

**SUMMARY OF RECOMMENDATIONS OF THE WORKING GROUP LOOKING AT SELF-ASSESSMENT OF
THE PATIENT PARTICIPATION GROUP**

No further attempts have been made to broaden the age range of the members. The P.P.G. needs to examine whether reflecting the indigenous population within the group is necessary.

The Constitution It is not being honoured - changes need to be made in order to preserve joint ownership by the Practice and the P.P.G. of the revised document.

The Deputy Practice Manager attends the Practice Management meetings and it is recommended as a minimum P.P.G. issues are a standing item on Practice Management meetings after each quarterly P.P.G. meeting. This would ensure the P.P.G. continues to be owned as an integral part of the Practice's management.

Display Poster supplied by SMP. should be housed at the Delph surgery occasionally.

The P.P.G. needs to delegate a person to look at the website before each meeting to enable the P.P.G. to act on issues raised.

The various means of assessing what concerns patients – friends and family etc. need to receive more attention at P.P.G meetings. ALL methods of communicating with patients need to be integrated with a P.P.G. member at the helm measuring the views of patients are heard and discussed through the medium of the P.P.G.

The P.P.G needs to delegate a person to agree the contents on the Notice Boards by appointing a member of the management team and a P.P.G. member to oversee information considered for posting.

The P.P.G. Complaints ' documents should be accepted by the practice's management. It should be a document which is jointly-owned.

P.P.G. Working group – Royce Franklin, Chair, Ian Brocklehurst; Joyce Brown and David Makin

23.9.19