

Patient participation directed enhanced service (DES) for GMS contract

Guidance and audit requirements for 2011/12 - 2012/13

April 2011



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Patient Participation Directed Enhanced Service (DES): guidance and audit requirements for 2011/12 – 2012/13

Introduction

This document provides primary care trusts (PCTs) and practices with information to support implementation of the Patient Participation Directed Enhanced Service (DES). It is a two-year DES which is effective from 1 April 2011 until 31 March 2013. The DES applies to England only.

This guidance should be read in conjunction with the Primary Medical Services (Directed Enhanced Services) (England) Directions 2011 (the DES Directions)¹ and the Statement of Financial Entitlements (SFE).²

Indicators relating to access are no longer included in the Quality and Outcomes Framework (QOF). However, it is expected that the quality of access currently provided by the practice in respect of obtaining an appointment within two working days and the ability to book ahead should be maintained unless there is clear evidence to support a change.

Key objectives

The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice. It aims to encourage and reward practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services. The DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local practice survey. The outcomes of the engagement and the views of patients are to be published on the practice website.

One aspect that practices may wish to focus on is excellent access into the practice, and also from the practice to other services in its role as coordinator of care, facilitating access to other health and social care providers.

Access has many dimensions; the relative importance of these will vary according to the specific needs of the registered population. These dimensions include:

- lists being open to all
- hours of opening with the ability to be seen urgently when clinically necessary, as well as the ability to book ahead
- continuity of care
- range of skills available – access to different professionals
- a choice of modes of contact which currently includes face-to-face, phone and electronic contact but can be developed further as technology allows
- geographical access, enabling care as close to home as possible.

¹ www.dh.gov.uk/en/Healthcare/Primarycare/PMC/Enhanced/index.htm

² www.dh.gov.uk/en/Healthcare/Primarycare/PMC/contractingroutes/DH_4133079

Access must be flexible enough to meet the varying needs of individuals and requires sufficient capacity to meet the population's needs. Details of access arrangements (including opening hours) should be made widely available to the population to enable patients to exercise choice.

Qualifying practices will establish a Patient Reference Group (PRG). This may be a formal Patient Participation Group (PPG) or a similar group that is representative of the practice population, which would feed in its views alongside the findings from the surveys and agree with the practice the priority areas for possible change. This would result in an action plan to be agreed between the practice and the PRG.

Practices taking part in this DES will also carry out a properly constituted survey of a sample of the practice's patients looking at a broad range of areas which could include convenience of access (opening times, ability to book ahead, ability to be seen quickly, telephone answering), patients' experience of the treatment and service they receive, the physical environment in the surgery and other issues specific to each practice.

Implementing the Patient Participation Directed Enhanced Service under the DES Directions

There are a number of key steps (mainly annual) to this two-year DES:

- Step 1: Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. a PRG
- Step 2: Agree areas of priority with the PRG
- Step 3: Collate patient views through the use of survey
- Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services
- Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes
- Step 6: Publicise actions taken and subsequent achievement

More details on these steps are set out below.

Step 1: Develop a Patient Reference Group (PRG)

The practice must develop a properly constituted structure that both reflects and gains the views of its registered patients and enables the practice to obtain feedback from a cross section of the practice population which is as representative as possible.

Traditionally practices have developed a PPG through volunteers and regular meetings. Recently some practices have developed a virtual PPG (vPPG), an email community that they consult on a regular basis but which does not have regular face to face meetings. The practice should develop its PRG in the most appropriate way to most effectively reach the broadest cross section of its community. This may be a virtual or a face-to-face group or a combination of the two.

Whichever approach is adopted by the practice, there must be a structure or process in place for regularly engaging with a representative sample of the population. Using a strict definition, no PRG will ever be truly representative. Many practices have incredibly diverse patient populations and all have patients of different ages and with a wide variety of different needs. Practices participating in this DES must strive to gain feedback from a representative cross section of the practice population. Practices should be able to outline the steps they have taken to do this and demonstrate that they have made an effort to engage with any underrepresented groups.

To do this the practice needs to have an understanding of its practice profile, beyond just age and sex, which could include social factors such as working patterns of patients, levels of unemployment, number of carers, black and minority ethnic groups. Local Involvement Networks (LINks), Local HealthWatch and voluntary organisations may be able to support practices engage with marginalised or vulnerable groups, such as elderly patients or patients with learning disabilities.

