the abolition of GP catchment areas looming, patients might choose practices that are obviously interested in their patients enough to set up a PPG over one which doesn’t offer this.

- Improved communication with patients and staff – better relationships, improved partnerships with patients and clinicians and reception staff

- Improved knowledge of patients on the practice and how it operates can help patients use services appropriately and more efficiently

- Improved access to health information can lead to improved health outcomes e.g. awareness event on diabetes can help reduce the need to call out a GP

- Improved access to sources of support e.g. Expert Patients Programme, local charities

- Patients are good sources of information on how to improve the practice (they offer a unique insight as your customers)

- Having a say in local decisions can help empower patients – feeling part of something tends to increase positive outlook on services

- GPs will have a greater understanding of the community they serve and the wider determinants of health which is obviously important in GP consortia decision making

- It follows the ethos of the Health and Social Bill and White Papers – patients at the centre

- Volunteering (through a PPG) has known health and wellbeing benefits and can lead to further active citizen involvement (Big Society)

- The Care Quality Commission at a practice level ask for evidence that patients are involved in decision making and a PPG is one way of doing this

- Quality Outcomes Framework (QOF) – PPG can help meet QOF targets e.g. increased awareness of importance of blood pressure monitoring via PPG event can increase uptake among patients

- Can lead to cost savings e.g. reduction in DNAs, decreased use of services are patients have more knowledge of services
Patients involved in PPGs can be great ambassadors for the practice –
telling others of the advantages of the practice etc.

Help the practice pilot/test new systems and ideas (for no or little cost)

Improve efficiency through patient feedback e.g. moving check-in screen to
a more accessible location

Some PPGs raise money for optional extras in the practice e.g. new TV in
waiting area or can lobby for funding of improvements/services through
LINks/Local HealthWatch

Can help promote clinics e.g. by publicising flu jab sessions in the foyer
area

**Top Tips** (see *more information* section at the end of this document for
resources)

- Learn from other practices with PPGs – ask them about their experiences
- Use the information available, don’t re-invent the wheel: toolkits, sample
  posters
- Get your staff onboard at an early stage – sell the benefits of PPGs
- Buddy up with an existing PPG
- Contact your local LINk/Local HealthWatch – support, help with promotion
- Set ground rules/terms of reference from the start – be clear about the
  objectives
- Encourage patients to assign roles early on in the PPG development e.g.
  note taker, promotions, events planning, membership
- Spend some time considering recruitment methods: selected invites, using
  LINk/Local Health Watch and other community groups, posters, flyer for all
  new patients, flyer for patients at appointments, clinicians/reception staff
  mention PPG, screen in practice
- Feedback achievements – make sure people know they have made a
difference e.g. You said this xxxx and We did that xxxx
- Set up a PPG notice board in a prominent position
- A good start-up event is to offer “a get to know your practice session” – tour
  of facilities, meeting staff and getting to know what they do. Generally
  people are quite inquisitive and will be interested.

**Information from the British Medical Association**

**Advantages of a successful patient participation group**

Patient participation can benefit both patients and practices. Having a patient
participation group (PPG) creates a connection between the practice and its
patients; allowing open, constructive discussion and analysis of service
provision, and offering an alternative perspective on many of the topics
relevant to general practice.

A PPG is a mechanism which at different times can represent the patient
population to the practice, and the practice to the wider community. PPGs can
help the practice to account for its provision of healthcare through various
mechanisms, e.g. critical analysis, with the outcomes being used to improve
the quality and level of healthcare services and facilities. Further research on the effects of involving patients in the quality and effectiveness of services would be welcome, as little evidence currently exists. Research into the impact of a PPG on the attitudes of practice personnel towards patients would be particularly welcome.

