



A guide for working together

The Care Quality Commission and
patient participation groups

June 2013

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The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Introduction

GP practices and other primary medical services are now regulated by the Care Quality Commission (CQC).

This means that they have to be registered with us by law. We check services to make sure they meet the national standards of quality and safety, and a central part of this involves listening to the views and experiences of people who use the service and using their views to help us make judgements about that service.

Patient participation groups (PPGs) and patient reference groups are a valuable source of information about patients' views and experiences and it is essential that we are able to work in partnership with them when we inspect GP practices and that we are able to hear from them about patient views.

CQC has worked with representatives from PPGs and the National Association for Patient Participation (N.A.P.P.), which supports and promotes patient participation in primary care (www.napp.org.uk). We produced this guidance together to help people who are involved in a PPG, patient reference group or a patient panel attached to a GP practice, so that you can work with us.

In 2012, we worked with N.A.P.P. to develop a strategy to set out how we will work with PPGs. As part of this, N.A.P.P. recruited a special PPG Sounding Board, which was made up of members of PPGs from across the country. This group gave advice on how we can work with PPGs, giving us examples and commenting on this guide. To help us develop our approach to inspecting GP practices, CQC also carried out a series of pilot inspections, which involved PPGs. As we now start to monitor GP practices, we will develop further how we work with PPGs and update this guide.

What is a PPG?

PPGs offer views on a GP's services from the patients' perspective. To deliver high quality services, it is important that GP practices involve patients and the public in making decisions about services and evaluating their success.

PPGs are defined as 'critical friends' within the practice environment, to ensure that services are responsive to patients' needs, and that they improve over time. Every PPG is unique, evolving to meet local needs. They carry out research, hold health awareness and information events, support the practice in its dealings with other bodies, and carry out patient surveys. Most commonly they find out what patients think, and meet regularly with the practice manager, GPs and other staff, to identify improvements and sometimes contribute towards carrying out change. Groups also provide support to individual patients, helping them to make informed decisions about managing their health conditions, and show people where to find additional services and support in the community.

Patient reference groups and virtual PPGs

A number of GP practices have set up patient reference groups (PRGs) in response to an optional clause in the 2011 GP contract (Patient Participation Directed Enhanced Service, or 'DES'), which was designed to encourage more patient participation in primary care. A PRG is likely to consist of recruited patients from a practice list who respond to online surveys and questions to obtain feedback on services.

There are also 'virtual' PPGs, who engage with the wider practice population using email and social media.

The Department of Health has set out guidelines for PRGs, which includes recruiting patients, publishing surveys and getting people's feedback. Some practices used the DES as well as a core group of a PPG to get feedback from more people, others have set up

new reference groups of patients. See www.nhsemployers.org/Aboutus/Publications/Documents/Patient-participation-directed-enhanced-service.pdf. N.A.P.P. describes the difference between PPGs and PRGs and other virtual groups at www.napp.org.uk/des.

GP registration and the national standards

CQC has published a new strategy for 2013 to 2016, which sets out what we aim to achieve over the next three years. We will change what we look at when we inspect all services to tackle key issues around quality and safety. See www.cqc.org.uk/ourstrategy.

By law, all GP practices in England must make sure that the care and treatment they provide meets national standards of quality and safety. From 1 April 2013, all GP practices must be registered with CQC and show that they are meeting national standards.

When we check that providers are meeting the national standards, we focus on 16 regulations (out of the 28) in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

These are the ones that most directly relate to the quality and safety of care.

Providers are required to meet the regulations. For each regulation, there is an associated 'outcome' – these are the experiences we expect people to have as a result of the care they receive. Providers must have evidence that they meet the outcomes. We have set out the national standards of quality and safety that relate to GP practices on page 13, and there are full details of each standard on our website www.cqc.org.uk/standards.

When we inspect GP practices, we will particularly be asking:

Does the practice respect and involve patients, and tell them and their families about what is happening at every stage of their care and treatment?

If it does, this means that:

- You (or someone acting on your behalf) will be involved in discussions about your care and treatment.
- You will get support if you need it to help make decisions, and staff will respect your privacy and dignity.
- Before receiving any treatment, you will be asked whether you agree to it.

Does the care, treatment and support provided meet the needs of individuals and support their rights?

