



# **Toolkit**

for Patient Participation Groups  
(PPGs) in Reading

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# Introduction

*'The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.'*

*NHS constitution for England 26 March 2013, p.3*

Since January 2003, all NHS bodies have had a **legal duty to involve and consult the public about the running of local health services**. The Health and Social Care Act (2012) established new organisations that have a key role in implementing the act to give patients more say and greater involvement in care and treatment decisions in the new healthcare system. These include organisations such as clinical commissioning groups (CCGs), local Healthwatch, and NHS England.

**This guide is to help members of Patient Participation Groups (PPGs) at GP surgeries to understand more about their role and to work together more effectively.** For those interested in the wider context, it also gives some information about various organisations and their roles in the new health and social care landscape, with a focus on understanding how knowing about this can help PPG members to make a difference locally.

Each section of the guide can be copied (or printed from the electronic version available online) as required for PPG use. When using sections of the guide, please acknowledge the source as 'Healthwatch Reading (2019)' (this is shown at the foot of each page.)

## Healthwatch Reading

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# Patient Participation Groups (PPGs)

## What is a PPG?

GP practices have Patient Participation Groups (PPGs) as a way for patients and carers:

- to work with GPs and practice staff to improve local services and the quality of care
- improve communication with patients
- promote health and wellbeing
- ensure practices remain accountable and responsive to patient needs.

PPGs generally have their own terms of reference, agreed between the GP practice and the founder members, and should act as representatives of their patient population.

## Why are PPG members valuable?

As a PPG member you can suggest ideas for improvements and voice any concerns about how services are organised or managed. PPGs have an important role to play in enabling patients to have a say in the way services are delivered to best meet their needs and the needs of the local community. PPGs look at services within the surgery and also discuss with the local GP clinical commissioning groups (CCGs) the local services that they plan and commission (buy).

You may find it interesting to read the NHS 'Call to Action' document, which talks about why involving patients is important. <http://www.england.nhs.uk/2013/07/11/call-to-action/>

## How does a PPG work?

PPGs can work in a number of different ways. They usually include volunteer patients, the GP practice manager, and maybe one or two GPs. The GP practice may provide some administrative support.

Most groups have regular meetings at the surgery. Some also involve a wider group of patients who do not usually attend meetings, using e-mail to communicate news and seek patient views. Some GP practices only run a 'virtual group' of this kind, having found that this is the most effective way to engage with local patients and carers.

An effective PPG is patient-led and self-organising. Practice staff should not lead the PPG: their role is to help and support the PPG, and to work in partnership with the group.

### What does a PPG do?

PPGs can work with practices in a number of ways. They might, for example:

- provide feedback to the practice about the patient experience
- help to design and carry out patient surveys, asking for local views about services
- help with communication between the practice and the local population - members who are active in their local communities and involved in neighborhood groups often make a very important contribution to this
- offer practical support to the surgery with organising health promotion days or supporting annual flu jab clinics
- review the practice website from time to time to ensure that it provides information that patients require and can understand
- review anonymised complaints information from the practice (numbers of complaints, and sufficient detail to identify any themes but PPGs do not raise or consider individual patient complaints, which should always be referred into the GP practice's complaints process)
- contribute if the practice is inspected by the Care Quality Commission (CQC - a national inspection agency) - usually the CQC will want to talk to the PPG chair, and possibly some other members too, to seek their views

## Meetings and activities

Working together effectively as a PPG involves the patient members taking responsibility for organising and running meetings well – supporting the PPG chair, and working to agreed ‘ground rules’ in meetings and when talking to other patients at the surgery or in the community. Suggestions for working together effectively are given in the Top Tips information sheets.

The group should also work together to agree what activities they will undertake e.g. gathering views and opinions by arranging to talk to patients in the surgery waiting room. Whatever methods the group chooses for promoting the PPG and seeking views from patients, including the views of all patients and carers should be part of the group’s vision.

## How can a PPG include the views of all patients and carers?

It is important for the GP practice and the PPG to reach more people than are able to attend formal PPG meetings, to obtain their views. The patient and carer population is diverse e.g. people who are housebound, people who do not speak English as their first language, children and young people, people with disabilities and people who cannot come to meetings because they are out at work when meetings are held. Some people may not wish to come to meetings or be interviewed if this would involve the possibility of revealing private details of their health and/or social care needs.

Empowering people to share their views, anonymously, is always possible with some creative thinking e.g. visiting a secondary school to give a short talk and asking the school to put a link to a ‘healthcare experiences’ survey on its website; or planning and publicising a ‘listening’ afternoon/evening annually when an interpreter can be booked for a ‘tea and chat’ listening event in a local community centre, to reach a local non-English speaking community.

# How to run PPGs

All members that attend meetings have a part to play. You will need to be prepared and be able to take part in the discussions and work as part of the group according to the agreed aims.

## When and where

Getting the right day or time to suit everybody is always a challenge when organising meetings. There is no right or wrong time; it is often a process of trial and error to find a date and time that suits most of the PPG members, most of the time, and which can be accommodated within the working schedule of the GP practice.

Some groups find it is best to stick to a regular day and time in the month. Others find that it works well to vary the time or day of meeting. Whichever approach your PPG takes, ensure that dates and times of meetings are circulated and advertised well in advance to ensure people can arrange to be available and have an opportunity to prepare for the meeting.

Most PPGs will meet at their surgery, in a space that can accommodate the group. This choice of venue usually means it is conveniently located for people to get to and easily accessible for people with disabilities.

## Ground rules

It may be helpful to have some agreed ground rules for PPG meetings which could include the following:

- We recognise that this meeting is not a forum for individual complaints and single issues.
- We aim to start and finish on time and stick to the agenda.
- We aim to avoid disruptions to the meeting including the use of mobile phones.
- We respect all members of the group - all views are valid and will be listened to; one person speaks at a time; questions and contributions are usually directed through the chair of the meeting.
- Silence tends to indicate agreement.
- We recognise that constructive, honest debate is useful.

## Confidentiality

*When you join the PPG the practice representative may ask you to sign a confidentiality agreement: from time to time confidential information may be discussed at the PPG (not relating to confidential patient information, but confidential to the business of the GP practice) and you will be asked to treat the information accordingly. If you are asked to sign any such agreement the staff member will fully explain the details and purpose before you agree to sign.*

## Top Tips for drafting Terms of Reference

Each PPG should draft and agree a simple constitution or 'Terms of Reference'. This document should be reviewed regularly and made available to new members of the group. The Terms of Reference should include an outline of the vision, objectives, work of the group (what it will do), outline roles and responsibilities within the group (who can take part) and outline how the group will carry out its functions.



