



**A Patient Participation Case History from
Primary Care
Addendum:
The benefits of patient participation:
the players' perspectives**

April 2008

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Introduction

We were asked to address as supplementary material:” *Thinking about ways in which it might be further strengthened, I wonder if it would be possible to have a look at how the commentary and analysis might be developed to consider 'what's in it' for practices, PbCs and PCTs. What does the business case for patient participation in primary care look like if you're sitting in a PCT for example? I know this could be a whole topic in itself but is it possible to draw out succinctly the headlines in this report.*”

The following Wandsworth- focused documentation and process commentary are relevant for answering the “what’s in it for...” question.

What does it look like from the PCT perspective?

The Wandsworth PCT *Governance Framework for Practice Based Commissioning* which contains statements that individual practices are 'fit for purpose' by demonstrating that patients have been involved in priority setting, service redesign and decision making about spending freed up resources. The rationale draws on the views expressed in the February 2006 Department of Health Publication 'PBC, Early Wins and Top Tips'.

The PCT consulted the Patients Forum and other lay representatives when this was drafted and included these statements as a result. Each practice must sign the governance framework in order to participate in PbC. The PCT saw including this requirement as an element of compliance with the then Section 11, now Section 242, duty to consult and involve.

Lay Member

The Wandsworth PEC has appointed a Lay Member and part of that role is to scrutinise this business case approvals process when outline business cases come to the PEC and advise the PCT what sort of patient engagement evidence might be appropriate if it has not been produced already. The PEC Lay Member also sits on the PCT’s Strategic Commissioning Group which considers large 'freed up resources' bids for service redesign.

The PbC Business Manager at the PCT and the PEC Lay Member meet regularly to review progress on supplying evidence of patient engagement for cluster and individual practice submissions for service design and use of freed up monies.

As far as is known, only one other PCT, Westminster, has copied the Wandsworth model by having a publicly appointed and paid lay person on its PEC to undertake this sort of internal scrutiny role.



Lay Member Tasked with encouragement of patient engagement in PCT practice' and clusters

The Wandsworth PEC Lay Member's 2007-08 objectives include the following activity relating to patient engagement with the PCT and PbC practices:

Take an overview of and encourage patient engagement in PCT practices and PbC clusters, particularly regarding evidence required for business cases for spending to freed up resources

Indicators:

- Helping spread engagement learning about patient engagement between clusters, particularly in respect of using the PPI Toolkit web resource
- Helping primary care practices who ask for advice about patient participation initiatives
- Reviewing business cases at practice and PbC cluster level to assure the PEC that credible evidence exists of patient engagement in decision making about priorities for spending freed up resources
- Collaborating with the PCT PPI Manager to deliver this objective
- Collaborating with the Board lead for PPI

An approvals group for completed PbC business cases meets before each PCT Board meeting, chaired by a Non-Executive Director.

Obviously patient engagement in PbC is now part of the PCT's delivery of World Class Commissioning competencies.

What does it look like from the PbC cluster perspective?

In Wandsworth PCT, each PbC cluster has a management lead with responsibility for patient engagement in cluster practices and across the cluster as a whole. It is part of their role to help practices be creative about how to engage patients in decision making and advise practices on how to provide evidence about this, especially in connection with spending freed up resources. This is a fairly new process and not all the clusters are performing equally well, but it is beginning to take hold in all of them. The PCT's PPI Manager is available to assist with advice and support.

The online *PPI Toolkit* available to all Wandsworth Practices greatly helps this process. See www.wandsworthPPIToolkit.nhs.uk and a pdf of that site is attached as Appendix 1. Patients in Wandsworth as well as the Patients Forum had a large role in developing this resource.



All PbC practices and clusters have to follow a *PbC Business Case Approvals Process* and use a template for putting forward business cases for service redesign, even if the development does not involve a bid for freed up resources. This is attached as Appendix 2. The areas covered in the template are:-

- The service to be provided;
- The benefits for patients;
- The expected improvements in efficiency and effectiveness;
- The management resources required;
- The costs of the proposals and their recovery period;
- The process for monitoring, reviewing and evaluating service
- Equality and Diversity
- Patient and Public Involvement.

The approvals process contains a specific section for describing and attaching evidence of patient engagement. This is linked to the PCT's online *PPI Toolkit* cited above which not only has a section in it describing how to establish a patient participation group, but also describes many other ways for patient involvement evidence to be generated and collected.

User Surveys Deployed in Business Case

A particular business case submission to the Wandsworth PCT was seen which cited three user surveys as well as mentioning the fact of lay representation in the cluster submitting the case. It is worth noting that at this stage, the collection and use of user-originated data is still fairly crude. The main body of the submission listed the surveys but the findings were (with one exception which we discuss below) were not deployed to build the case, giving impression that it was enough to have listed them with the detail of the counted responses as appendices. Technically, the sample sizes of the studies varied greatly from 46 to 494. The questions were not standardised, again making it difficult to use the data in a systematic way to support the business case being made. No use was made of cross-tabulation or any other further analysis.



Difficult to Interpret

It is a feature of user data collected in different ways, for different purposes and at different times that they are very difficult to interpret. Users often give contradictory views and it is rare that users are unanimous as to the benefits of one choice against another.