If it does, this means that:

- Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
- You will get the care that you and your GP agree will make a difference to your health and wellbeing.
- Your healthcare needs are coordinated if you move between care services
- Staff respect your cultural background, sex (gender), age, sexuality (whether you are a lesbian, gay, bisexual or heterosexual person), religion or belief, and your disability, if you have one.

Is the care provided safe?

If it is, you can expect:

- To be cared for in a clean environment where you are protected from the identifiable risks of infection.
- To get the medicines you need, when you need them, and in a safe way.
- To be treated in a safe and accessible place.
- Not to be harmed by unsafe or unsuitable equipment.
- That the GP practice will take appropriate action if they suspect that a patient is at risk of harm.

Do the staff who provide care have the right skills to do their job properly?

If they do, this will mean that:

- Your health and welfare needs will be met by staff with the right skills and knowledge.
- There will always be enough members of staff available to provide safe care and meet your needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

Does the practice routinely check the quality of its services?

If it does:

- Your personal records will be accurate and kept safe and confidential.
- You, or someone acting on your behalf, can complain and will receive an appropriate response.
- There will be a system in place to identify, receive, handle and respond appropriately to complaints.

Inspecting GP practices

We will inspect GP practices at regular intervals to make sure they are meeting the national standards. We can also inspect a GP practice at any time if there are concerns about the care it provides.

We carry out three types of inspections. A regular **scheduled inspection** is planned in advance and can be carried out at any time, although we will give a practice 48 hours notice before we visit to make sure we can speak to the people we need to. A **responsive inspection** is carried out at any time in response to identified concerns, or if we are following up issues raised from a previous inspection. We may give no notice on a responsive inspection. A **themed inspection** looks at specific themes that are set nationally in response to current issues or concerns.

An inspection visit in a GP practice usually lasts up to a day. Each inspection is planned and prepared in advance, so that the inspection team has as much information as possible about the practice and people's experiences of it. After the inspection visit itself, there may also be further follow-up interviews.

Our inspectors spend most of their time on an inspection talking to patients and staff. They will also speak to the PPG if there is one. Wherever possible they will observe the interaction of staff and patients (for example, in the reception area).

They will also draw on other expertise where necessary, including experts in primary medical care such as GPs, practice nurses and practice managers.

Inspectors will also use information from other sources. This includes the experiences of care that people have told us about, information from staff, and information that we receive from local Healthwatch and other local groups that represent and work with patients and the public, such as local authority Overview and Scrutiny Committees.

How we work with your PPG during an inspection

On a scheduled or themed inspection, an inspector will contact the practice 48 hours before the inspection. As well as giving notice of the inspection they will ask whether the practice has a PPG or PRG and, if there is one, for the contact details of two members. This will be the chair or spokesperson plus an additional member. The practice manager may ask for permission to provide their contact details to the inspector. You aren't obliged to provide your details, or to speak to CQC staff.

Before or during the inspection, the inspector will contact the chair or spokesperson and additional PPG member and invite them to provide views or evidence about the experiences of patient care at the practice.

They may invite the chair or spokesperson to come to the practice during the inspection visit for an interview. The inspector will explain the purpose and timescale of the inspection and may ask questions relating to:

- Whether the group has any comments or views it may have collected on standards of quality and safety.
- Whether there is survey information or other information collected about the views of patients in the practice.
- The specific areas that they are focusing on in the inspection
- Any other work being carried out at the practice to gather patients' views.

Things for your PPG to consider before an inspection

- How will you respond to any requests from CQC for views or information?
- Is there a chair or spokesperson who might be willing to talk to or contact a CQC inspector?
- Is there another member of the panel or group who would be willing to speak to a CQC inspector?
- Does the practice manager have up-to-date contact information for the chair or spokesperson, and what will they do if they are not available?

You may also like to:

- Check the registration details of your practice on CQC's website and any judgements we may have made about it.
- Look at any activities that may provide evidence about the experiences of people who use your GP practice – both good and bad.
- Look at the national standards of quality and safety as a group, to see whether any of your work provides information about how well the practice meets the standards.

What happens if a GP practice is not meeting standards?

If we find that a service isn't meeting the standards, we take action to make sure it improves. We can require providers to deliver a plan of action to make improvements or we can use our enforcement powers, which include:

- Issuing a warning notice requiring improvements within a short period of time.
- Restricting the services that the provider can offer.
- Issuing fixed penalty notices.
- Suspending or cancelling the service's registration.
- Prosecution.