Aims/Purpose  
Membership  
Structure  
Reporting  
Meetings

# Red Apple Surgery Patient Participation Group Terms of Reference (sample)

## Aims / Purpose

- To promote good relations between the practice and patients by communicating patients' experiences, interests and concerns and by providing feedback to the practice on current procedures and proposed new developments
- To help maintain good relations and communications between the practice, the local community and other relevant bodies.
- To explore ideas and areas for improvement or change identified from patient surveys.
- To be a forum for ideas on health promotion and self-care.
- Be consulted on service development within the surgery, or wider secondary healthcare services commissioned by the CCGs.
- To carry out an annual patient satisfaction survey in partnership with the practice and to assist the practice to implement the resulting action plan.
- To evaluate and review the effectiveness of the PPG not less than once a year.
- These Terms of Reference may be reviewed according to emerging needs.

## Membership

- Membership is open to all registered patients aged 16 or over and their carers (who may be registered elsewhere).
- Members should be there to support the group, the practice and the local population, rather than to pursue their own personal agenda.
- Membership should aim to be representative of the practice population.
- Support will be provided by the practice manager and designated staff from the practice as deemed appropriate.
- A core group of membership will not exceed 15 members, which will meet quarterly. A virtual patient group will exist to access greater patient views/opinions.

## Structure

- Chair of core group will be nominated and elected by core group members in March of each year. Term of office will be one year.
- Secretary of core group will be nominated and elected by core group members in March of each year. Term of office will be one year.

## Reporting

- The group's meetings will be minuted with highlighted action points.
- The practice manager or nominated practice representative will act as the point of liaison within the practice.
- The group can expect direction, feedback and suggestions from the practice when required.
- Minutes will be made available to the wider practice population via information in the waiting rooms/notice boards or via the practice website.

## Meetings

- Meetings will be held on the first Thursday of each month in March, June, September and December each year.
- The quorum (minimum number of people required to be present for decisions) for meetings is 6 PPG members plus 1 practice representative
- An agenda and any meeting papers will be sent to all members in a suitable format for them at least five working days before each meeting date.
- All members can contribute agenda items. Agenda planning before the meeting will be managed and finalised by the chair, supported by the secretary.

*Agreed and adopted on [date] Review date [date]*

Other example Terms of Reference and support and information for PPGs are available from the National Association for Patient Participation:

<http://www.napp.org.uk/constitutions.html>

# The role of the chair vs the role of individual members

## Being a PPG member

The PPG chair and the person at your GP practice who supports the PPG can help members make a contribution, starting by finding out what your information needs are and how you like to receive information.

You may know that you have ideas and views to contribute, but be wondering how PPG members are expected to work. Here are some suggestions for being an effective PPG member, who represents the views of local patients and carers:

- **Be well-prepared** – begin by finding out what you need to know to think about how you can make a contribution – you may prefer to read about the PPG, or perhaps to ask someone to talk to you about it.
- **Work with others** – you may find others who share your views on the PPG, and some people who have different views and priorities to you – think about how all views can be heard and respected, and taken into account so far as is possible – the PPG chair can help.
- **Understand what a PPG's role is, and role of PPG members** – read the terms of reference, or ask to have them explained to you – ask the chair for any help that you need.
- **It is fine to be a topic 'champion'** (e.g. diabetes issues, or elderly care) – topic experts make a very valuable contribution, **and it is also important to be able to contribute across a range of issues**; your PPG chair may ask you for help with gathering views more widely as part of your role, and many PPG members say that this is rewarding work to do – through the PPG it should be possible to have opportunities to speak to other patients and carers at the surgery, or to listen to their views (e.g. by looking at survey results), giving you information that you can then bring into PPG discussions.

- **Help the PPG to work well** – suggest what would make it easier for you or others to be involved in meetings and the group’s work – for example, having a chance to suggest ‘agenda’ items; having a copy of the agenda a week ahead of any meeting, in a format suitable for you and others.
- **Keep up to date with local health issues, if you can.**
- **Don’t refer only to personal experience** - and only refer to it when it helps to illustrate a point. Ensuring this will maintain your credibility and focus. Although your own experience is important your role is to represent all patients and carers.
- **Ideally, develop an understanding of the structure of the NHS and the place of PPGs place within it** - see later in this guide for resources to help increase your knowledge.
- **Be or become confident that you have a contribution to make** - your views are valuable, so express them clearly and without apology, while respecting all views.

(These tips are adapted from ‘Being an effective user representative’, written originally by the National Childbirth Trust, <https://bit.ly/2DzGrsf>)

### Being a chair

Being chair makes a valuable contribution to the group – a person who is new to this type of role might ask the chair of another PPG to mentor them informally – or find similar support from someone who has a similar role in another community group.

### An effective chair

- Provides leadership to the group, to help the group work well, ensuring that everyone has an opportunity to contribute and that the group's work is guided by its Terms of Reference
- Has the confidence to question information, evidence and explanations supplied by others, in a pleasant way, facilitating a consensus-style of decision-taking when decisions are needed
- Has the ability to see issues from all sides
- Has the ability to communicate effectively, listening to others and actively sharing information both within the group and with other relevant people e.g. the practice and the CCG
- Prepares, or helps prepare the agenda
- Plans the meeting in advance (e.g. thinking about how much time to spend on each item)
- Manages and shapes the discussion on the day, ensuring that all points of view are heard, decisions are made (if possible), and that all of the agenda items are covered during the meeting
- Makes sure that decisions which must be made are made e.g. by stating options clearly, and asking everyone to vote on these, if necessary – although it is usually best to reach decisions by agreement, after a thorough discussion
- Helps the minute taker record the main points of the meeting by summarising key points verbally during the discussions

# Running Meetings

## Top Tips for preparing meeting agendas

The agenda is an important part of the PPG meeting. It sets out what the group needs to discuss and what actions need to be taken or agreed. The agenda sets out a plan for the meeting, so making sure the agenda is focused will support the aims of the meetings and help to keep members interested.