What practices said.... when asked, what is the aim of your PPG?
The most common reasons for setting up a group were:
• to consult and plan with patients whenever possible on the facilities and provision of services
• to bring a sense of ownership and partnership between practice staff and patients
• to give practice staff and patients the opportunity to discuss topics of mutual interest
• to allow patients to make positive suggestions about the practice and their own healthcare
• to develop self-help projects to meet the needs of fellow patients
• to act as a representative group that can be called upon to influence the local provision of health and social care.

Patient participation groups and changes in the NHS
It is imperative that changes to the NHS and healthcare provision in the UK, including the proposed development of primary care centres alongside traditional GP practices, do not have a detrimental effect on patient participation in primary care. Healthcare should be accountable and driven by patient need. Patient participation is particularly important in the event of primary care centres being introduced as continuity of care for patients may be diminished. In addition, PPGs can offer support and reassurance to those practices which will remain in their current form.

The Local Government Association (LGA) recommends that in order to improve patient and public involvement in health, ‘all GP practices be required to have a patient participation group, and these groups should have a close relationship with the local involvement network (LINk)’. It also recommends that in order to be held accountable with respect to practice-based commissioning (PBC), ‘every GP practice and every GP commissioning consortium should be required to set up a patient participation group’. A practice’s PPG can challenge reforms that are not in the best interests of patients and can support the best possible implementation of change within the practice setting, whatever the origin of the change.

Case study
The Firs House Surgery PPG, although only a year old, has already assisted the practice in its discussions with the local PCT. The PPG considered and gave its support to the practice’s plan to appoint a community matron through practice-based commissioning. When the practice put these plans to the PCT, they were able to cite the support of their PPG.

This PPG was also involved in discussing plans for extended opening hours. They expressed concern for health and safety and for the welfare of staff working late, and supported the practice plan to propose concurrent working hours (ie two doctors working late for one and a half hours, rather than one
doctor working for three hours). Again, the practice was able to cite PPG support in its argument for concurrency.

The Patient Experience section of the Quality and Outcomes Framework (QOF) encourages GP practices to undertake an approved patient survey every year, reflect on the results and make proposed changes if appropriate. Further credit can also be gained by discussing the results with a patient group.

**Benefits to practices**

Practices can gain a great deal from having a patient participation group (PPG). In general, PPGs allow direct access to information on the needs and perspectives of their patients. Practices then have the opportunity to tailor services to their patient population making it more responsive and accessible. For example, if a practice is considering whether to provide extended hours, a survey led by the patient group could suggest the hours that would be most used, or whether patients might have different priorities. A PPG can also suggest changes that are important to patients but which the practice may not have thought about.

**Case study**

The PPG at Church View Medical Centre in Silksworth, Sunderland, has been running for 20 years. It is highly valued by the practice as a forum for discussing change. For example, it was involved in the planning and construction of new premises for the practice. The PPG has also helped to reduce the need for urgent home appointments, by providing a service where volunteers drive patients to and from the surgery where the full range of services is available, thus saving valuable doctor time. The group has also been valued for the apparently small but highly meaningful changes it has suggested, such as ensuring that patients attending the practice to use the Relate marriage counsellor were called to their appointment by room number, so that others in the waiting area would not know the reason for their attendance. In the days before disabled access was a widespread priority, the PPG also suggested changes to the premises, such as lowering the reception counter to make it accessible to wheelchair users.

PPGs offer practices an effective way to develop patient confidence and forge a constructive dialogue between the practice and the wider community. This includes enabling patients to understand the implications of proposed changes to services, how change may affect other provisions, and what limitations on resources there may be. Practice populations include a wide range of skills which can be harnessed by a good PPG to the benefit of both the group and the practice. PPGs can be used as a sounding board for ideas before they go out to a wider audience. They are also an excellent way to mobilise and give a voice to the goodwill that practices have in their community.

