Patient Participation Directed Enhanced Service frequently asked questions

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BMA

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Introduction

NHS Employers and the General Practitioners Committee (GPC) of the British Medical Association (BMA) have compiled these frequently asked questions (FAQs) on the Patient Participation Directed Enhanced Service (DES) to provide additional information on the DES. They are supplementary to the Patient Participation Guidance and Audit requirements and the legal underpinning to the DES – the DES Directions and the Statement of Financial Entitlements Directions.

Patient Reference Groups

1. Is there a minimum number of patients who must be included in a Patient Reference Group (PRG)?

No, there is no minimum number of participants or a minimum percentage of the patient list that must be included. Practices should set up a PRG that is of sufficient size to be as representative as possible of their practice population. If this is not possible practices should be able to show the steps they have taken to try and achieve this.

It will be up to practices to explain to their primary care trust (PCT) why they have chosen to use a particular format for their PRG and show that they have attempted to make it as representative as possible. However, the DES does not permit PCTs to specify that a PRG must be of a minimum size.

2. Can my existing Patient Participation Group become a Patient Reference Group for the purposes of the DES?

Practices may decide to use their existing Patient Participation Group (PPG) as the basis of their PRG. However, for the purposes of the DES, it is vital that the PRG is as representative as possible of the patient population. This may mean that the practice has to look beyond their current PPG membership to achieve this.

If a practice feels its current PPG is not sufficiently representative, it may decide to invite more patients to join or may decide to use an additional forum to involve a wider selection of patients. For instance, the practice might decide to retain its current PPG but also set up a 'virtual' group who they contact by email but who do not attend 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. Practices should consider the needs of patients for whom a virtual group would be inaccessible.

The annex to the BMA/NHS Employers guidance on the DES gives a 'Getting Started' guide to setting up a virtual group. In addition, the NAPP website includes a case study of practices setting up their own virtual groups.

3. How can practices ensure that PRGs are representative of the patient population and what should they do to try to engage hard to reach groups?

It may not always be possible to make a PRG fully representative of a patient population, especially for practices in particularly diverse areas. However, it will be important for the practice to demonstrate to the PCT that it has attempted to engage as representative a group of patients as possible.

The DES notes that a practice should put together a profile of its patients that is more detailed than age and sex. Although it is no longer compulsory for practices to continue to record ethnicity and first language, practices may find it useful to continue to do so. They will also be aware of specific groups of patients, such as residents of a nursing home.

There are a number of groups that practices are likely to find difficult to engage with. These might be, for example, people who do not speak English as a first language, mental health service users, or carers. Practices will need to ensure they try to reach hard to reach groups such as these.

The BMA's Patient Liaison Group (PLG) has put together a checklist on how to encourage participation among hard to reach groups, as part of their toolkit on Patient and Public Involvement.

4. How are categories of patient defined in respect of patient reference group membership?

Categories of patient are not defined but, in addition to those covered by equalities legislation, could include those with differing working patterns, those who are unemployed, who are carers, or whose first language is not English. The patient representative group could include those who may have specific needs because of health issues but could also include socio-economic factors.

5. How can practices aim to ensure that PRGs represent the diversity of practice populations, given that not all practices record this information?

In terms of measuring the diversity of the practice population, practices may wish to consider a range of sources of information. This may include their own knowledge of patients through the Quality and Outcomes Framework (QOF), prescribing patterns or use of extended hours surgeries. Practices may also wish to consider data on ethnicity. Although the Ethnicity Directed Enhanced Service came to an end on 31 March this year, it is good practice for practices to record their patients' ethnicity.

If a practice does not have data on the make up of its local population, its PCT or Local Authority may be able to provide this. Otherwise, a practice can find this information on the Office for National Statistics website at:

www.statistics.gov.uk/CCI/SearchRes.asp?term=neighbourhood+statistics&x=29&y=15

6. Can groups who represent certain types of patients (for example, carers, children, ethnic groups and people with learning disabilities) sit on the PRG? Or should the PRG consist solely of the patients themselves?

A practice should make every reasonable effort to ensure its PRG is representative. Where a practice has difficulty in recruiting a patient representative of a particular group, it could ask a representative body to join the PRG.

7. If multiple practices share the same premises, e.g. one building contains three different practices, would each practice need to establish its own PRG or would one group be sufficient? Many of the issues raised by patients relate to the built environment of the GP surgery and there would obviously be crossover issues if patients used the same building.

In order to meet the terms of the DES, each practice must have its own PRG, each consisting of patients from its own list. Although there will be similarities in views on the built environment between the patients from the different practices, the three practices may deliver services in different ways and it is important to pick up the distinct views about each individual practice. However there is nothing to prevent the different practices from holding the patient meetings together and sharing views on common issues.

8. Some practices operate from several sites, e.g. one of our practices has a main building and two smaller branches, each with its own patient list. Would one PRG encompassing all three sites be sufficient?