All members of the group should be able to put forward items for the agenda, which is usually co-ordinated by the group secretary and agreed by the chair and/or practice representative. Items may be allocated to different members who will lead on that topic. It may also be helpful to allocate timings to each agenda item to help ensure the meeting runs to time and sufficient time is given to allow discussions where necessary.

The text of the agenda and any supporting information or papers should be settled and agreed before the meeting. These 'papers' should be circulated to the group in plenty of time ahead of the meeting, to allow members an opportunity to read them and prepare for the meeting. It may be helpful to send out the papers one week, or even two weeks, in advance. It should be agreed with each member in what format they require the agenda and any supporting papers, either via e-mail or hard copy.

### **Red Apple Surgery PPG Meeting Agenda (sample)**

**Date:** Wednesday 25th April 2012

**Time:** 7.00pm -8.30pm

**Location:** Red Apple Surgery, 226 Tree Road

#### **Agenda Items**

1. Introductions and welcome any new members
2. Apologies
3. Minutes of last meeting
4. Actions/Matters Arising
5. Group Business – include items for discussion, agreement and/or action. (For example 2012 Patient Survey – Review key findings; Agree items to be addressed; Agree outline action plan).
6. News from the Practice
7. News from the Clinical Commissioning Group/Patient Voice Meeting
8. Any other business

Date/Time/Location of Next Meeting: To be agreed

### Top Tips for keeping minutes of PPG meetings

Minutes form an important part of any regular meetings. They are the written record of the key points of each meeting, the discussions and importantly any agreed decisions or actions. Minutes will also provide your group with a historical record of activity. They can be useful information for new members to refer to and a record of what your group has achieved.

The taking of minutes at the meeting is the main function of the secretary of the group, if your group does not have an elected secretary, at each meeting an individual should be identified to record the minutes. This is not necessarily a role for the practice staff involved in the meetings; however, support may be offered to the elected secretary by the practice.

Each group will probably develop its own format and style of minutes. However, it is important to try to keep to a consistent style that works well for the group. Aim to strike the balance between detail and summarising: keep the minutes brief but informative by capturing key points, agreed actions and all decisions. It usually isn't necessary to record every single point, or even a summary of what each person has said. You may decide to ask the practice manager, or contacts in your local community who run or attend other formal meetings, to advise you about minute-taking style. Keeping formal records isn't something that everyone needs to do in their everyday lives: ask for any advice that you need.

#### Typical minutes will include:

- When and where the meeting took place
- A list of names of those present
- A list of names of those who were unable to attend the meeting and sent formal apologies in advance, whether by telephone or email or a verbal message given by another member.

### A list of agenda items to include:

- A summary of any discussions
- Any proposals or suggestions
- All official decisions made
- Any actions agreed (and who has been identified to take the action forward)
- A record of any other business or items raised
- Date and details of next meeting
- Time of close of meeting

It is a good idea for the minutes to be drafted as soon as possible after the meeting to ensure that the minute-taker can remember the meeting while referring to his or her notes, and so make an accurate typed record of all relevant details. Normally the draft minutes would be sent to the chair and/practice manager for checking any amendments, before circulation to the PPG group. The draft minutes are then formally approved at the next meeting - members can keep a note of anything that needs to be changed then, when they receive the draft to check. Sometimes minutes are not circulated until the next agenda is sent out - so members may wish to keep their own brief notes to remind themselves about the meeting. Not everyone has to do this - as long as a few people in the group do, it will help all to contribute to this record-keeping.

The minutes can be one way of sharing information with other patients within the practice about what the group is doing, and with other practices and groups your PPG may be associated with.

Your PPG may want to consider whether to make its minutes available:

- On the PPG notice board within the surgery waiting area
- In a PPG information folder available in the surgery waiting area
- On the PPG page of the practice website
- If you have a virtual group, don't forget to share information with them regularly too
- With practice staff.

In addition your PPG may want to consider a regular update to be included in the surgery newsletter. This could be presented as "What has your PPG done for you?" with a supporting list of activities and achievements, followed by "What can you do for your PPG?" with a supporting list e.g. complete a survey, join the group. Alternatively the practice and the PPG could present changes as "You Said", "We did" format, which can be clear and effective.

### Sample Minutes

#### Red Apple Surgery Patients Participation Group (PPG)

Minutes of the meeting on 25th April 2013 –  
held at Red Apple Surgery, 7pm

**Present:** *List names*

Agenda items:

1. **Apologies** – list names.
2. **Introductions & welcome any new members** – Note any new members.
3. **Minutes of the last meeting on 7th March 2012** – Record if accepted or note any amendments required.
4. **Actions/matters arising** – Record updates and outcomes from actions and record any further actions required and completion dates.
5. **Red Apple PPG – Development** – Record key points from discussions, decisions made and agreed actions.
6. **2012 Patient Survey** – Record key points from discussions, decisions made and agreed actions.
7. **Report back from Clinical Commissioning Group Federation Meeting 8th March** – Record key points and any agreed actions.
8. **Practice Website** – Record key points from discussions, decisions made and agreed actions.
9. **AOB** – Record any items raised as ‘Any Other Business’- often mentioned to the chair of the group in advance, or may be an open forum for raising items that have not been raised in advance.
10. **Next meeting 28th June 2012 7.30pm at Red Apple Surgery**

## Promoting your PPG

Every PPG is different, but many face similar challenges when considering how to promote the existence of the PPG to the wider practice population and how to recruit new members to the group.

### Plan your PPG promotion – Make this an agenda item

Effective communication is key and this will require some thought and planning. The PPG should take some time to consider:

- What do we want to achieve from this promotion activity?
- Do we want to recruit more members to the PPG group?
- Is our main aim to increase the size of the group or its diversity, or both?
- Is it that we have enough PPG members, but we want to recruit more patients to respond periodically to surveys carried out by the practice/ PPG?

The group should agree and be clear on the aims at the outset.

The group could then consider:

- What PPG communication/promotion has been carried out in the past?
- What communication/promotion is currently in place and how is this working?

- What information is in place in the surgery, on the website?
- Are the messages clear and consistent to meet the agreed aims - for example, recruiting more patients to the survey group.
- “Branding” of your PPG - be consistent in what your posters, flyers, newsletters look like.
- What can we do differently to get our promotion messages to the wider practice population?