Where a practice has been unable to encourage participation by a certain patient group, it must demonstrate what steps have been taken to try and engage that group.

The practice will only qualify for any payment under this DES if it is able to clearly demonstrate that it has established a PRG comprising only of registered patients and used its best endeavours to ensure that the PRG is representative of its registered patients.

There are steps that practices can take to ensure patient representation groups are as representative as possible. The starting point is to use the age and sex make up of their registered list. Practices should be collecting ethnicity routinely in order to be able to demonstrate that they meet the health needs of their registered population. It is important that the ethnic make up of the practice is reflected in the representative group, as far as possible. The practice team will also have local knowledge of specific care groups that the practice caters for, for instance it may look after a number of nursing homes, or a learning disability community, or it may have a high number of drug users. The practice should try to ensure that specific care groups are reflected in the representative group wherever possible. Practices should set up a PRG of a reasonable size which is representative of the practice population.

Practices should particularly ensure that they comply with the Equality Act when developing a PRG. Information on compliance can be found on the Equality and Human Rights Commission website³, in the Government Equalities Office guide⁴ and on the Advisory, Conciliation and Arbitration Service website.⁵

To engage patients, practices may find it useful to learn from the work the National Association of Patient Participation (NAPP) has done in developing PRGs. Best practice case studies and other resources can be found on the NAPP website.⁶ There is also a recent study available to registered practice managers on the Practice Management Network website.⁷

While advertising in the surgery and in the practice leaflet will help, asking patients personally to join a group (virtual or otherwise) has been shown to be very effective. Asking new patients at the point of registration as well as at routine surgery visits also helps to reach those people who attend infrequently. This can be done either at reception or at the end of a consultation by simply handing a leaflet to patients. For more information and tools on establishing a PRG see the Getting Started Guide at the Annex.

³ www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance

⁴ www.equalities.gov.uk/staimm6geo/pdf/401727_GEO_EqualityLaw_PublicSector_acc.pdf

⁵ www.acas.org.uk

⁶ www.napp.org.uk/resources/sample-questions

⁷ www.practicemanagement.org.uk/Community-Voices-ReportandGuide

Step 2: Agree areas of priority with the PRG

The PRG and the practice will shape the areas covered by the local practice survey.

The areas covered in the local practice survey will, therefore, be agreed jointly based on key inputs, including the identification of:

- patients' priorities and issues
- practice priorities and issues including themes from complaints
- planned practice changes
- Care Quality Commission (CQC) related issues
- National GP patient survey issues.

It may be that a standard way or proforma of asking patients about their priorities is developed and agreed between the practice and the PPG. For example (and the words can be amended to suit the local circumstances of the practice):

We are planning our next annual survey and to ensure that we ask the right questions, we would like to know what you think should be our key priorities when it comes to looking at the services we provide to you and others in the practice.

What do you think are the most important issues on which we should consult our patients? For example, which of the following do you think we should focus on:

Clinical care
Getting an appointment
Reception issues
Opening times
Parking and so on

Step 3: Collate patient views through the use of a survey

The practice must undertake a local practice survey at least once a year. The number of questions asked in the local practice survey will be a matter for the practice and its PRG to agree. Questions should be based on the priorities identified by the PRG and the practice.

Questions can be taken from existing validated patient surveys subject to the necessary copyright permissions, or be developed locally. A list of questions compiled from existing validated surveys is available on the NAPP website.⁸ Practices may find it useful to draw on these questions when creating their survey.

Guidance on conducting effective surveys can be found at:

- <http://s3.amazonaws.com/SurveyMonkeyFiles/SmartSurvey.pdf>
- <http://www.surveysystem.com/sdesign.htm>
- <http://www.knowhownonprofit.org/how-to/how-to-design-and-use-free-online-surveys>

Practices may choose to collate and analyse the results themselves or to outsource this work.

⁸ www.napp.org.uk

Historically, the majority of practices have made use of two nationally recognised survey tools – the General Practice Assessment Questionnaire⁹ and the Improving Practice Questionnaire.¹⁰ However, this DES is not prescriptive in mandating who general practice might choose to support their local practice survey. Selection of the provider organisation that could operate and analyse the survey is a decision for the practice, or the practice may decide to do this itself.