Yes. One contract holder operating from different sites can have one PRG. The practice will need to ensure that is has a representative sample of patients from each of the sites. Alternatively the practice might decide to have one PRG per site (this would not attract any additional payments).

Local practice surveys

9. Who is surveyed? Is the survey group separate from the PRG?

Local practice surveys should be open to a sample of the practice population. The group of patients surveyed may include patients in the PRG, but would normally be a wider group of patients than just those in the PRG.

10. Do the local surveys need to be administered in such a way to be representative?

Yes. The DES is not prescriptive about how the survey group is chosen, but the practice should make a reasonable effort to ensure the group is representative of the practice population.

11. Is there a set percentage of the practice population that should be surveyed?

The DES does not set parameters for the size of the survey group. The guidance states:

"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."

Therefore the practice should select a sample size where the PRG is content that the results will be representative of the practice population whilst still being manageable for the practice.

12. Does the survey group have to remain the same annually?

No. The survey group does not have to stay the same. A practice may decide to change the survey group in order to get the views of a different cross section of its registered population. A practice may also find that the make up of the registered patient list changes over the course of a year, which means that the survey group would need to change to reflect this.

13. Is there a set of pre-approved questions that can be used in my practice's patient survey?

No, there is no set of pre-approved questions for the patient survey. Each practice's survey should focus on the priority areas agreed with its PRG and these will be different for every practice.

The NAPP website's 'Resources' section includes a number of example questions that practices might like to refer to.

The BMA/NHS Employers guidance lists several guides on how to put together a good survey:

- smart survey design
- the survey system
- how to design and use free online surveys.

14. Will the national GP patient survey continue? Should the local survey ask different questions to the national survey, so as to avoid duplication?

Yes, the national GP patient survey will continue for 2011/12. The national survey focuses on a standard range of national issues. The local practice survey should focus on local patient issues as agreed with the PRG. The results of the national survey may flag issues that the practice and PRG wish to explore further in the local survey, however there is probably little merit in exactly replicating questions from the national survey.

Publishing the Local Patient Participation Report

15. Could a practice publish its Local Patient Participation Report on the NHS Choices website or does it need a separate practice website?

The DES guidance specifically states that "Where a practice does not already have a website, one must be set up". It will not be sufficient for practices to use their NHS Choices page to publish information relating to the DES.

However, it may be that practices setting up a new website will take some time to do so and it seems reasonable for them to share their opening hours information on NHS Choices until this is achieved. It would also be reasonable for practices to develop a shared website, for example as part of a commissioning group, as long as the information about individual practices was clear.

The practice's local Patient Participation Report must be published online by 31 March. Details of what the report must include are listed in the BMA/NHS Employers guidance.

16. Is support available for GP practices to set up their own practice websites?

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'. This can be found at:

www.practicemanagement.org.uk/uploads/access_guide/090702__improving_access_responding_to_patients_final.pdf

Primary Care Commissioning has developed a toolkit to help GP practices meet the DES requirements. It is available as part of an annual subscription, and includes advice on how to set up a low cost website. For more details please email enquiries@pcc-cic.org.uk

Payment

17. Is the proposed £1.10 per patient spread over 2 years – or is it per year?

The payment is £1.10 per registered patient per year. This is set out in 7M.4 and 7M.9 of the Statement of Financial Entitlements (Amendment) Directions 2011: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125866.pdf

Other

18. The guidance sets out that significant changes need to be agreed with the PCT. How are "significant changes" defined?

A significant change is one which is contrary to the agreement that the practice currently has with the PCT through the contract or otherwise e.g. a change in core opening hours.

19. Does a practice have to form a PRG in order to change extended hours arrangements?

The Extended Hours DES and Patient Participation DES are independent DESs and it is possible to do one without the other.

Practices with extended hours should continue to set the extended opening hours according to patients' needs and wishes. They should use recent patient surveys or other local information to determine which extended hours would be most appropriate. This information may or may not be the result of discussions with a PRG or surveys undertaken as part of the Patient Participation DES.

However, if a practice has taken on both the Extended Hours DES and Patient Participation DES and wants to make changes to its extended hours then it should seek the support of its PRG. The PRG cannot veto a change but it is likely to be more difficult for the practice to demonstrate that there was a desire for the change if the group is not supportive. If the practice chooses to stop extended hours altogether it can do so but it will of course lose the money for that DES.

It is a requirement of the Patient Participation DES for a practice to include its opening hours on its website but it is not compelled to maintain extended hours if it does not wish to do so. However, there is a strong emphasis within the Patient Participation DES guidance about providing good access and seeking patients' views on access. A practice that is not running the Extended Hours DES should therefore still consider asking its PRG about its accessibility in general.

For further guidance on the extended hour DES for 2011/12 please see the NHS Employers website.

20. Can a PCT reproduce parts of the Patient Participation DES guidance in its service specification for the Patient Participation DES, for issuing to practices?

PCTs and practices can reproduce sections of the guidance for this purpose, as long as there is reference to the guidance document.

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