Different approaches work for different GP practices. It is also worth thinking about how to communicate PPG messages efficiently and effectively by using some mechanisms that may already be in place within the GP practice. Depending on the type of PPG promotion it may be worth considering how to get the message into the wider community.

Suggested mechanisms to promote your PPG or PPG Message:

Within the GP practice:

- Creating clear posters and leaflets to have on display/available within the surgery.
- Ensure the practice website is carrying the same clear/consistent messages.
- Use LED digital display board to post a PPG message.

- Use the patient information TV screen to post a PPG message.
- Place a “PPG advert” in the practice newsletter (and include a regular PPG item/feature).
- Does your PPG have dedicated space on notice boards for information within the GP practice waiting room? Discuss with practice manager how this might be possible within your practice.
- Let the reception staff know about the PPG promotion and how they could help by mentioning it to patients as appropriate.
- Repeat prescription slips – Can a PPG promotion message be added as a standard item for a period of time?
- Existing PPG members may be willing to volunteer to be available in the waiting room area to provide information about the PPG, its activities and its current aims.
- Consider including a question in a patient survey – Did you know that the practice has a Patient Participation Group? Would you be interested in finding out more or becoming involved?
- Host an open event within the GP practice to promote the PPG; this could be combined with other health promotion activities the practice may be supporting.

Into the wider community:

- Find out if members of the existing PPG group belong to other groups where the PPG message could be shared.
- Think about local community publications such as church or parish magazines, free publications for families and young people.
- Other local community groups/orgainisations i.e. Reading Neighbourhood Network and Reading Voluntary Action.
- Local media.

## Preparing promotional materials

Note that each section below relating to promotional materials can be printed for a PPG meeting and so some elements are repeated - common themes include establishing a clear 'brand' and making the promotional material widely accessible and clear.

Top Tips for Promoting the PPG on the GP practice website

Each practice website is different, and PPGs will need to work with the practice manager to understand the scope of PPG information that could be included on the website. A good starting point is to view the practice website and what information it contains, and then look at the PPG section. It may be helpful to consider the following points:

- Is the PPG information available via a link on the home page of the website (or is it hidden on other pages?). Ideally PPG information should be accessible from the homepage.
- Is the information clear for anyone who has not heard about the practice PPG and its purpose before?
- Does the website provide clear information on the type of PPG group - for example, when it usually meets, the type of activity or focus of the group.

- If the practice has a virtual group, does the website describe what this means and how can people get involved?
- If new people want to join the group, is it easy for them to do so either online or by contacting someone at the surgery? Make it clear and simple and provide an e-mail address or telephone number.
- Consider what happens next when people register their interest in joining your PPG i.e. does the practice manager telephone them, are they sent any information? Does the website describe what people might expect? Avoid situations where people might say, "Well, I gave them my details, but never heard anything back."
- Is the information on the website up to date and relevant? Old or out of date information will give the impression that the group is not active
- Are the PPG messages or promotions consistent with the PPG messages within the surgery? Check this as part of your PPG promotion activity.

Useful resource for free photos

[http://commons.wikimedia.org/wiki/Main\\_Page](http://commons.wikimedia.org/wiki/Main_Page)

### PPG leaflet - Do you need one?

As part of the promoting the PPG you may think about producing a PPG leaflet and/or postcard. Sometimes small 'business card' - style card can be useful too. This could be available at the surgery and perhaps at other local venues e.g. pharmacies, the local library, and in local primary schools, which often have a 'useful information' stand of leaflets for parents. The Berkshire West CCG has a PPG leaflet listing all of the practices in its area - contact the CCG communications team for more details. (<https://www.berkshirewestccg.nhs.uk/>) However, you may prefer to design your own leaflet.

The PPG should consider:

- When and where would the leaflet be available to patients of the practice?
- Does the practice have suitable space for leaflets within the waiting room? If not, its use will be limited.
- Does the practice have a patient booklet - are details included in the booklet about the PPG? If not, consider including a PPG section, to avoid the need for a separate leaflet.
- Does the practice prefer to keep all its patient messages in the waiting room on the patient information TV screen? Is the PPG included?
- If the group decides a leaflet would be helpful to promote the PPG, what should be included?

The PPG should consider:

- The 'branding' of the leaflet, so that it is consistent with other PPG or practice literature (e.g. have you chosen a standard 'font' to use for text; a colour scheme; an attractive and appropriate image or photograph that is available on a 'free to use' basis without breaching copyright?)
- What to include - details of the PPG, why people should join, how people can join and the benefits to both patients and the practice, it may be helpful to:
  - say that the PPG is not about individual interests or individual patient complaints, and
  - include a joining slip/section for completion and return to practice.
- The practice manager will provide guidance on the collection and storage of contact information and personal details that people are asked to provide when registering their interest to join the PPG
- The cost to produce and print the leaflet - who will meet the cost and is it good value for money?
- How quickly is the information likely to go out of date or need revision? This may well affect decisions about how and when the leaflet is produced and printed.

## Top Tips for your notice board poster

When creating PPG posters for the practice or PPG flyers, groups should consider:

- The 'branding' of the materials, so that they are consistent with other PPG or practice literature (e.g. have you chosen a standard 'font' to use for text; a colour scheme; an attractive and appropriate image or photograph that is available on a 'free to use' basis without breaching copyright?)
- Check your message is clear.
- Check you have included the key points that people will need to know e.g. date, time and location of any meetings.
- Always include clear contact details.
- Where posters will be placed within the surgery – will people see them easily?
- Ensure any posters/PPG notices displayed are kept up to date – old and out of date notices may give the impression the group is not very active.
- Some practices have created dedicated notice boards for different themed information, one of which could be dedicated to the PPG. This might include current news items, or agenda items or action plans that the group are working on – this will provide interest and may encourage other patients to find out more and get involved.

### **Red Apple Surgery Patients' Participation Group (Sample template)**

Are you interested in finding out more about Red Apple Surgery?

### **Would you like to share your views and help to influence the development of local health services?**

The Red Apple Surgery has recently set up a Patient Participation Group.

Would you like to get involved?

All patients and carers of patients registered with the surgery are welcome to join us.

If you are interested or want to find out more, why not come along to our next meeting?

The meeting will take place at Red Apple Surgery, on Wednesday 10<sup>th</sup> April 2014 at 6pm.

