

**DIRECTED ENHANCED SERVICE (DES)
PATIENT PARTICIPATION SCHEME**

Part 1: Activity and Resources

1.1 INTRODUCTION

- 1.1.1** 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.
- 1.1.2** The DES aims to promote the practice 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.
- 1.1.3** The DES will last for two years starting in April 2011.

1.2 AIMS OF THE SERVICE

- 1.2.1** Practices will establish a Patient Reference Group (PRG) comprising only of registered patients. This may be a formal Patient Participation Group (PPG) or a similar group that is representative of the practice population, which would feed in its views alongside the finding from the surveys and agree with the practice the priority areas for possible change. This would result in an action plan to be agreed between practices and the PRG.
- 1.2.2** Practice taking part in this DES will also carry out a properly constituted survey of a sample of the practice's patients looking at a broad range of areas which could include convenience of access (opening times, ability to book ahead, ability to be seen quickly, telephone answering), patients' experience of the treatment and service they receive, the physical environment in the surgery and other issues specific to each practice.
- 1.2.3** There is a requirement that the contractor, if it has not already done so, establish a website to include information on the services provided by the contractor under the terms of its primary medical services contract.

- 1.2.4** It is a condition of participating in the Patient Participation DES that the quality of access currently provided by a practice in respect of obtaining an appointment within two working days and the ability to book ahead should be maintained, unless there is clear evidence from patient feedback to support a change.

1.3 SERVICE TO BE PROVIDED

- 1.3.1** The key requirements of the patient participation arrangements are that GP Practices:

Step 1: develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. PRG;

Step 2: agree areas of priority with their PRG;

Step 3: collate patient views through the use of a patient survey;

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

Step 5: agree action plan with PRG and seek PRG agreement to implement changes;

Step 6: publicise the actions taken and subsequent achievements on the practice website.

For more details on these steps please refer to the attached document in section 1.4.

- 1.3.2** Where such changes are significant and the Patient Reference Group does not agree to such changes related to, or impact on, the terms of the primary medical services contract, discuss the proposed changes with the PCT and obtain agreement of the PCT or successor body before such changes are implemented

- 1.3.3** Practices can either choose to repeat this six-step process at a minimum of every 12 months with an appropriate sample of their practice population or demonstrate that they have undertaken an equivalent ongoing engagement with a smaller number of patients more frequently. An appropriate sample size should be discussed and agreed with the PRG and should be methodologically appropriate for the survey being used.

1.4 RESOURCES

For further guidance on the Patient Participation DES and audit requirements for 2011/2012 -2012/2013, please see attached document:



Patient Participation
DES Guidance.pdf

Part 2: Payment Mechanism

2.1 The practice will receive an overall payment of **£1.10** per registered patient as at **1st January 2011** based on its achievement of the various steps as follows:

Appendix 1

DES component	Weighting of payment – year one	Weighting of payment – year two
Step 1. Establish a PRG comprising only registered patients and use best endeavours to ensure PRG is representative.	20%	0%
Step 2. Agree with the PRG which issues are a priority and include these in a local practice survey.	20%	10%
Step 3. Collate patient views through local practice survey and inform PRG of the findings.	20%	20%
Step 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 the PRG does not agree significant changes, agree these with the PCT.	20%	30%
Step 5. Agree with the PRG an action plan setting out the priorities and proposals arising out the local practice survey. Seek PRG agreement to implement changes and where necessary inform the PCT.	20%	30%
Step 6. Publicise the Local Patient Participation Report (LPP Report) on the practice website and update the report on subsequent achievement.	0%	10%

2.2 Payment will be made to the practice by the PCT or successor body by no later than **May 2012 (year 1)** and **May 2013 (year 2)** and will be based on the content of the report published by the practice on its website.

2.3 Failure to publish the LPP Report to the practice website and submit a copy to the PCT by the **31 March deadline date will result in no payment** being made to the practice under the terms of this DES for the year concerned.

2.4 Payment will be based on the evidence provided in the practice report that each successive component has been achieved.

- 2.5** Should a practice not complete any component as outlined in **Appendix 1** by the 31 March deadline date for posting the practice report, the practice 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).
- 2.6** The PCT or successor body will have the right to view the published report before making payment to the practice.

Part 3: Performance Management

3.1 ACTIVITY FOR SUBMISSION TO THE PCT

- 3.1.1** Practices are required to complete the steps as outlined in **Appendix 1**.
- 3.1.2** It is a requirement that the contractor includes the following in the LPP Report;
- a)** a description of the profile of the members of the Patient Reference Group;
 - b)** the steps taken by the contractor to ensure that the Patient Reference Group 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 action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposal should not be implemented;
 - f)** a summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey;
 - g)** details of the actions which the contractor and, if relevant, the PCT intend to take as a consequence of discussions with the Patient Reference Group in respect of the results, findings and proposals arising out of the local practice survey;
 - h)** and where it has participated in the Scheme for the year, or any part thereof, ending 31st March 2012, 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; and

j) where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual health care professionals are accessible to registered patients.

3.2 FREQUENCY OF SUBMISSION

3.2.1 The Local Patient Participation Report (LPP Report) must be completed and publicised on the practice's website and a copy submitted to the PCT by no later than the **21 March each year the DES covers**, i.e. to qualify for year 1 payment the practice report must have been posted to the practice website by no later than the 31 March 2012 of year 1; and to qualify for year 2 payments by 31 March 2013 of year 2.

3.2.2 Posting the LPP Report on the practice website by or before the 31 March is entirely a practice responsibility.

3.1 WHERE TO SUBMIT EVIDENCE

3.3.1 An electronic copy of The Local Patient Participation Report (LPP Report) must be submitted to the following address:

ESClaims@northants.nhs.uk

Part 4: Additional Information

4.1 This DES is time limited to two years, i.e. it commences on 1 April 2011 and ends on the 31 March 2013 (the last date for posting a practice report to the practice's website). However, subject to the joint agreement of the GPC and NHS Employers on behalf of the Department of Health, the terms and conditions of the DES can be amended for 2012/13, i.e. year 2.

4.2 While this is a two-year DES, many of the key stages are annual and assume an iterative approach being adopted by a participating practice in developing the information being included in the practice report it posts to the practice website. The expectation is that the year 2 reports posted by practice should build upon the year 1 report, demonstrating how issues raised in year 1 have been addressed.