PPGs can also offer practices a number of practical benefits such as the organisation of meetings on topics of local interest, and appropriate fundraising for the practice to improve patient services, or indeed to contribute to the costs of the group (please note, however, that fundraising can raise ethical and legal issues for the practice, and needs to be planned carefully [Link to legal...])
structures for a PPG). PPGs may also run health promotion events and health education services or establish useful voluntary services.

What practices said... when asked, how does the practice benefit from having a PPG?
Many benefits were given including:

• participate in general discussions regarding patient survey results
• produce a newsletter
• arrange public meetings for major topics, eg new health centre, advanced access
• feedback patient comments and complaints
• improved communication about local topics of interest
• clarify and relay to the wider community information about the practice, eg methods of acquiring repeat prescriptions
• conduct appropriate fundraising activities
• help with the running of patient surveys, flu clinics etc
• run the annual patient satisfaction survey
• organise educational meetings, eg for young parents on infant resuscitation.

Case studies
The PPG at Church View Medical Centre in Silksworth, Sunderland has provided an important bridge between the practice and the community. It has regularly invited speakers from various local services to address the group on their work. GPs at the practice have benefited from this, for example through becoming more aware of the work done by drug and alcohol support workers, who provide help to families affected by drug and alcohol misuse. Speakers have also come from the local benefits agency, the community policing service, Relate and a range of other local voluntary groups which affect health.

The Ash Trees Surgery PPG in Carnforth, Lancashire, organised a tour of the surgery for the group. On the ground floor they visited consulting rooms, nurse treatment rooms, the dispensary and the reception desk, which is equipped with one member of staff and a telephone. Staff then took the PPG upstairs to the main communications room which has eight desks and telephones that staff answer from 8am to 6:30pm, Monday to Friday. PPG members were astounded. They had thought there was only one phone being answered each morning at reception and had not realised there were eight more upstairs. This dispelled their concerns over telephone access, as they realised the practice was doing its best to answer as many calls as possible in the morning rush hour. Practice staff made it clear they were hoping to improve the system further but the PPG members were reassured by what they saw and the exercise helped the PPG and the practice to work more closely together.

Benefits to patients
Patient participation groups (PPGs) allow interested patients to be actively involved in the running of their practice. This not only helps them to understand the healthcare service, but lets them voice their opinions, and those of the wider patient community, on topics such as service provision and local community matters. Benefits may include the suggestion and introduction of new services and improvements to the practice. PPGs should not feel
restricted to very local issues, however, but should feel free to comment on regional and national developments in healthcare provision as well.

**What practices said... when asked, how does the practice benefit from having a PPG?**
Many benefits were identified, including:
• changes to the practice to improve its accessibility
• remote controlled doors
• special couches for disabled people
• provision of a bike rack
• a uniform approach to answering the telephone
• changes to make the practice more welcoming
• music in the waiting room
• ensuring magazines are up to date and cover a wide range of topics
• water cooler
• raising patient awareness to concerns within the wider community
• primary healthcare reforms
• the length of consultations.

**Case study**
Elliot Hall Medical Centre PPG offers support activities to carers, as well as a transport service, and monthly tea parties for isolated patients. Members of the PPG also help to look after the practice library and website. Further information about this case study can be found in the NAPP report 'Moving beyond them and us'.

**Benefits to the community**
The community also benefits from the work of a good patient participation group (PPG). PPGs allow local people the chance to interact more effectively with the practice, making the services more responsive to the community. PPGs can suggest simple innovations such as starting a practice newsletter or bulletin board, which can greatly improve communication between surgery staff and local people. Improved communication with the community can be particularly valuable in areas with a diverse population as there are likely to be more diverse healthcare needs which need to be addressed.

A PPG can bring a community dimension to the governance of a practice, and provide an independent view of four key areas of governance: fairness, access, equity and impact.