If you would like to come along to the meeting or are interested in the Patient Participation Group then please contact Joe Smith (Practice Manager) on 01234 123412 or via e-mail at

**[joesmith@redapple](mailto:joesmith@redapple)**

## Patient surveys

One of the main activities most PPGs will already have been involved in is the regular patient survey carried out by the practice and PPG. Over recent years this has moved from a nationally-set survey which practices were encouraged to carry out, to more locally designed surveys agreed between the practice and PPG; now the process is changing again. From 2015 practices will be required to participate in the national patient survey known as the Friends and Family Test - NHS England will start to collect monthly data from GP practices from the end of January 2015, and will start to publish monthly data after three months have been collected.

More information can be found on the NHS Choices website <http://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/>

However, practices may decide that it is still valuable to ask a sample set of patients each year, or at set intervals, about their experiences or views about the services provided by the GP practice. Here are few hints and tips for your PPG to consider when designing your practice survey:

- Ensure your questions are clear and in a language that your participants will understand
- Keep the questions short and direct
- Ensure you only ask one question at a time
- Avoid using abbreviations or jargon

- Avoid leading or loaded questions
- Think about the length of the survey and the number of questions (try to avoid making it too long as people may be less likely to complete a long survey).

Think about the type of question that will best collect the information you want. For example, closed questions enable respondents to provide simple yes/no answers, or select a response from a list e.g. **“How do you usually book your appointment? - in person; by telephone; on-line.”**

Open questions enable respondents to provide a full response in their own words. This type of question can put some people off giving their full views, and so they don't complete these questions. Others may take an open question as an opportunity to give full and detailed feedback - this type of feedback can take longer to analyse, which is a consideration for the group when designing the survey. Bear in mind that direct quotations from members of the public - giving a 'snapshot' of feelings in a sample of respondents - can provide powerful support for a particular suggestion or argument. Do use this approach carefully, though - obtaining representative feedback usually involves listening to community views over some months, or perhaps even years, and making sure that a diverse range of people, and a significant number, are listened to and their views collated.

Ranked/rated/scaled questions enable respondents to indicate easily what is important to them, when rating a service or indicating their experiences of services. For example, these questions could provide a ranking of 1-5 (usually this system has two negative responses, two positive and the fifth as a neutral response option in the middle - taking out the neutral option would ensure respondents give either a negative or a positive response). This approach makes it possible to process subjective comments a little more easily, although it may leave respondents feeling that they have not been allowed to 'tell their story' - but if the PPG does not have capacity or support to review and report on detailed stories, this may be the best approach.

### Surveys - Sample size

It will rarely be possible to obtain views from every single patient and carer registered with a GP practice. PPGs need to ensure that the sample responding to a survey, which will probably be only a very small proportion of the practice 'population' is a representative sample.

Survey results are often used as the "evidence" to make the case for or against a change. The change may involve many people and the reallocation of resources often money.

The group leading the survey needs to ensure that the evidence is of a high quality. This means that even though the sample may well be far smaller than 10% of the relevant population there is a high probability that the results are representative.

In the context of a PPG surgery survey, this could mean managing the survey so that there is a suitable proportion from each of the relevant subgroups. Typically, these include age groups, genders and frequent/less frequent users of the surgery services. It is up to the survey manager to set up the survey so that each of the suitable subgroups are included. If a subgroup is inadequately represented the survey will be of limited or little use as "evidence".

As a guide, we suggest aim to survey 300 patients from a practice of 8000 patients and 400 from a practice of 16000 patients. Although the number of patients has doubled, the sample size does not have to go up in proportion.

If you are collecting data per doctor or nurse, aim for at least 50 results and check that different groups in the practice population (e.g. children, teenagers, men, women, older people, people of different backgrounds) are all present in the sample, matching what is known about the whole practice population if possible (this may require some creative approaches e.g. publicising the survey on Twitter locally.)

For the finishing touches to your survey, consider the following:

- Include a short introduction with your survey that states what the survey is about, who is conducting the survey, confidentiality, how the data will be used and published and why it is important for patients to give their views.
- At the end of the survey always thank your respondents for taking part.
- Encouraging people to complete the survey and answer all the questions even if stating N/A (not applicable)
- In the past the practices will have used various methods to encourage patients to complete surveys, so a good starting point would be to consider and review how these methods have worked in gaining responses perhaps verses staff or costs associated with postage. A guidance cost for mailing a patient excluding a pre-paid envelope is £1 per patient, so this might be an expensive option.
- Paper surveys – within practice – reception staff briefed and able to encourage patients to complete and return into a secure box. Aiming for a 90% return rate.
- PPG members within practice – supporting reception staff during busy times to give out surveys in the waiting rooms and take the opportunity to talk to patient about the PPG and its activities – this approach needs to be planned and agreed with the practice staff and the need for PPG volunteers to be sensitive and aware to respect people’s confidentiality.
- Does the practice have a website – can the survey be included as an on-line survey?

### Useful resources for surveys:

[www.surveymonkey.com](http://www.surveymonkey.com)

[www.surveymoz.com](http://www.surveymoz.com)

[www.napp.org.uk](http://www.napp.org.uk) – a sample questionnaire can be found on this page: <http://www.napp.org.uk/ess.html>

# How is health and social care currently arranged in England?

The health and social care system is complex but you may find it helpful to have some understanding of local commissioning arrangements (how services are designed and bought), because this may help you and your PPG to be more effective in influencing both your GP practice and the local CCGs. Also knowing about relevant regulators, such as the Care Quality Commission can be helpful, as it will talk to the PPG if inspecting your GP practice. Your GP practice manager and PPG chair may be able to answer any questions that you have about these topics after reading this information, or put you in touch with someone else who can help.



An animated alternative guide to the new NHS (six minutes) from the King's Fund can be viewed here: [www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work](http://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work)

You may also find this NHS leaflet explaining the current NHS structure, commissioning, funding arrangements and regulations useful – see link on the following page: <http://www.nhs.uk/nhsengland/thenhs/about/pages/nhsstructure.aspx>

## Who decides what health and social care is in place in Reading?

In Reading, the organisations that decide what health and social care is in place, are:

- South Reading Clinical Commissioning Group and North & West Reading Clinical Commissioning Group
- Reading Borough Council
- NHS England

They do this through the role of 'commissioning' which in its simplest term, means the process of planning, designing and buying services that are needed locally, through contracts it places with providers of services.

