

Local Enhanced Service for the Development and Implementation of Patient Participation Groups

Contents:

1. Introduction

*Background
Aims*

2. Criteria

*Direct Service Delivery
Education, Training, Workshops and Governance*

3. Review Audit and Reports

4. Finance Details

5. Signature Sheet

6. Work Plan Template

Introduction

Background

Modern healthcare needs to offer choice (individuals as users of services) and voice (increasing democratic accountability), making the NHS more responsive to the public and involving patients as active partners in their own healthcare (DOH 2006, Coulter 2007).

In order to address the principles of choice and voice engagement needs to be provided across a continuum; information gathering, consultation and participation. According to Popay (2006) these different stages reflect the levels of dialogue that occur between the commissioner and local community. At the information gathering stage dialogue is limited, the public participates as individuals in the collection of specific data for example surveys. With consultation, dialogue is confined to a specified period to discuss particular issues. With participation, commissioners and the public work together on an ongoing basis. With the three different stages dialogue (the exchange of ideas and views) develops.

Practice-based Patient Participation Groups (PPGs) are a valuable resource to engage with patients, carers and family members at a local level. More and more GP practices are setting up PPGs, particularly now that their profile is being raised through the Quality and Outcomes Framework and National Patient Surveys. Their value is also being recognised for feedback on practice-based patient surveys.

The current remit of PPGs is also limited to single GP practice issues and dealing with individual complaints or issues that could be resolved through alternative processes such as the Patient Advice and liaison Service (PALS) or through the complaints procedure at either a practice or PCT level.

By extending the remit of PPGs, the members would not only be able to address single GP practice issues but also provide a locality support process for commissioners so that local needs can be identified. Where appropriate, the PPGs would also be able to engage in wider PCT patient and public involvement activity.

If the principles of PBC are to be fully realised (DH 2006a) (includes radical changes for some patients e.g. moving care away from the hospital and taking responsibility for their own health) engagement with the recognition of patients and public, as key stakeholders, will be critical. The term stakeholder refers to "persons, groups or organisations that must be taken into account by leaders, managers and front line staff" (Bryson 2004).

General practices are seen as a key component of community services (Brown 1999) and with Practice Based Commissioning moving NHS decision making power to local general practices (DH 2006a), Patient Participation Groups (PPGs) are a model which could link PBC and the public.

PPGs were developed in the 1970s (Paine 1978) within local practices and early research identified three types of engagement activity; voluntary services to

patients, health education and feedback about the practice organisation (Richardson and Bray 1987). PPGs offer a great opportunity for accessing the public according to the National Centre for Involvement (2007) typically 15% of the entire population sees a GP in any two week period.

Aims

To develop PPGs as a resource and to build on the work already being done at a practice-level, this proposal offers opportunities for the PCT and PBC to;

- Incentivise and support those practices who do not have a PPG to set one up.
- Incentivise and support existing PPGs to engage in wider patient and public involvement activity and in particular to support Practice Based Commissioning throughout the commissioning cycle.

Criteria

(i) Direct Service Delivery

Frequency of meetings - at least quarterly.

Membership of the PPG group - to include a member of the practice, in addition to patients registered with the practice. The number of patients and membership should aim to reflect the size and demographics.

Remit of the group to discuss Practice matters and PBC commissioning matters and develop appropriate action plans.

Each individual PPG will link into a consortia wide PPG through a nominated patient from each PPG in order to :-

- Represent views / share ideas within localities
- Feed ideas, suggestions and issues to the consortia board
- Disseminate consortia business / actions / ideas within PPGs and within localities

Each PPG will record all meetings and circulate to the group

Each PPG will produce a work plan that will be updated at least quarterly in order to verify LES payment. The format for the work plan is included within the LES.

(ii) Education, Training and Governance

- Practices to attend a mandatory workshop prior to commencing the LES (3.5 hours). The workshop will cover processes, PCT support available and implementation.
 - Stronger Voice training will be provided for PPG members (registered patients) by National Association for Patient Participation.
 - Attendance at PPG groups and associated work will be covered by the Policy on the Payment of Out of Pocket Expenses for Volunteers.
 - The group shall act in accordance and comply with the following;
 - Data Protection Act 1998, Caldicott Guidelines 1997 and Confidentiality Code of Practice 1998.

Review and Audit

The services provided by this local enhanced service will be subject to monitoring of the following quarterly;

- Quarterly submission of work plan detailing evidence of progress.

Finance Details

£3,000 per annum per practice.

Practice contributions will include;

- A nominated member of the practice attending a one off workshop (3.5 hours, this includes backfill costs).
- Practice representation at the group (the practice representative needs to be of sufficient authority to support the group).
- Provide resources for the group to function e.g. newsletter, mail shots etc.
- To facilitate debate among local residents concerning health needs, health priorities and current service provision.
- Provide a framework for the input of information relating to health commissioning priorities (submission of workplan template).
- Collect feedback from the community about current health service provision and suggestions concerning gaps and how services could be improved.
- Support PBC projects of health promotion initiatives/campaigns that would benefit their patient population.

Practice Stamp:

LOCAL ENHANCED SERVICE FOR

Development and Implementation of Patient Participation Groups

This document constitutes the agreement between the practice and the PCT in regards to this local enhanced service, as specified.

The practice needs to sign and to agree to the following as set out in this protocol.

Signature on behalf of the Practice:

Signature	Name	Date	Job Title/Position

Signature on behalf of the PCT:

Signature	Name	Date	Job Title
	Darrell Jackson		Primary Care Manager

The agreement is to cover the 12 months commencing 1st April 2008.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF PRACTICE SIGNATURE

References:

Brown, I. (1999) Patient participation groups in general practice in the National Health Service. **Health Expectations**, 2, 169-178.

Coulter, A. (2007) **Informed and empowered individuals, families and communities**. Unpublished paper for People at the Centre: Re-orientating Healthcare in the 21st century, 25th November 2007, Japan.

Department of Health (2006a) **Practice Based Commissioning: Achieving Universal Coverage**. London: Department of Health.

Department of Health (2006b) **A Stronger Local Voice**. London: Department of Health.

Paine, T. (1974) Patient's Association in General Practice. **Journal of the Royal College of General Practitioners**, 24, 351

Popay, J. (2006) **Community Engagement for Health Improvement: Questions of Definition, Outcomes and Evaluation**. A background Paper Prepared for NICE.

Richardson, A. and Bray, C. (1987) **Promoting Health Through Participation: Experience of Groups for Patient Participation in General Practice**. London: Policy Studies Institute.

The National Centre for Involvement (2007) **Health Democracy. The Future of involvement in health and social care**. London: The National Centre for Involvement.

PPG Work Plan Template

Practice Name:

Q1 / Q2 / Q3 / Q4 report (delete as appropriate)

OBJECTIVE	WHATS IN PLACE	WORK PLANNED	UPDATE	LEAD