**Case study**
The PPG of the Spence Practice in Bristol helped the practice move ahead in its plans to expand its premises by building a health centre and library. When a small but vociferous group of protesters objected to plans and campaigned against them, the PPG encouraged patients to show their support for the proposed new health facilities by writing or talking to local councillors. The health centre planning application was accepted (after a struggle) and the PPG is looking forward to being involved with the building of the new facilities and services, which will benefit the whole community.
Information from Lewisham PCT

Positive Outcomes of Patient Participation Groups
• Carrying out surveys into a whole variety of subjects e.g. health needs/expectations & major cause of ill-health in a particular area.
• To explore the changing needs of patients
• Improving Services provided by the Surgery
• Measure patient satisfaction
• Gather ideas for improvements or modifications needed for the delivery of services
• Discussions at meetings
Offering support to other patients, including:
• Bereavement support
• Carers group
• Hospital visiting
• Shopping and support for housebound patients
• Home visits for the isolated
Improving facilities at surgery
• Fundraising for new furniture, toys or decorating
• Keeping the plants or gardens of the surgery maintained
• General environmental improvements

Providing social activities for patients
• Trips and holidays for the elderly
• Exercise classes
• Walking for health group
• Creating babysitting circles
• Voluntary/honorary grand parenting

Providing Information
• Organising a health fair
• Offering handouts and support on special days e.g. National No Smoking Day
• Individual patients as teachers and expert patients with long term illnesses to newly diagnosed e.g. Diabetics etc
• Producing patient newsletters for the practice
• Ensuring that patient information and advice is as user friendly as possible
Representing your practice locally and nationally when patient voices are Needed

Arranging special health events
• Training in basic first aid for patients
• Training new parents to distinguish when to call for medical assistance and when to self treat
• Awareness around particular illnesses e.g. breast cancer
• Awareness for particular cultural groups around issues that relate to them more specifically

Potential Problems
Whilst these points cannot be overlooked, they are all things that can be overcome if handled in the right way if the practice takes advantage of help that is offered to them when setting up a group.
1. Practices fear that the group becomes exclusive and that it is not
representative of the general make up of the patient population.  

2. Patients think that by joining such a group they will experience better service from the doctors, nurses, and practice generally.

3. Fear that patients will see a PPG as a forum for airing any moans they may have to.

4. Fear that the GP will spend a lot of time answering personal queries or complaints rather than achieve anything positive for the practice

**Promotion and Recruitment of Patient Group**

The most obvious channels for promotion are:-

- On surgery notice boards
- At surgery User Groups e.g. baby clinic
- By word of mouth
- Through leaflets/handouts at Reception
- Through leaflets in Repeat prescriptions
- Practice Newsletters
- Approaching people directly
- Ensure membership is ongoing to make up for members who leave

**Planning agenda items and group objectives**

Having a focus for the group is very important as it maintains interest and gives the group a clear aim. Agenda items should take into account the views of Practice staff and patients. This is more likely to ensure that GP’s and Practice staff view the group in a positive as opposed to a threatening way.

- Feedback from surveys with patients, suggestion boxes, practice staff and patients. This ensures the interests of all parties are met.
- Up-to-date information provided about the practice
- See the attached tool “planning agenda and focusing activities of group” This may be helpful in prioritising groups activities
- Group objectives should be drawn up which are realistic and achievable

**Committee**

The classic tried and tested set up of a group committee consists of

- An elected chairperson – who manages the meetings
- An elected Secretary – responsible for taking minutes, general Admin
- An elected Treasurer – responsible for taking care of funds and finances

**Sharing the Work**

Although in order for a group to be successful at least a couple of members need to be very committed, it is important that all the work does not fall on the hands of one person. In such cases, the group is likely to run into difficulties if this key player leaves.

- Establish roles and responsibilities and review these regularly
- Look into training for members so that they can develop their skills and play a more active role e.g. chairing meetings, fundraising.
- Use a rota system e.g. for taking minutes.