### Do PPGs have a role to play in commissioning?

PPGs have a vital role to play in commissioning by passing on to commissioners, patient opinion, experience and suggestions on how people want services to meet their needs. PPGs that are networked with other PPGs across their area can collectively add strength to the process of engagement with commissioners and providers of local health services.

### How the local CCG carries out its role

The West CCG is made up of 25 GP practices, covering 232,000 people.

The CCG is responsible for commissioning:

- Planned hospital care (e.g. hip replacement operations, which are booked in advance)
- Urgent and emergency care (e.g. care at A&E)
- Rehabilitation (e.g. care after a heart attack, to enable the patient to resume normal life)
- Community health services (e.g. district nursing and health visiting)
- Mental health and learning disability services (e.g. mental health crisis services and inpatient services; specialist inpatient services for people with learning disabilities)

CCGs are now able to commission primary care services (GP services, dental care, pharmacy services and opticians), by arrangement with NHS England, which until now has been responsible for commissioning these services.

CCGs are required to:

- Involve the public in the planning and developing of services, through 'meaningful engagement', and may do this by holding open meetings, conducting online public consultations, publishing items in the local papers and working with their Patient Voice groups and PPGs on an ongoing basis.
- Have two members of the public on their governing body, known as 'lay members'. One of the lay members has responsibility for patient and public involvement. The governing body meetings are held in public.
- Ensure patients are involved in decisions about their care e.g. through giving them a choice of what consultant to see via Choose and Book, or giving them a say about planning and managing long term conditions.
- Reduce health inequalities, by working with public health teams, the local council, and the health and wellbeing board.

Berkshire West CCG runs a 'Patient Voice' group for PPGs in Reading, made up of people from the PPGs, who work together to help maintain and improve the health of all residents. They support engagement with the public,

encouraging local people to express their views and share their experiences in dialogue with the CCG and local NHS staff.

For more information about CCGs and what they do, see

<http://www.nhscc.org/ccgs/>

### **Reading Borough Council**

Reading Borough Council commissions social care for its residents, such as home care help for frail elderly people or care home places. Residents may have to pay for some of this care.

The council has also had responsibility for public health – such as stop smoking initiatives – since April 2013.

The council is increasingly working with CCGs on joint health and social care commissioning to ensure people get 'seamless' packages of support involving professionals in work in health and social care.

The council also has new duties to give people information, advice or services that prevent people reaching crisis point.

Commissioning decisions are voted on at public meetings by local councillors who represent residents.

### **NHS England**

NHS England is responsible for commissioning:

- Primary care, through contracts with individual GP practices
- Dentists
- Opticians
- Prison healthcare
- Armed forces healthcare.

NHS England's workplan also covers:

- Improving patient experience (e.g. using the results of the Friends and Family Test)
- Technology, systems and data (for example the Care.data work)
- Quality Improvement and clinical leadership
- Patient Safety.

For more information about NHS England visit:

<http://www.england.nhs.uk/>

### **Other factors influencing commissioning**

Commissioners are guided in their decision-making by their local 'joint strategic needs assessment (JSNA)', the statutory health and wellbeing board, and Healthwatch.

The JSNA assesses current and future health and wellbeing needs of the local population.

Reading's HWB includes local councillors, senior NHS and social care commissioners, and Healthwatch Reading.

For more information about the local JSNA visit: <http://jsna.reading.gov.uk/>

The RBC Health and Wellbeing Strategy can be found on the Reading Borough Council website at <http://www.reading.gov.uk/article/10736/Health-and-Wellbeing-Strategy---our-priorities/>

### Healthwatch

Healthwatch launched in April 2013, following the Patient and Public Involvement Act (2012), to give people a powerful voice locally and nationally in respect of their health and social care services. Healthwatch is the consumer champion for health and social care. Healthwatch exists on a national level as Healthwatch England and on a local level as 152 independent local Healthwatch groups across England, of which Healthwatch Reading is an example.

**Healthwatch Reading** helps people get the best out of their local health and social

care services; it works both to improve those services today and to help to shape them for tomorrow. Healthwatch Reading is about local voices being able to influence the delivery and design of local services. Not just people who use them now, but anyone who might need to use them in the future.

### What does Healthwatch Reading do?

- Provides people with information, advice and support about local health and social care services.
- Supports people who may have concerns or may want to make a complaint.
- Gathers the views and experiences of local people who have used or are using local services.
- Has the power to Enter and View adult health and social care services to get a feel for how the services are being delivered.
- Influences the way services are designed and delivered based on evidence from those who use services.
- Influences how services are set up and commissioned by having a seat on the local authority Health & Wellbeing Board.
- Passes information and recommendations to other local Healthwatch, Healthwatch England and the Care Quality Commission.

More information can be found at the Healthwatch Reading website at [www.healthwatchreading.co.uk](http://www.healthwatchreading.co.uk)

### How PPGs can work with Healthwatch

PPGs can use Healthwatch Reading in a number of ways to support their role, including:

- Asking Healthwatch staff to come and give updates about the work it is doing to get better health and social care for all people in Reading
- Asking Healthwatch staff to come and take evidence or feedback about important issues from the group or individuals
- Asking Healthwatch staff to come and explain to the group how the NHS complaints system works and the advocacy service it can provide for individuals
- Asking Healthwatch staff to promote PPG surveys, meetings or other activities via the Healthwatch Reading website and Twitter account
- Calling Healthwatch staff for advice on how to handle any 'crisis' situations that impact on patients e.g. how to deal with lots of media/public interest if a practice receives a poor CQC rating.

**Healthwatch England** influences the discussion and policy debates at national level on the key issues that affect children, young people and adults who use health and social care services. It develops an intelligent view of trends and consumer experiences at a national level based on evidence gained from:

- Views and experiences of people who use services locally and nationally
- Views and experiences gained by local Healthwatch
- Evidence gathered and shared by stakeholders and partners, including charities, professional bodies and those who support vulnerable people.

All of this evidence is used to highlight major issues and seek changes in policy, regulation and the delivery of health and social care services. Where very important issues arise, they are raised with the Secretary of State for Health, the NHS Commissioning Board, the Care Quality Commission and Monitor (regulators), or local authorities in England. By law, the organisations have to respond to what Healthwatch England has to say.

