

**NHS Commissioning Board
Arden, Herefordshire and Worcestershire Area Team**

**Directed Enhanced Service (DES)
Patient Participation Scheme 2013-14**

1. Introduction

In accordance with the DES Directions effective on 1st April 2013, the Patient Participation Scheme DES is offered to all GP Practices in the Arden, Herefordshire and Worcestershire Area Team of the NHS Commissioning Board. It is a one year DES which is effective until 31st March 2014.

2. Aim

The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice. It aims to encourage and reward practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services.

The DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local practice survey. The outcomes of the engagement and the views of patients are to be published on the practice website.

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

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

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

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

3. Duration

The Patient Participation Scheme Directed Enhanced Services will operate from 1st April 2013 to 31st March 2014. The Practice will need to sign and complete this agreement if they wish to participate by **30th June 2013**. Practices will also need to indicate whether or not they have previously participated in this scheme for the period 2011-2013.

4. Achieving the Agreement

There are a number of key steps to this one year DES:

Practices must:

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

More details on these steps are set out below.

Step 1: Develop a Patient Reference Group (PRG)

The practice must, if not already established, develop a properly constituted structure that both reflects and gains the views of its registered patients and enables the practice to obtain feedback from a cross section of the practice population which is as representative as possible.

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

Whichever approach is adopted by the practice, there must be a structure or process in place for regularly engaging with a representative sample of the population. Using a strict definition, no PRG will ever be truly representative. Many practices have incredibly diverse patient populations and all have patients of different ages and with a wide variety of different needs.

Practices participating in this DES must strive to gain feedback from a representative cross section of the practice population. Practices should be able to outline the steps they have taken to do this and demonstrate that they have made an effort to engage with any underrepresented groups.

To do this, the practice needs to have an understanding of its practice profile, beyond just age and sex, which could include social factors such as working patterns of patients, levels of unemployment, number of carers, black and minority ethnic groups. Local Involvement Networks (LINKs), Local HealthWatch and voluntary organisations may be

able to support practices engage with marginalised or vulnerable groups, such as elderly patients or patients with learning disabilities.

Where a practice has been unable to encourage participation by a certain patient group, it must demonstrate what steps have been taken to try and engage that group. The practice will only qualify for any payment under this DES if it is able to clearly demonstrate that it has established a PRG comprising only of registered patients and used its best endeavours to ensure that the PRG is representative of its registered patients.

There are steps that practices can take to ensure patient representation groups are as representative as possible. The starting point is to use the age and sex make up of their registered list. Practices should be collecting ethnicity routinely in order to be able to demonstrate that they meet the health needs of their registered population. It is important that the ethnic make-up of the practice is reflected in the representative group, as far as possible.

The practice team will also have local knowledge of specific care groups that the practice caters for, for instance it may look after a number of nursing homes, or a learning disability community, or it may have a high number of drug users. The practice should try to ensure that specific care groups are reflected in the representative group wherever possible. Practices should set up a PRG of a reasonable size which is representative of the practice population. Practices should particularly ensure that they comply with the Equality Act when developing a PRG. Information on compliance can be found on the Equality and Human Rights Commission website, in the Government Equalities Office guide and on the Advisory, Conciliation and Arbitration Service website.

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

While advertising in the surgery and in the practice leaflet will help, asking patients personally to join a group (virtual or otherwise) has been shown to be very effective. Asking new patients at the point of registration as well as at routine surgery visits also helps to reach those people who attend infrequently. This can be done either at reception or at the end of a consultation by simply handing a leaflet to patients. For more information and tools on establishing a PRG see the Getting Started Guide in the Appendix 2.

Step 2: Agree areas of priority with the PRG

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

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

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

- National GP patient survey issues.

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

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

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

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

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

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

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

Guidance on conducting effective surveys can be found at:

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

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

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

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

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

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

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

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

If the local practice survey points to the desire for significant change in a service or services provided, or in the way in which services are delivered, the practice must, before it makes the change, seek the agreement of its PRG to any proposals it makes. Where a practice proposes any significant change to a service or services they provide to which PRG agreement has not been obtained, the practice must obtain the agreement of its Area Team to its proposals.

Significant change would include a change in opening hours. Changes which impact on contractual arrangements also need to be agreed with the Area Team.

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

Following the discussions in Step 4, an action plan will be agreed with the PRG. The practice should then seek the agreement of the PRG in implementing the changes and where necessary inform the Area Team.

Steps 4 and 5 could take place at the same meeting, at separate meetings via an email group, or a combination of these or other methods.