We also work with various bodies to enforce the standards. See our website to find out more about our enforcement policy www.cqc.org.uk/organisations-we-regulate/registered-services/how-we-enforce.

After the inspection

Following the inspection we send a draft inspection report to the practice to enable a check for factual accuracy. The practice has 14 days in which to do this and to make any comments that they wish in relation to the draft inspection report. If the practice does make any comments, CQC will consider them and we will make amendments to the report if appropriate. After this, we publish the report, which sets out our findings and judgements, on our website. The final report will be published on our website within five weeks of the inspection.

Each practice has a 'profile' on our website where you can find out the latest published information on the practice. To find your practice go to www.cqc.org.uk/public where you can search by GP practice name, location or postcode.

If information from a PPG contributed to the inspector's judgement about the practice, they will refer to this in the report.

The PPG will not receive a draft report. However, you can receive an alert as soon as the final report is published. To register for email alerts, go to: www.cqc.org.uk/public/our-email-alerts.

Information that is confidential or not public

CQC will not share confidential personal information with PPGs. Similarly, we would not expect a PPG to share information with us that identifies individual people or their families, unless someone has agreed that their information can be shared with CQC, or if someone has asked the PPG to pass the information to CQC.

CQC has powers to access or obtain documents or records (including medical records) during the course of an inspection when it is necessary for us to do so in order to carry out our regulatory functions. Our inspectors follow a code of practice on obtaining and handling confidential personal information. See our website for further information on our approach to accessing records and our [code of practice](#).

Information shared between CQC and PPGs

What information is useful to CQC?

PPGs have developed a number of ways to collect information about people's experiences to help a practice to improve its services. Many PPGs coordinate surveys of patients, some conduct interviews, and some hold meetings or facilitated discussions between patients and practice staff.

There are many examples of PPGs working together with practice managers and practice staff, for example, to improve complaints systems, adjust opening hours, make practices more attractive and more accessible, improve the relationships between patients and

receptionists and to communicate with practice populations on specific health issues.

PPG members often provide an independent patient-focused view to help practices identify areas for improvement. The CQC PPG Sounding Board, which we set up to advise us on working with PPGs, agreed that it was most effective to solve issues at a practice level and that successful PPGs worked in partnership with their practice.

The following examples were produced at Sounding Board meetings (the practice names have been changed).

Daisy Court Medical Centre

The PPG has carried out annual surveys for the past three years. The survey has been used to identify trends in patient experiences, and also to ask patients for their views on where to allocate additional resources. Among other things, this has resulted in an additional female GP being employed and also in changes to furniture and layout of the waiting room area to make it more accessible. The most recent survey identified an issue with hand-washing procedures.

Questions asked in a regular PPG-led survey or interview programme often relate to the national standards that CQC uses to monitor care. For instance, questions about patients' perception of cleanliness add to information we hold about this; information on what patients think about the staff in the surgery helps to tell us about the number of staff and appropriate skills, so that people are safe and their needs are met.

PPGs often collect information relevant to the national standards, which would be useful to CQC to help us monitor whether the practice is meeting them.

The CQC PPG Sounding Board identified particular areas where the work of PPGs can help, in particular they may look at *whether a practice involves people in making decisions (Outcomes 1 and 16)*.

This includes decisions about the practice and about their own care. It can look at whether people's views are used to improve the quality of a service. PPGs may hold information about action taken as a result of surveys and patient

studies, and about the difference and improvements made over time by engaging with patients in a practice.

Moreley House Practice Surgery

Moreley House Practice PPG conducted a patient satisfaction survey on the appointment system and on waiting times. It received 362 questionnaires back, 50% of which were completed by patients as they visited the surgery. Volunteers from the PPG also phoned patients on the list and some people completed questionnaires online.

The findings showed that people were dissatisfied with the opening times and felt that the appointments system could be improved. The findings were shared with GPs and staff, and also published on the PPG pages of the practice's website. The practice responded by moving to enhanced opening hours and by introducing a 'Doctor First' system, allowing patients to phone and speak to a doctor before deciding whether to make an appointment.

PPGs collect valuable information about how well patients are consulted within the practice, whether there are good systems in place to monitor their views and whether the practice takes account of the views of the people who use it.

PPGs may also look at *people's experience of receiving safe and appropriate care that meets their needs and supports their rights (Outcome 4)*. PPGs often hold information about patients' experiences of appointment systems and waiting times, and about their views of the care they have received.

