

Creating a PPG – getting started guide

Introduction

The 'getting started guide' has been developed to support practices in setting up virtual PPGs; it contains a few simple tools that practices can use at the various stages of setting up a PPG. It should be noted that a virtual PPG may not be appropriate for capturing views from all sections of the practice population and other forms of communication should also be considered for engaging with seldom heard groups of patients and carers.

The DH commissioned the development of this guide in consultation with patients, staff and patient group representatives. It is 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. Email is a fast and effective way to carry out simple surveys to get feedback from patients.

Your practice may or may not already have in place a 'real' PPG which meets face-to-face. If it does, it may be simplest to use the 'real' PPG as the main point of email contact. If you do not already have a 'real' PPG, creating an email contact list is a good starting point.

Content of the guide

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Common patient questions and answers

Why are you asking patients for their contact details?

We would like to be able to contact patients and carers occasionally to ask them questions about the practice and how well we are doing to identify areas for improvement.

Will my doctor see this information?

This information is purely to contact patients to ask them questions about the

practice, how well we are doing and ensure changes that are being made are patient focused. If your doctor is responsible for making some of the changes in the practice they might see general feedback from patients.

[Will the questions you ask me be medical or personal?](#)

We will only ask general questions about the practice, such as short questionnaires.

[Who else will be able to access my contact details?](#)

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.

[How often will you contact me?](#)

Not very often... [Insert how often you plan to contact patients]

[What is a patient group/patient participation group?](#)

This is a group of volunteer patients who are involved in making sure the practice provides the services its patients need.

[Do I have to leave my contact details?](#)

No, but if you change your mind, please let us know.

[What if I no longer wish to be on the contact list or if I leave the practice?](#)

We will ask you to let us know by email if you do not wish to receive further messages.

Sample contact form

If you are happy for us to contact you periodically by email please complete your details below and hand this form back to either 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 registered at this practice.

Are you? Male Female

Age: Group	Under 16	<input type="checkbox"/>	17–24	<input type="checkbox"/>
	25–34	<input type="checkbox"/>	35–44	<input type="checkbox"/>
	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"/>		

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

White								
British group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish traveller	<input type="checkbox"/>	Other white	<input type="checkbox"/>	
Mixed								
White & black Caribbean	<input type="checkbox"/>	White & black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other mixed	<input type="checkbox"/>	
Asian or Asian British								
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Asian <input type="checkbox"/>
Black or black British								
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other black	<input type="checkbox"/>			
Other ethnic group								
Arab	<input type="checkbox"/>	Any other	<input type="checkbox"/>		<input type="checkbox"/>			

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

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>

Very rarely	<input type="checkbox"/>
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Thank you.

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

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.

Developing a survey

Practices are no longer required to carry out a local survey as part of this ES, but if you wish to do so there are a number of online survey tools available which are simple to use and have clear instructions on how to set up a survey. Once you have finalised your survey questions it takes just minutes to set up the survey online.

Some free survey tools are set out below:

- Survey Monkey. Mart survey design.
<http://s3.amazonaws.com/SurveyMonkeyFiles/SmartSurvey.pdf>
- Kwik surveys. <http://kwiksurveys.com/>
- eSurveys pro. www.esurveyspro.com
- Smart survey. www.smartsurvey.co.uk

Script for patient group members

Hello, I am a member of a patient group *[insert name of group]*. We want to ensure that the views of patients and carers are being fed into 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.

Script for staff in practices with a PPG

Hello, Our Patient Participation Group *[insert name of group]* 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 your details to the Patient Participation Group.

Your contact details will only be used for this purpose and will be kept safely.

Suggested wording for an LED display

THE PATIENT PARTICIPATION GROUP *[INSERT NAME OF GROUP]* 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.

Copies of the contact form should be available at reception with the option to drop them into a secure box.

Suggested leaflet content

Would you like to have a say about the services provided at *[insert name of practice]*?

The *[insert name of group or 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.

Suggested poster content

Would you like to have a say about the services provided at *[insert name of practice]*?

The *[insert name of group or practice]* would like to hear your views.

By leaving your email details we can contact you every now and again to ask you a few questions.

Contact forms are available in the waiting area.