**Communication Channels**

Within the group

Patient groups tend to operate most effectively if representatives from the practice as well as patients are present. This ideally means a GP and practice Staff. This allows up to date information to be given to patients and will inform
what decisions can be influenced and what cannot. It will also allow the practice staff to gain an understanding from the patient’s perspective. It may also be useful for the chair to have meetings with the Practice Manager on a regular basis or attend management meetings of the practice. This ensures that two way communication is achieved.

**Feeding Back**
Group activities should be fed back to all practice staff and to the rest of the patient population. This will ensure that everyone is aware of the activities of the group and may increase involvement and interest.

**Ground Rules**
These are important as a point of reference if a difficult situation arises. Some ground rules to consider could include:
- Group should not be seen as a complaint gatherer
- Patient Confidentiality
- Everyone’s view is as valid as another
- Racism and discrimination will not be tolerated
- You may also wish to decide how often the group meets at this point

**Funding Issues**
It is inevitable that the group will incur some costs. These may either be minimal running costs for admin etc, or the greater costs of funding some of the more ambitious objectives e.g. a wheelchair for the practice.
Some funding ideas are listed below:
- Membership Fee
- Fundraising at community events
- Coffee mornings
- Jumble Sales
- Raffles
- Quiz nights
- Applying for small grants

Things that can’t be avoided
It is unlikely that the group membership will have representatives all of sections of the population due to people’s different priorities and time commitments. However, the group itself can focus on involving the wider population.
- The times of meetings will never be suitable for everyone
- Any group takes work and commitment of members

**The Main Reasons Groups fail**
- Lack of focus
- Poor planning
- Poor communication to and from the group
- Hostility between group and Practice or vice versa
- Relying to heavily on one or two people
- Poor Ground rules

Remember – Although Patient Groups can be very successful if time and commitment are given and thought is put into the planning process, they are not the only, or necessarily the best way of involving patients. Other alternatives to a patient group may include a Patient Panel whereby members of the patient population agree to be consulted on a variety of issues.
More Information
Your Local Involvement Network (health and social care watchdog) for Brighton and Hove is B&H LInk:
Freepost RSGY-UXAC-ZZZG
Brighton & Hove Local Involvement Network
BRIGHTON
BN1 4GQ
E. info@bhlink.org
T. 01273 810 235
www.bhlink.org
Facebook: Brighton and Hove LINk
Twitter: http://twitter.com/BHLINK
Claire Stevens: claire@cvsectorforum.org.uk

www.napp.org.uk
www.growingppgs.com
Type in your search engine: “patient participation group” to see examples of practices running groups – ask them to talk at your PPG or learn from their experiences (positive and negative so you can avoid some of the pitfalls)
http://www.practicemanagement.org.uk/setting-up-a-patient-participation-group
Sample flyer: http://www.warrington-pct.nhs.uk/publicinfo/ppgevents.html
Virtual PPGs: http://tinyurl.com/6h6u5tb
Sample leaflet: http://johnkelso.co.uk/files/ppg_leaflet.html
Community Voices – Developing Virtual Patient Participation

Background
This summary provides key highlights from a project that enabled 4 practices to set up and communicate to a virtual patient group of up to 100 patients, simply and effectively.

This work was undertaken as part of the Responsive Practice workstream which concluded in March 2010. As part of that work we listened to PPGs and practices to try to understand how we could get more PPGs established and how those PPGs could be more effective.

These conversations highlighted two key problems:
1. For those practices without a PPG – the setting up of a PPG was seen as time consuming and difficult to recruit to.
2. The majority of PPGs found it very difficult to form a group that was representative of their practice population.

We wanted to test out the hypothesis that a virtual group could be easy to recruit to and more representative of their practice population.

Getting started
A simple support pack was developed to help practices get started. Specialist support was provided by phone and email. Practices used the support pack to recruit patients to an email group and then used a simple online survey tool Survey Monkey to communicate with that group.