The practice environment: Cleanliness, accessibility and safety of premises (Outcome 8): Survey results and feedback mechanisms sometimes identify issues around access for

particular groups who use the practice facilities, such as people with visual impairments. Some PPGs look specifically at cleanliness in parts of the practice and work with other organisations to improve this.

Complaints and concerns (Outcome 17): A number of PPGs involved in the Sounding Board have looked at their practice complaints system, gathered information about people's experiences of complaining and worked with the practice to improve the system.

Towncross City Practice

There were complaints about the experience at reception in the practice, and a recent survey also identified problems with the manner of reception staff and getting repeat prescriptions. PPG volunteers agreed to run a project to explore the problem further, which was supported by the practice manager, and included direct observation and interviews of both staff and patients.

A report presented to the partners highlighted a number of themes, including the working environment for reception staff, the relationship between some medical staff and the reception staff, and the prescription process. The practice has agreed to invest in training, to make alterations to how prescriptions are issued and to the reception shift system. The PPG will conduct a follow-up survey later to monitor improvements.

Patients' views on administering prescriptions and their experiences of medicine management are useful to CQC as it monitors standards. Evidence about the experience and views of people when speaking to staff in the practice, or how they feel treated over the phone can contribute to the information CQC collects on whether people are being treated with respect and whether their needs are being met and their rights supported.

How to share information with CQC

Tips for sharing information with CQC

- If in doubt, share your information with us – either during an inspection or at any time – in one of the ways explained below. We are interested in both positive and negative information – both will help inspectors decide on action to take.
- Name the practice(s), and the period the issue relates to. Some PPGs collect information from their patients about other services we monitor (such as local hospitals, please remember to name these fully so that we can handle the information appropriately).
- Focus on giving us information that tells us about a service providing care, rather than details of how your PPG works.
- Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (for example, a small number of concerning stories or evidence from a survey or meeting with many more people).
- It is particularly helpful if you can match information to national standards of quality and safety.

Concerns about safety

If you are concerned about someone's immediate safety, tell the practice and please also contact your local authority safeguarding team. They have the primary responsibility to follow up individual concerns.

You can also share your concerns with us. Please ring 03000 616161 and we will pass this information as a matter of urgency to the local CQC inspector for that service or area. They will talk to the local authority concerned.

Tell us about experiences and views at any time

If your group gathers information at any point about standards of care or safety at the practice, or if any person has a comment about their own care, please tell us about it. Find the practice through our website: www.cqc.org.uk. Click on the 'GP services' tab and search by practice name, location or postcode, then complete the 'Your Experience' form.

Sending reports

If you would like to send us a report, the conclusions from surveys or collated comments, please email them to enquiries@cqc.org.uk and we will pass the information to the appropriate analyst team or inspector.

What we do with your information

Relevant information from your PPG can be incorporated into our 'Quality and Risk Profile' (QRP), which we hold for every health and adult social care organisation. The QRP is an information tool to help inspectors reach a judgement about a service.

Where possible, information that we receive and include in a QRP is matched to the national standards of quality and safety and we determine whether it's telling us something that's either positive or negative (i.e. something good or bad). We give greater weight to information that tells us about people's experiences of care. For example, if it

tells us something that has an impact on a person using the service or if it represents the views of someone using the service (or groups of people using the service).

If your information does not relate to the national standards we may still be able to use it as background information about that service.

Complaints about a GP practice

If a person has concerns about the care being provided by a GP practice, they should firstly tell the practice manager. If the problem cannot be solved straight away, they can go through the formal complaints process.

By law, every GP practice must have an efficient procedure to deal with complaints.

If a complaint is about NHS treatment and the patient is not happy with the way the GP practice deals with the complaint, they can contact the Parliamentary and Health Service Ombudsman on **0345 015 4033**. People's rights are explained at www.nhs.uk/NHSConstitution.

If a person pays for their treatment privately and they are not happy with the way their GP practice has dealt with their complaint, they can contact the Independent Healthcare Advisory Service (IHAS) at www.independenthealthcare.org.uk. They can also contact the General Medical Council (GMC) on 0161 923 6602, or at www.gmc-uk.org/.