Step 6: Publicise actions taken – and subsequent achievement

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

- a. a description of the profile of the members of the PRG
- b. the steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category
- c. details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey
- d. the manner in which the contractor sought to obtain the views of its registered patients
- e. details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan

- f. details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented
- g. a summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey
- h. details of the action which the contractor,
 - i. and, if relevant, the Commissioner, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey
 - ii. where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report
- i. the opening hours of the practice premises and the method of obtaining access to services throughout the core hours
- j. where the contractor has entered into arrangements under an Extended Hours Access scheme, the times at which individual healthcare professionals are accessible to registered patients.

A copy of this report **must** also be supplied to the Area Team by 31st March 2014.

Information on opening hours and progress on the key actions identified with the PRG, should be updated as needed in the practice leaflet and on the practice website. Where a practice does not already have a website, one must be set up.

The guidance document *Improving access, responding to patients: A 'how-to' guide for GP practices* has a section on 'Why and how to create a website' which practices might find useful.

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

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

Publication of the results and practice opening times might include:

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

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

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

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

Frequency and sample size

An appropriate sample size should be discussed and agreed with the PRG and should be methodologically appropriate for the survey being used. Equivalent on-going engagement with a smaller number of patients would also allow the use of real-time feedback – as mentioned in the White Paper. For more information see *A best practice guide to using real-time patient feedback*.

5. Remuneration and Validation

The practice will receive an overall payment of £1.10 per patient registered with the practice on 1 April 2013 and based on its achievement of the various steps as follows:

DES component	Practices taking part for the first time - Weighting of Payment	Practices who have previously taken part - Weighting of payment
1. Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative of its registered patients	20%	0%
2. Agree with the PRG which issues are a priority and include these in a local practice survey.	20%	10%
3. Collate patient views through local practice survey and inform the PRG of the findings.	20%	20%
4. Provide PRG with opportunity to comment and discuss findings of local practice survey. Reach agreement with PRG of changes in provision and manner of delivery of services. Where relevant, notify the Board of the agreed changes	20%	30%
5. Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform the Board	20%	30%
6. Include details of the actions taken in the Local Patient Participation Report, and publish on the practice website	0%	10%

Payment will be made to the practice by no later 31st May 2014 and will be based on the content of the report published by the practice on its website. The report must have been completed and publicised on the practice's website by no later than the 31st March 2014.

Failure to publish its report to the practice website by the 31 March 2014 deadline date will result in no payment being made to the practice under the terms of this DES. Posting to the website by or before the 31st March 2014 is entirely a practice responsibility.

Payment will be based on the evidence provided in the practice report that each successive component has been achieved. Should a practice not complete any component by the 31st March 2014 deadline date for posting the practice report, it will not receive the payment due for that component.

Payment for the achievement of a component is dependent on the previous components having been successfully completed, for instance a practice cannot receive a payment for discussing and agreeing with its PRG any changes the practice proposes (step 4) if the practice has not beforehand collated the views of patients through the use of a local survey (step 3).

The Board will have the right to view the published report before making payment to the practice. A copy of this report therefore **must** also be supplied to the Area Team by 31st March 2014 along with a link to where it is published on the practice site.

6. Variation and Termination of this agreement

Either party may terminate this agreement by:

- Immediate notice if a practice fails to carry out its obligations
- Giving at least 3 months' notice of termination of the agreement in agreement with the Area Team
- Giving at least 3 months' notice to patients of discontinuation of service during the life of the agreement

The Area Team reserves the right to review and update this service specification in line with national Directions, giving the appropriate notice where possible and will require practices to take action accordingly.

7. Participation Agreement.

This document constitutes an agreement between the NHS Commissioning Board (**the commissioner**) and a GMS/PMS or APMS contractor (**the contractor**) in respect of delivering an enhanced service for Patient Participation.

By entering into this agreement the contractor enters into an arrangement to deliver enhanced primary medical services:

- (i) in line with the requirements of the service specification published by the commissioner which is deemed to be a part of this agreement (and which may be attached for reference); and,
- (ii) for the duration specified below.

Duration of agreement: From 1st April 2013 to 31st March 2014

The contractor reserves the right to withdraw from the enhanced service by giving 3 months' notice to the commissioner. The commissioner reserves the right to terminate this agreement should the contractors GMS/PMS/APMS contract be terminated or be subject to such conditions that in the reasonable opinion of the commissioner warrant early termination.

Signed on behalf of **the commissioner**

Date

Signed on behalf of **the contractor**

Date

Please note for GMS practices, one partner may sign, for PMS and APMS contractors, all signatories to the PMS or APMS agreement must sign. Please sign two copies of this agreement and return to the address overleaf.

Practice stamp:

Practice M Code: _____

Please return by **30th June 2013** to:

<p>Did the Practice participate in the Patient Participation DES for the period 2011-13 Please circle: Yes No</p>

Please sign two copies of this agreement and return to:

(Coventry and Warwickshire Practices)

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