Healthwatch England also provides support and advice to local Healthwatch. More information can be found at the Healthwatch England website at [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

## Who provides all the health and social care in Reading?

A 'provider' is an organisation that provides health care services to individuals, families or communities. In Reading our main local health providers are:

- Royal Berkshire NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- South Central Ambulance Service
- **Primary and community care provided by GP practices, dentists, pharmacies and opticians.**

### Royal Berkshire NHS Foundation Trust

Royal Berkshire NHS Foundation Trust (RBFT) is one of the largest general hospital foundation trusts in the country. The hospital provides acute medical and surgical services to Reading, Wokingham and West Berkshire and specialist services to a wider population across Berkshire and its borders. As well as the main Royal Berkshire Hospital located on the London Road in Reading, the Trust also provides services at The Prince Charles Eye Unit based at King Edward VII Hospital in Windsor, and The Royal Berkshire Bracknell Clinic providing cancer and renal services based in Bracknell. The Trust provides an acute out-patient department and day surgery unit at the West Berkshire Community Hospital in Thatcham and out-patient services at Townlands Hospital in Henley, plus dialysis services for patients of East Berkshire at a unit in Windsor.

More information about RBFT can be found on their website at:

[http://www.royalberkshire.nhs.uk/about\\_us.htm](http://www.royalberkshire.nhs.uk/about_us.htm)

### Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust (BHFT) provides specialist mental health and community health services to a population of about 900,000 across Berkshire. The Trust operates from more than 100 sites across Berkshire including community hospitals (Wokingham, West Berkshire and several in East Berkshire) and the mental health in-patient hospital at Prospect Park in Reading. The majority of people supported by the Trust are cared for in their own homes and in the community.

The range of services provided are extensive such as Health Visitors, Cardiac Rehabilitation service, teams working with care home staff to improve care offered to people with dementia in long term care, Community Mental Health Teams (CMHT), Child and Adolescent Mental Health Service (CAMHS), Community Nursing and the Diabetic Eye Screening Service. More information about BHFT can be found on their website at: <http://www.berkshirehealthcare.nhs.uk/>

**Prospect Park Hospital** is the main hospital for people in Berkshire who suffer from mental illness. The hospital provides a number of admission wards, a therapeutic day service, a specialist unit for people

with learning disabilities, specialist wards for older people, and both high dependency and rehabilitation wards.

<https://www.berkshirehealthcare.nhs.uk/our-services/adult-healthcare/mental-health-inpatients-for-adults/>

### **South Central Ambulance Service NHS Foundation Trust**

South Central Ambulance Service NHS Foundation Trust (SCAS) was established on 1<sup>st</sup> July 2006 following the merger of four ambulance trusts in Berkshire, Buckinghamshire, Oxfordshire and Hampshire. The Trust covers 3,554 Sq.miles with a residential population of over 4 million people. On 1<sup>st</sup> March 2012 the service gained trust status.

The emergency operation centres handle around 500,000 emergency and urgent calls each year.

As well as providing services in response to 999 calls and the patient transport service, SCAS also provide the new 111 service for Berkshire, Buckinghamshire Hampshire and Oxfordshire. The call handlers use the NHS pathways assessment tool, a standard set of questions to establish what service the caller may need.

For more information about SCAS visit their website at: <http://www.southcentralambulance.nhs.uk/>

Each of the above foundation trusts are accountable to their local communities through their members and governors; to commissioners through their contracts; to the Care Quality Commission through the legal requirements for their registration and to Monitor through their NHS provider licenses.

### **Primary Care provided by GP practices, dentists, pharmacies and opticians.**

These services are commissioned regionally and provided locally. To see all local providers of these services visit [www.nhs.uk](http://www.nhs.uk)

### The Berkshire West Integrated Care System (ICS)

The Berkshire West ICS was set up in 2017 as a way for members to make joint decisions about the 'Berkshire West health pound'. It is currently only one of 10 areas approved by NHS England to test out this new way of working.

It is formally made up of:

- Berkshire West Clinical Commissioning Group – which plans and funds NHS services for people living in Reading, Wokingham and West Berkshire
- Royal Berkshire NHS Foundation Trust – which provides A&E and inpatient hospital services
- Berkshire Healthcare NHS Foundation Trust – which runs Prospect park Hospital in Reading and provides community and mental health services
- Berkshire West GP Alliance – representing four 'GP Alliances' – companies owned by GP practices which are working together to deliver primary care to local people. The four alliances are:
  - North and West Reading GP Alliance, made up of Balmore Park, Emmer Green, Western Elms, Tilehurst, Theale, Mortimer and Pangbourne surgeries
  - Reading Primary Care Alliance, made up of 13 south Reading practices: Milman Road, Longbarn Lane, South Reading & Shinfield, London Street, Grovelands, Tilehurst Village, Westwood Road, Melrose, Kennet, Pembroke, Eldon Rd, Chatham Street, Abbey Medical and Russell Street
  - Newbury GP Alliance
  - Wokingham GP Alliance

To support patient and public input into the ICS, a Healthwatch ICS officer post has been created to ensure the individual work and feedback collected by local Healthwatch in Reading, Wokingham and West Berkshire, informs ICS projects. You can contact this postholder by emailing [info@healthwatchreading.co.uk](mailto:info@healthwatchreading.co.uk).

More information about the ICS can be found at <http://www.berkshirewestics.org/>

### The Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (STP)

The Berkshire West ICS is part of a 'BOB', one of 44 NHS regional structures. BOB also includes Oxfordshire Clinical Commissioning Group, and Buckinghamshire ICS.

## Who checks standards of care?

There are two regulators of services that are important to know about when thinking about health and social care in Reading: the Care Quality Commission (regulates quality of care in a range of settings) and Monitor (the financial regulator for 'foundation trusts', such as Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust are both regulated by Monitor.)

### Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of the quality of health and adult social care in England. It ensures that the care provided by hospitals, dentists, GP practices, ambulances, care homes and home care agencies meet government standards of quality and safety.

All health and social care services across England have to be registered with the Care Quality Commission, who inspect them to check if the standards are being met. During the inspections the CQC will ask people who use the service they are inspecting about their experiences of the care they receive. The inspectors will also talk to care staff and check the right systems and processes are in place. They then judge if the standards are being met and publish a report of the findings. If a service is not meeting standards the CQC takes action to ensure the service improves. The CQC has a range of powers to ensure the changes are made and if not can take action to suspend or cancel the provider's registration and prosecute if necessary. The CQC works with local authorities, regulators and other agencies to ensure the necessary actions are taken.