Working with other representative groups

CQC also works with local Healthwatch, local councillors, overview and scrutiny committees (OSCs) and with foundation trust councils of governors. These bodies regularly collect information about local views and experiences of health and social care, and they scrutinise

different elements of the local health and social care system, which is useful to CQC. Each of these groups has regular contact with CQC and we are developing ways of working together. See our [website](#) for more information.

The national standards of quality and safety

The standards consist of 28 regulations that are set out in two pieces of legislation: the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. For each regulation, there is an associated ‘outcome’ – these are the experiences we expect people to have as a result of the care they receive.

When we check whether providers meet the national standards, we focus on Regulations 9

to 24, which come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that most directly relate to the quality and safety of care. Providers must have evidence that they meet the associated outcomes to be registered.

These 16 regulations are set out below. (Note that the outcome numbers are different to the regulation numbers because we have grouped the outcomes into six overall themes.)

Regulation 17 Outcome 1	Respecting and involving people who use services People should be treated with respect, involved in discussions about their care and treatment and able to influence how their care is provided
Regulation 18 Outcome 2	Consent to care and treatment Before people are given any examination, care, treatment or support, they should be asked if they agree to it
Regulation 9 Outcome 4	Care and welfare of people who use services People should get safe and appropriate care that meets their needs and supports their rights
Regulation 14 Outcome 5	Meeting nutritional needs Food and drink should meet people’s individual dietary needs
Regulation 24 Outcome 6	Cooperating with other providers People should get safe and coordinated care when they move between different services
Regulation 11 Outcome 7	Safeguarding people who use services from abuse People should be protected from abuse and staff should respect their human rights
Regulation 12 Outcome 8	Cleanliness and infection control People should be cared for in a clean environment and protected from the risk of infection
Regulation 13 Outcome 9	Management of medicines Medicines should be handled, kept and administered in a safe way and people should be given the medicines they need when they need them

Regulation 15 Outcome 10	Safety and suitability of premises People should be cared for in safe and accessible surroundings
Regulation 16 Outcome 11	Safety, availability and suitability of equipment People should be safe from harm from unsafe or unsuitable equipment
Regulation 21 Outcome 12	Requirements relating to workers People should be cared for by staff who are properly qualified and able to do their job
Regulation 22 Outcome 13	Staffing There should be enough members of staff to keep people safe and meet their health and welfare needs
Regulation 23 Outcome 14	Supporting workers Staff should be properly trained and supervised, and have the chance to develop and improve their skills
Regulation 10 Outcome 16	Assessing and monitoring the quality of service provision The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care
Regulation 19 Outcome 17	Complaints There should be a system in place for identifying, receiving, handling and responding appropriately to people's complaints
Regulation 20 Outcome 21	Records People's personal records, including medical records, should be accurate and kept safe and confidential

PPGs involved in the Sounding Board

CQC and N.A.P.P. would like to thank the following PPGs who contributed to workshop discussions, provided examples and advice and commented on draft guidance.

Moorlands Medical Centre	Leek, Staffordshire
Park Medical Centre	Leek, Staffordshire
The Stag Medical Centre	Rotherham, South Yorkshire
Towerhouse Health Centre	Nailsea, North Somerset
3 Villages Patients Forum	Amblescote, West Midlands
Jesmond House Practice	Tewkesbury, Gloucestershire
Cookham PPG	Cookham, Berkshire
Randolph Surgery	Maida Vale, London
Highcliffe and Mudeford PPG	Mudeford, Dorset
Wheatbridge PPG	Chesterfield, Derbyshire
Park View Surgery	Loughborough, Leicestershire
Canbury Medical Centre PPG,	Kingston upon Thames, Surrey
Tower House Surgery	High Wycombe, Buckinghamshire
Albrighton Patient's Group	Wolverhampton, West Midlands
Wells City Practice	Wells, Somerset
Greasby PPG	Greasby, Wirral
Baslow Health Centre	Chesterfield, Derbyshire
Mansfield Medical Centre	Coventry, Warwickshire
Hillview Surgery PPG	Perivale, Middlesex
Hollybrook & Sinfin PPG	Derby, Derbyshire

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Follow us on Twitter: @CareQualityComm

National Association for Patient Participation

Telephone: 01932 242350

Email: admin@napp.org.uk

Website: www.napp.org.uk



Read more and download this guide at:
www.cqc.org.uk/PPGs

Scan this code on your phone to visit the website now.

Please contact CQC if you would like this guide in another language or format.

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