We worked with 4 practices. All the practice managers had heard of Survey Monkey but had not used it before. Questions were developed that reflected what the practice wanted to find out about eg “Are you aware we have introduced a new telephone line specially for ordering prescriptions?” and direct, “If you contacted the practice by telephone was the phone answered quickly?” Each practice developed their own questions.

Providing support
During the pilot we provided a small amount of virtual support, by telephone or email. Practice managers overcame the challenge of getting and keeping colleagues on board by being able to show the simplicity and good value for the time spent in creating a cohort of up to 100 patients to test ideas and changes.

“My staff are super at my own surgery and indeed they had no problem in recruiting over 100 patients to our group. We stopped at 100 but we could have easily got more. I think if this proves successful then we may add it to our new patient registration forms.”

Keeping and recording information and data
A common concern for all practices was the potential for problems with a database that was created by anything other than the live clinical record. One practice said, “Unless we record this in the main clinical record we run the risk of always having to maintain the group which in itself would be a time consuming burden”. Each practice was able to overcome in its own way, eg by
recording a specific read code for those patients that had given permission to be contacted.

**Recruitment**
One practice recruited 50, another 73 and the other two 100 people. Each practice approached the task in a different way depending on local resources and time. One practice recruited 100 people in two days. The first ‘pilot’ survey went out to the group on the same day they were recruited! Other practices took varying approaches and timescales varied from 1 week to 6 weeks to recruit the virtual group members.

The vast majority of people invited to join the groups who had an email address responded positively. By ensuring recruitment happens across all time periods eg across a whole day and a whole week, it can support the achievement of a more representative sample. Asking all new patients who register if they would like to join is an ideal way to achieve greater representativeness of the group over time.

**Communicating with the group**
All practices found the task of recruitment and running a short survey easier than they had anticipated. Continuing to use the groups and seeing them as more than an ‘e-survey’ panel will be key. Each group can form an essential part of the practices relationship with patients and be used to assess their view on how services are commissioned, planned and developed.

Each of the practices enjoyed using Survey Monkey, finding it a quick and easy to master solution. Survey Monkey is free, this enabled practices to ‘have a go’ with no pressure to commit resources. One practice said, ‘It was excellent, will use it again and again and tell others’.

The response rate from virtual group members was 40%, which is generally regarded a good response. All practices intend to use the groups again examples include: targeting groups of patients with long term conditions to understand how they see services, developing the group for long term use to build into an effective patient participation group, using the approach for all the practices in their PBC consortia to improve how they can communicate across the practices and to gather information to inform commissioning.

“I am absolutely thrilled that having had no-one come forward to join our patient participation group that was advertised on the web, that so many patients signed up. This will lead to a much more representative selection of patients”.

**Commissioning Consortia**
The roll out of a model such as this will enable all practices to more easily communicate with their patients and obtain some representative views on their services. It is easy to visualize each practice having its’ own virtual group that can be used by the consortia to consult on commissioning decisions, and with such a large number of patients involved the consortia could start to consult specific patient groups eg Diabetic patients, elderly patients or groups that are usually absent from PPGs, like teenagers.
Going from no formal or established mechanism for engagement to having direct contact with up to 100 patients from each practice ‘from nothing to something’ is a real first step. This has shown to be a cost efficient solution that was implemented with limited support.

If you would like to take this forward for your practice or consortia use the ‘Getting Started Guide’ below which provides the information you require. The practice managers who were involved are happy to be contacted by email and their contact details are:

vanessa.young@nhs.net
geraldine.taggart-jeewa@nhs.net
lindsay.coleman@nhs.net
elizabeth.mather@gp-a85026.nhs.uk

This work was commissioned by the Department of Health and delivered by: Jessie Cunnett from Patient and Public Involvement Solutions who can be contacted on; Jessie@patientpublicinvolvement.com

If you have any other questions or would like to discuss this further it may be worth speaking to your Public and Patient Engagement Lead (PPE Lead) at your PCT or contact me directly; mike.warburton@dh.gsi.gov.uk
Creating a Virtual PPG- Getting Started Guide

E-mail is a great way to carry out simple surveys, and get feedback from patients. This starter pack sets out a few simple tools that may help you to create an email Patient Participation contact list.