Between inspections the CQC continually monitors all information it is given about a service. The CQC encourages patients and the public to get involved, especially sharing experiences about particular care services, both good and bad, as this helps the CQC to decide where, when and what to inspect and helps inspectors to spot problems or concerns in care.

From 1st April 2013 by law all GP practices must be registered with the CQC and show that they are meeting the national standards. The CQC inspectors normally speak to members of the PPG, if there is one at the practice they are inspecting; this is usually the

chair plus an additional member of the PPG. Your PPG may wish to learn more about the CQC and the inspection process, to be prepared for future inspections. The CQC have produced a guide especially for PPG's - 'A guide for working together - The Care Quality Commission and patient participation groups' (June 2013) To order a copy contact the CQC on 03003 230200 or visit their website here:

**<http://www.cqc.org.uk/content/materials-display-your-gp-practice>**

Materials to display in your GP practice are also available on this page.

For more information about the CQC you can visit the CQC homepage:

**<http://www.cqc.org.uk/>**

## GP practice contact information

### North & West Reading area

Made up of 9 GP practices

Serving a population of 107,000 people in North & West Reading

<b>Baltimore Park Surgery</b>	<a href="http://www.baltimoreparksurgery.co.uk">www.baltimoreparksurgery.co.uk</a>	0118 947 1455
<b>Boathouse Surgery</b>	<a href="http://www.pangbournesurgery.co.uk">www.pangbournesurgery.co.uk</a>	0118 984 2234
<b>Circuit Lane Surgery</b>	<a href="http://www.circuitlanesurgery.co.uk">www.circuitlanesurgery.co.uk</a>	0118 958 2537
<b>Emmer Green Surgery</b>	<a href="http://www.emmergreensurgery.co.uk">www.emmergreensurgery.co.uk</a>	0118 948 6900
<b>Mortimer Surgery</b>	<a href="http://www.mortimersurgery.co.uk">www.mortimersurgery.co.uk</a>	0118 933 2436
<b>Peppard Road Surgery</b>	<a href="http://www.peppardroadsurgery.co.uk">www.peppardroadsurgery.co.uk</a>	0118 946 2224 (No PPG)
<b>Theale Medical Centre (&amp; Branch Surgery at Calcot Surgery)</b>	<a href="http://www.thealemedicalcentre.com">www.thealemedicalcentre.com</a>	0118 930 3081
<b>Tilehurst Surgery</b>	<a href="http://www.tilehurstsurgery.co.uk">www.tilehurstsurgery.co.uk</a>	0118 942 7528
<b>Western Elms surgery</b>	<a href="http://www.westernelms.com">www.westernelms.com</a>	0118 959 0257

### Surgeries in South Reading area

Made up of 16 GP practices

Serving a population of 125,000 people in South Reading

<b>Abbey Medical Centre</b>	<a href="http://www.abbeymedicalreading.co.uk">www.abbeymedicalreading.co.uk</a>	0118 957 3752
<b>Chatham Street Surgery</b>	<a href="http://www.chathamstreetsurgery.co.uk">www.chathamstreetsurgery.co.uk</a>	0118 950 5121
<b>Chancellor House surgery (0118 931 0006) &amp; Tilehurst Village surgery (0118 945 2612)</b>	<a href="http://www.chancellorhousesurgery.co.uk">www.chancellorhousesurgery.co.uk</a>	0118 9310006
<b>Eldon Road Surgery</b>	<a href="http://www.eldonroadsurgery.co.uk">www.eldonroadsurgery.co.uk</a>	0118 939 1919
<b>Grovelands Medical Centre</b>	<a href="http://www.grovelandsmedicalcentre.co.uk">www.grovelandsmedicalcentre.co.uk</a>	0118 9582525
<b>Kennet Surgery</b>	<a href="http://www.kennetsurgery.co.uk">www.kennetsurgery.co.uk</a>	0118 966 6696
<b>London Street Surgery</b>	<a href="http://www.londonstreetsurgery.co.uk">www.londonstreetsurgery.co.uk</a>	0118 907 2994

<b>Longbarn Lane Surgery</b>	<a href="http://www.longbarnlanesurgery.co.uk">www.longbarnlanesurgery.co.uk</a>	0118 987 1377
<b>Melrose Surgery</b>	<a href="http://www.melrosesurgeryreading.co.uk">www.melrosesurgeryreading.co.uk</a>	0118 959 5200
<b>Milman Road</b>	<a href="http://www.milmanroadhealthcentre.co.uk">www.milmanroadhealthcentre.co.uk</a>	0118 986 2286
<b>Pembroke Surgery</b>	<a href="http://www.pembrokesurgery.com">www.pembrokesurgery.com</a>	0118 935 2121
<b>Reading Walk-In Centre</b>	<a href="http://www.readingwalkinhealthcentre.nhs.uk">www.readingwalkinhealthcentre.nhs.uk</a>	0118 902 8300
<b>Russell Street Surgery 0118 907 9976 (&amp; Coley Park 0118 907 9712) (&amp; Burghfield Medical Centre (0118 907 9965)</b>	<a href="http://www.russellstreetsurgery-drswami.nhs.uk">www.russellstreetsurgery-drswami.nhs.uk</a>	0118 907 9976
<b>South Reading Surgery 0118 931 3515 &amp; Shinfield Medical Practice 0118 976 9100</b>	<a href="http://www.srssurgery.co.uk">www.srssurgery.co.uk</a>	0118 931 3515
<b>University Medical Practice incorporating Whitley Villa Surgery</b>	<a href="http://www.readinguniversitymedicalpractice.nhs.uk">www.readinguniversitymedicalpractice.nhs.uk</a>	0118 987 4551
<b>Westwood Road Health Centre 0118 942 7421 &amp; Whitley Wood Lane Surgery 0118 987 6522 &amp; Overdown Road Surgery 0118 942 5432</b>	<a href="http://www.thewestwoodroadpractice.co.uk">www.thewestwoodroadpractice.co.uk</a>	

More information can be found on Berkshire West Clinical Commissioning website at <http://www.berkshirewestccg.nhs.uk/> This website provides a wide range of information about the NHS, a useful reference for PPGs.

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