Neither is the DES prescriptive on the methodology used to carry out the survey or the number of questions or areas covered. The local practice survey questions can be asked by paper or electronically, in the surgery or by mail depending on what is considered the best way locally to canvas the particular population.

It is the responsibility of the practice to demonstrate to its PRG that the proposed survey or methodology it chooses as the vehicle for undertaking the local practice survey is credible. Criteria for assessing credibility include an assessment by the practice that the processes used for sampling and analysing are sufficient to provide “the reasonable person” with confidence that the reported outcomes are valid.

This assessment and other evidence supporting the credibility of the survey process should be included in the report of the practice results.

Simple guidance on writing effective and valid questions and support information in using online survey tools is provided in the Getting Started Guide at the Annex.

When the survey is complete the practice should inform the PRG of the findings.

Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services

Practices should respond to the outputs of the latest local practice survey by providing the PRG with an opportunity to comment on and discuss the findings of the survey, along with other relevant information. Other relevant information may include themes from complaints received by the practice or CQC feedback if and when available.

If the local practice survey points to the desire for significant change in a service or services provided, or in the way in which services are delivered, the practice must, before it makes the change, seek the agreement of its PRG to any proposals it makes. Where a practice proposes any significant change to a service or services they provide to which PRG agreement has not been obtained, the practice must obtain the agreement of its local PCT (or similar body to which the power to agree such change may have been delegated by the PCT) to its proposals. Significant change would include a change in opening hours. Changes which impact on contractual arrangements also need to be agreed with the PCT.

Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes

Following the discussions in Step 4, an action plan will be agreed with the PRG. The practice should then seek the agreement of the PRG in implementing the changes and where necessary inform the PCT. Steps 4 and 5 could take place at the same meeting, at separate meetings via an email group, or a combination of these or other methods.

⁹ www.gpaq.info

¹⁰ www.cfepsurveys.co.uk/

Step 6: Publicise actions taken – and subsequent achievement

Practices must publish a Local Patient Participation Report on their website. As a minimum this must include:

- a. a description of the profile of the members of the PRG
- b. the steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category
- c. details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey
- d. the manner in which the contractor sought to obtain the views of its registered patients
- e. details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan
- f. details of the action plan setting out how the finding 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
- g. a summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey
- h. details of the action which the contractor,
 - i. and, if relevant, the PCT, intend 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
 - ii. where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report
- i. the opening hours of the practice premises and the method of obtaining access to services throughout the core hours
- j. where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

A copy of this report must also be supplied to the PCT.

Information on opening hours and progress on the key actions identified with the PRG, should be updated as needed in the practice leaflet and on the practice website. Where a practice does not already have a website, one must be set up. The guidance document *Improving access, responding to patients: A 'how-to' guide for GP practices*¹¹ has a section on 'Why and how to create a website' which practices might find useful.

Practices may wish to ensure that the following are made aware that the report is available (and where):

- the PRG
- those who answered the survey
- the wider practice population
- consortia and consortia practices (when in place)
- local HealthWatch (which might facilitate effective working between the LH and the PRG)
- CQC - at the time of inspections/registration.

Publication of the results and practice opening times might include:

- a visible poster within the waiting room area
- NHS Choices website (if available)
- summary results sent electronically to the PRG.

The information on actions taken and subsequent achievement should be directly linked to the feedback from patients.

E.g. You said.....We didThe outcome was.....

Where there is ongoing disagreement with the PRG on proposed actions, this must be publicly highlighted with the practice's rationale for deviating from the suggested plan.

Frequency and sample size

Practices can either choose to repeat this six-step process at a minimum of every 12 months with an appropriate sample of their practice population or demonstrate that they have undertaken an equivalent ongoing engagement with a smaller number of patients more frequently. An appropriate sample size should be discussed and agreed with the PRG and should be methodologically appropriate for the survey being used. Equivalent ongoing engagement with a smaller number of patients would also allow the use of real-time feedback – as mentioned in the white paper. For more information see *A best practice guide to using real-time patient feedback*.¹²

¹¹

www.practicemanagement.org.uk/uploads/access_guide/090702_improving_access_responding_to_patients_final.pdf

¹² www.practicemanagement.org.uk/uploads/best_practice_guide_to_using_real-time_patient_feedback_final_version_august_2010.pdf

Validation and payment

The practice will receive an overall payment of £1.10 per registered patient based on its achievement of the various steps as follows:

