

ICB guidelines – responding to You and Your General Practice feedback

Purpose

1. This guidance is designed to support ICBs through the implementation of You and Your General Practice (YYGP), which was introduced as part of the 2025/26 GP contract agreement¹. It outlines what ICBs may wish to consider when supporting local implementation.

Background

2. YYGP is a charter for general practice and describes what practices and patients can expect of each other. Patients are encouraged to be on time, be prepared and avoid wasted appointments by cancelling early. Practices can support patients in a range of ways such as making reasonable adjustments. It also describes how patients (or their representatives) can give feedback or raise concerns.
3. YYGP will become enforceable no later than 1 October 2025, following updated contracts and contract variations being issued to GP practices as part of 2025/26 GP contract changes. Practices will be required to share a link to the [YYGP document](#) on their practice website. YYGP will also be made available in different languages [on NHS England's website](#) which will go live **on 19 August 2025**.

¹ YYGP will be included in the GMS, PMS and APMS contracts. It has been included in the GMS and PMS regulations at [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2025](#)




Responding to feedback and concerns

4. Practices will be the first point of contact for patients (or representatives) providing feedback or expressing concerns. It may be useful for ICBs to ask practices to nominate a practice lead as the main point of liaison for those issues that have been escalated to, or raised directly with, the ICB.
5. ICBs must ensure they have processes in place (by 15 September 2025) for patients and their representatives to provide feedback or raise concerns about YYGP, which was introduced as part of the 2025/26 GP Contract agreement.
6. Patients may also raise concerns or provide feedback through their local Healthwatch, who have been asked to support in this process. ICBs should therefore ensure they have a process to receive feedback through this route and maintain close links with their Healthwatch (or successor organisation).
7. Information gathered from YYGP concerns and feedback will provide useful system intelligence. This should be considered and used as part of ICBs' routine processes to understand general practice performance, supporting overall quality improvement and development of practices and PCNs. ICBs may wish to utilise this intelligence as part of assessing against their June plans for the year.
8. Formal complaints should be handled separately through ICBs' existing complaints processes and are therefore out of scope of this guidance. However, ICBs may use their existing infrastructure to manage YYGP concerns and feedback. For guidance on what might be considered a complaint rather than a concern, see Appendix 1.

The role of ICBs in YYGP

9. By 15 September 2025, in addition to and separately from their existing complaints processes (for the reasons outlined in paragraph 8), ICBs must ensure there is a clear process available for patients or their representatives to contact them to raise feedback and concerns either digitally, by phone or by post. ICBs should set up a dedicated email address or a digital form to receive YYGP feedback. Information about this should be prominently displayed on their websites. Practices should be encouraged to link to ICB contact information in the section of their website where they share the YYGP document.
10. NHS England is introducing a new question in the 2025/26 annual electronic GP Practice self-declaration (eDEC) to monitor compliance with the requirement to link to YYGP documentation on the practice website. ICBs should use the data from the eDEC returns to follow up with their constituent practices on any reported non-compliance.
11. ICBs may wish to document feedback and concerns received directly and, where appropriate, identify actions as part of their improvement and development support to practices and PCNs. ICBs may wish to integrate YYGP feedback into existing performance management and quality improvement processes with GP practices and PCNs.



12. The data provided from YYGP feedback will provide opportunities for ICBs to review services and facilitate practice improvement journeys. ICBs may wish to consider how they use the rich data set expected to emerge from feedback alongside other improvement information and share this intelligence with their boards.

Documenting and actioning feedback or concerns

13. ICBs may wish to document feedback or concerns raised to ensure adherence to YYGP commitments and identify areas for improvement. When a quality improvement issue is identified, ICBs are expected to follow up with the practice concerned and support them to make relevant quality improvements.

14. ICBs may wish to collect the following data items:


- the date the feedback or concern was raised
- the name and ODS code of the practice to which it relates (and/or practitioner)
- whether it was feedback or a concern
- the type of concern or feedback (for example, quality, safety, access)
- a short description of the feedback or concern
- the channel through which the feedback or concern was received (phone, email, digital form, other)
- the outcome (and whether further action is needed)

15. The contractual requirement is that GP practices must link to the YYGP document published by NHS England. It is recommended that both practices and ICBs have an appropriate contact mechanism for patients and Healthwatch.

16. ICBs should consider how they will make sure YYGP is implemented effectively and may wish to explore how they use the intelligence generated from this process to inform service and quality improvement.

17. ICBs may wish to monitor key metrics relating to feedback or concerns raised under YYGP and share this information with their regional teams to support service improvement.

Metrics	Aim	Learning and quality improvement process
Number and percentage of practices linking to YYGP documentation on their practice website	100% – this is a contractual requirement	<p>ICBs and regions to review 2025 eDEC and follow up on any reported non-compliance</p> <p>Raw eDEC data will be available to ICBs from 24 November 2025 (subject to collection close). National exception report will be available by the end of February 2026</p> <p>ICBs should carry out regular spot checks as part of routine performance and contractual management processes</p>
The ICB must ensure they have a dedicated email address or online form to receive and respond to patient feedback and concerns. ICBs should also set up and confirm non-digital means of receiving comments, including a phone number and a postal address	Patients can submit YYGP feedback and concerns to the ICB	ICBs to ensure they have a clear process in place to respond to patients and their representatives and to use intelligence to inform support offers and drive quality improvement
The ICB must confirm to NHS England by 15 September 2025 that they have a process in place and dedicated email address or online form in	To ensure regional oversight and assurance of local implementation	ICBs to ensure they have a clear process in place to respond to patients and their representatives



place and operational, allowing it to receive and respond to feedback and concerns		Regional teams to monitor and assure
The number of concerns or feedback received, with monitoring of the themes of the concerns or feedback	To provide an overarching view of YYGP	ICBs may wish to monitor emerging themes in the feedback to identify early findings, support service quality reviews, drive practice improvement and share best practice

If an issue is treated as a formal complaint – regardless of how it was initially raised – it must be [managed through the ICB's existing complaints procedures and reported through the KO41b return](#).



Annex 1: Guiding principles

1. 'Feedback' may be positive or negative and may need to be shared with the relevant person or organisation.

For example, the feedback might say that a community outreach session was not useful. The content of the session might be reviewed in response. However, if someone says they received poor care at the same session or suffered an access issue, that might be viewed as a complaint and managed through the ICB's complaints process.

2. 'Concerns' may refer to issues that require follow-up but are not serious enough to be treated as formal complaints. They should all be documented by the ICB and, where appropriate, discussed with the relevant GP practice or PCN and any corrective action agreed.

For example, if 10 people raised a concern that they could not access online consultation tools every afternoon, the ICB should monitor this and agree corrective action with the practice or PCN.

3. If the ICB considers an expression of feedback or concern is actually a potential complaint that needs to be managed under the formal complaints process by the ICB complaints team, the patient should be made aware the issue may be managed as a complaint. Examples of when a concern may need to be treated as a formal complaint include issues relating to clinical safety, patient privacy or dignity, or potential breaches of legal obligations by the practice. Local judgement will need to apply.

For example, a patient may raise a concern that a practitioner did not obtain appropriate consent before sharing their medical information with a family member. As this is a legal obligation, the practice or ICB may treat this as a formal complaint.

4. If a formal complaint is made, the ICB will be expected to follow its existing (and separate) complaints procedure. The process in this document is not intended to address formal complaints or replace the existing complaints process.