The pack has been developed with patients, staff and patient group representatives. We have kept it deliberately simple and ‘low-tech’ in the hope that it provides a range of quick and easy ways to create a list of patients willing to help practices by giving their views.

Your practice may or may not have a patient participation group (PPG). If it does have a PPG it may be best to use the group as the main point of contact. If you do not have a patient participation group creating the email contact list may be a good starting point.

Survey Monkey is very simple and has excellent guidance on how to set up a survey. Once you are clear about your survey questions it takes just minutes to set up. Find it at SurveyMonkey.com

Contents

1. Common Patient Questions and Answers
2. Sample Contact Form
3. Developing your survey
4. Script for patient group members to use
5. Script for staff in practices with a patient group
6. Script for staff in practices with no patient group
7. Suggested wording for an LED display
8. Suggested leaflet/flyer content
9. Suggested poster content
Questions and Answers

Q Why are you asking people for their contact details?
A We would like to be able to contact people occasionally to ask them questions about the surgery and how well we are doing to identify areas for improvement?

Q Will my doctor see this information?
A This information is purely to contact patients to ask them questions about the surgery, how well we are doing and ensure changes that are being made are patient focussed. If your doctor is responsible for making some of the changes in the surgery they might see general feedback from patients.

Q Will the questions you ask me be medical or personal?
A We will only ask general questions about the practice, such as short questionnaires.

Q Who else will be able to access my contact details?
A Your contact details will be kept safely and securely and will only be used for this purpose and will not be shared with anyone else.

Q How often will you contact me?
A Not very often… [insert how often you plan to contact patients]

Q What is a patient group/patient participation group?
A This is a group of volunteer patients who are involved in making sure the surgery provides the services its patients need.

Q Do I have to leave my contact details?
A No, but if you change your mind, please let us know.

Q What if I no longer wish to be on the contact list or I leave the surgery?
A We will ask you to let us know by email if you do not wish to receive further messages
2 Contact Form

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to Reception, a Patient Group representative or post in the ‘secure box’.

Name:
Email address:
Postcode:

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you? Male □ Female □

Age:     Under 16 □ 17 - 24 □
          25 – 34 □ 35 – 44 □
          45 – 54 □ 55 – 64 □
          65 – 74 □ 75 - 84 □
          Over 84 □

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White
British Group □ Irish □

Mixed
White & Black Caribbean □ White & Black □ White & Asian □

Asian or Asian British
Indian □ Pakistani □ Bangladeshi □

Black or Black British
Caribbean □ African □

Chinese or other ethnic
Chinese □ Any Other □

How would you describe how often you come to the practice?

Regularly □
Occasionally □
Very rarely □

Thank you.
Please note that no medical information or questions will be responded to

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.
3 Developing your survey:

An important goal as a survey author is to construct clear, direct questions and answers using the language that survey participants will understand. Whilst 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**
   a. Avoid leading questions, e.g. “We have recently upgraded SurveyMonkey’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 SurveyMonkey?”
   b. Avoid loaded questions
   c. Avoid built-in assumptions about things the respondent may or may not know about

3. **Be simple**
   a. Avoid jargon
   b. Avoid using extremes such as ‘never’, ‘always’ or ‘only’

4. **Be specific**
   a. Avoid asking things that are too general, too complex or undefined

Question types
The question type determines the type of information collected:
1. **Open-ended** - where respondent has free text to write what they want.
   a. *Pro’s;* good to use when asking for attitude or feelings, likes and dislikes, memory recall, opinions
   b. *Con’s;* some respondents don’t find it easy and so put ‘I don’t know’, it can take the respondent longer to fill in and can take you longer to analyse

2. **Close-ended** - where respondents answer ‘yes’ or ‘no’, or from multiple choice list.