DES component	Weighting of payment – year one	Weighting of payment – year two
1. Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative	20%	0%
2. Agree with the PRG which issues are a priority and include these in a local practice survey	20%	10%
3. Collate patient views through local practice survey and inform PRG of the findings	20%	20%
4. Provide PRG with opportunity to comment and discuss findings of local practice survey. Reach agreement with PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PCT	20%	30%
5. Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform the PCT	20%	30%
6. Publicise the Local Patient Participation Report on the practice website and update the report on subsequent achievement	0%	10%

Payment will be made to the practice by the PCT (or similar body to which the power to make payment may have been delegated by the PCT) or successor body by no later than May 2012 (year 1) and May 2013 (year 2) and will be based on the content of the report published by the practice on its website.

The report must have been completed and publicised on the practice's website by no later than the 31 March each year the DES covers, i.e. to qualify for year 1 payments the practice report must have been posted to the practice website by no later than the 31 March of year 1; and to qualify for year 2 payments by 31 March of year 2.

Failure to publish its report to the practice website by the 31 March deadline date will result in no payment being made to the practice under the terms of this DES for the year concerned.

Posting to the website by or before the 31 March is entirely a practice responsibility.

Payment will be based on the evidence provided in the practice report that each successive component has been achieved.

Should a practice not complete any component by the 31 March deadline date for posting the practice report, it will not receive the payment due for that component. Payment for the achievement of a component is dependent on the previous components having been successfully completed, for instance a practice cannot receive a payment for discussing and agreeing with its PRG any changes the practice proposes (step 4) if the practice has not beforehand collated the views of patients through the use of a local survey (step 3).

The PCT (or similar body to which the power to agree change may have been delegated by the PCT) or successor body will have the right to view the published report before making payment to the practice.

This DES is time limited to two years, i.e. it commences on 1 April 2011 and ends on the 31 March 2013 (the last date for posting a practice report to the practice's website). However, subject to the joint agreement of the GPC and NHS Employers on behalf of the Department of Health, the terms and conditions of the DES can be amended for 2012/13, i.e. year 2.

While this is a two-year DES, many of the key stages are annual and assume an iterative approach being adopted by a participating practice in developing the information being included in the practice report it posts to the practice website. The expectation is that the year 2 reports posted by practices should build upon the year 1 report, demonstrating how issues raised in year 1 have been addressed.

Annex: Creating a virtual PRG - Getting Started Guide

Introduction

This Getting Started Guide has been created to help practices set up virtual Patient Reference Groups (PRGs). It contains a few simple tools that practices can use at the various stages of setting up a PRG.

The Department of Health 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' PRG which meets face to face. If it does, it may be simplest to use the 'real' PRG as the main point of email contact. If you do not already have a 'real' PRG, creating an email contact list is a good starting point.

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. Links to some free survey tools are set out below:

- www.surveymonkey.com
- www.kwiksurveys.com
- www.esurveyspro.com
- www.smart-survey.co.uk

Content of guide

1. Common patient questions and answers
2. Sample contact form
3. Developing your survey
4. Script for patient group members
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1. Common patient 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 focused. 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.

**[Insert Practice
Name/Logo]**

2. Sample 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: 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 of the following ethnic background you would most closely identify with?

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

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. 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**
 - a. 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?”
 - 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. Pros: good to use when asking for attitude or feelings, likes and dislikes, memory recall, opinions
 - b. Cons: 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 two negative, two 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 (for instance opinions, knowledge or feelings). There are two types:
 - a. Create a statement and ask respondents to rate how they feel about it, for instance “Strongly disagree/Disagree/Neutral” and so on.
 - b. Provide respondents with a scale, for instance 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.

Further information on developing effective questionnaires can be found at:

- www.patientpublicinvolvement.com
- www.pickereurope.org
- www.drfoosterhealth.co.uk

4. 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 are 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.

5. Script for staff in practices with a Patient Reference Group

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 the details to the Patient Participation Group.

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

6. Script for staff in practices without a Patient Reference 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 an LED display

THE PATIENT 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.

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 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.

9. 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 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.

NHS Employers

www.nhsemployers.org
E-mail enquiries@nhsemployers.org
29 Bressenden Place
London SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

General Practitioners Committee

www.bma.org.uk
British Medical Association
BMA House
Tavistock Square
London WC1H 9JP

The document is available in pdf format at www.nhsemployers.org/publications

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