3. **Ranked** - where respondents rank what is most/least important, on a scale from 1-5.
   a. 1-5 is thought to be the right number of options (i.e. no more)
   b. Generally, you would have 2 negative, 2 positive and a neutral, to make it balanced
c. 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.

4. **Rating** - is a popular way of collecting subjective data where you want to measure the ideas of a respondent (*e.g.* opinions, knowledge, or feelings). There are 2 types;

   a. Create a statement and ask respondents to rate how they feel about it, *e.g.* *Strongly disagree/Disagree/Neutral etc.*

   b. Provide respondents with a scale, *e.g.* from ‘Improved’ to ‘Not improved’ and ask them to rate their opinion on this scale.

**Encouraging respondents to complete the survey**

1. Asking people to participate in advance can boost response numbers

2. Have an introduction that briefly explains what the survey is about. Within the introduction, you may want to include:

   a. the name of the organisation conducting the survey,
   b. the confidentiality information,
   c. how the data collected will be used
   d. how long it will take to complete

3. Make the first couple of questions easy and quick

4. Thank respondents for completing your survey

5. Pilot your survey to make sure the questions make sense and that you get the information you are looking for.

*DN Further information on developing effective questionnaires can be found at: a few examples here- eg Picker /Dr Foster and W: [www.patientpublicinvolvement.com](http://www.patientpublicinvolvement.com)*

4 **Script for Patient Group Members**

Hello,

I am a member of a patient group (*name of group*). We want to ensure that the views of patients are fed in to the practice regarding the services they deliver and any changes or new services that are being considered.

To do this we are compiling a contact list of email addresses so that we can contact you by email every now and again to ask you a question or two.

Are you interested in giving your views?

Please provide your contact details on this form; we will only use information to contact you and will keep your details safely.
5 Script for Reception and Other Staff in Practices with a Patient Participation Group

Hello,
Our Patient Participation Group *(name)* is encouraging patients to give their views about how the practice is doing. They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their email addresses so that they can contact you by email every now and again to ask you a question or two.
Are you interested in leaving your email contact details?
If you could fill in this quick form and hand it back to reception (or provide your details over the phone to me) we will pass the details to the Patient Participation Group.
Your contact details will only be used for this purpose and will be kept
6 Script for reception and other staff in practices without a Patient Participation Group

Hello,
We are encouraging patients to give their views about how the practice is doing. We would like to be able to find out the opinions of as many patients as possible and are asking if people would like to provide their email addresses so we can contact you by email every now and again to ask you a question or two.
Are you interested in leaving your email details?
If you could fill in this quick form and hand it back to reception (or provide your details over the phone to me) we will add your email address to a contact list.
Your contact details will only be used for this purpose and will be kept safely.

7 Suggested wording for the LED display – Copies of the contact form should be available at reception with the option of a secure box to drop them into

THE PATIENT GROUP [INSERT NAME] NEEDS YOUR VIEWS! PLEASE ADD YOUR EMAIL TO THE FORM AT RECEPTION TO JOIN OUR CONTACT LIST.
This information could also be added to prescriptions.

8 Suggested leaflet/flyer content

Would you like to have a say about the services provided at [insert name of practice]?
The [insert name of patients group or name of surgery] would like to hear your views.
By providing your email details we can add them to a contact list that will mean we can contact you by email every now and again to ask you a question or two.
Fill in the details on the reverse side of this leaflet and hand it back to reception or post it into the secure box and we will add your email address to a contact list.

9 Suggested Poster Content

Would you like to have a say about the services provided at [insert name of practice]?
The [insert name of patients group or name of surgery] would like to hear your views.
By leaving your email details we can contact you every now and again to ask you a question or two.
Contact forms are available from reception and on the back of the leaflets that are available in the waiting area.