Temptation

The temptation for managers who need such unanimity and clarity is to make selective use of the data as can be seen in this business case where the only direct reference to the user data in the body of the business case submission claimed:

A cohort of patients that have been discharged from Secondary Care into Primary Care in the last 2 years has been surveyed to assess views on how successful the transfer had been. 44% of respondents were satisfied with the Primary Care service, and an additional 37% were very satisfied – a total in excess of 80%.

The quote is selective given that the same survey showed a level of satisfaction with Secondary Care of 95% as against the 85% satisfied with Primary Care. There are other arguments used and the case does not stand or fall on this point. In future, It is a reminder that managers are less likely to be ambushed by the 'wrong' findings if customer data is collected as a first stage in the business improvement data and it should be tailored to the initiative in question.

All of Wandsworth's PbC clusters have patient representatives as part of their governance structure and this means that business cases also are subject to lay scrutiny at cluster steering group level. One small PbC cluster's board is chaired by a lay person who is paid for her time.

The patient engagement principle is therefore enshrined in the process and in some contexts at least given human form with a person appointed to embody the patient interest.

What does it look like from the practice and patient group perspective?

Balham Park Surgery together with BPSPLG worked out a protocol in late 2005 for joint decision making about priority setting and spending freed up resources which has been recommended within the PCT as a good practice model. The text is reproduced below:

**Balham Park Surgery and
Balham Park Surgery Patients Liaison Group**



Patient Engagement in Practice Based Commissioning Decisions

The process described in this note arose from discussions on 10 November 2005 between Dr Patrick Bower, Senior Partner, Balham Park Surgery (BPS) and a group of 38 patient members of the Balham Park Surgery Patients Liaison Group (BPSPLG).

The following process will give a patient-focused dimension to decision making and help to ensure that decisions about spending savings arising from practice-based commissioning are transparent.

1. On a regular basis, but not less than once a year, clinicians will bring their collected views gained from encounters with patients in consultations to a meeting with the BPSPLG which is open to all clinicians and patients.
2. Clinicians will identify possible implications from this data for making changes involving spending savings arising from practice-based commissioning and present the practice's priorities to BPSPLG members.
3. BPSPLG members will discuss and validate the patient experience data with clinicians and provide a patient-focused view on the practice's prioritised proposals for spending any PbC surplus arising during the period. Spending decisions will be taken jointly.
4. Joint BPSPLG and BPS decisions arising from this process will be shared with other practices in the Wandle Practices cluster and also reported to the BPSPLG annual meeting for endorsement and feedback. BPSPLG will also provide members to participate in savings spending decisions affecting the whole Wandle Practices cluster.
5. Decisions about PbC developments and spending decisions will be posted on the BPSPLG notice board in the waiting room, on the BPS website and publicised in the BPSPLG newsletter inviting patient comment and feedback. BPSPLG and BPS will collect this feedback and take it to the next regular joint meeting
6. BPS and BPSPLG will establish a patient-focused opinion survey using the practice's website as an additional informal means of gathering user views on possible practice-based commissioning changes. The results of this on-going survey will be regularly considered by BPSPLG and fed into the co-decision process with clinicians.



January 2006 (to be reviewed in January 2007)

See the story below is taken from current BPSPLG newsletter) describing how this has worked thus far to identify spending objectives.

Practice Based Commissioning Savings

Practices in the “Wandle Cluster” that our practice is part of have access to some savings they have made through changes made to prescribing and services. As a result Balham Park Surgery have some funds which we can apply to use for the benefit of patients. We discussed ideas at our BPSPLG meeting in December. The group have so far approved applications for the following;

- a new defibrillator
- purchase of some higher chairs for the waiting room and education room for people with bad backs
- BP, weight, BMI and height checker
- air conditioning for some specific rooms where temperatures can not be regulated in the summer months
- electronic scales
- home monitoring BP Unit
- improvements to the lighting in the alleyway

We now need to get quotes and apply to the PCT for the appropriate funding.

We have also had approval to fund Balham Park Surgery Patient Liaison Group activities for the coming year and this has been allocated to the treasurer of the group.

We would love to have even more patient involvement to help us make decisions about the things that we do.

If you would like to get involved please drop in to one of the monthly meetings or contact the practice for more information.

BPS and BPSPLG have an aspiration – as yet undelivered -to establish a patient-focused opinion survey using the practice’s website as an additional informal means of gathering user views on possible practice-based commissioning changes. The objective would be for the results of this on-going survey will be regularly considered by BPSPLG and fed into the co-decision process with clinicians. It would supplement the data gathered as part of the national survey.

In Wandsworth PCT, it has been established that free up resources from PbC can be used to fund patient participation groups in practices on the basis of a budget specifying deliverables proposed to the practice by a patient group. BPSPLG is currently funded by its practice on this basis – the main report quotes an extract from



the newsletter 'We're in the Money'.. In effect this means the practice is commissioning patient participation activity from BPSPLG.

Conclusions

A Tipping Point?

We have recorded in our case history a particular moment in the evolution of the application of the idea of customer/ user interest in health services. We argue below that we may indeed have reached a tipping point in the process of patient engagement. An idea which was once seen by many as being imposed from the top down and from outside the health service is being slowly absorbed – if we must use this analogy – into the bloodstream of that service. What was the province of the radical few or the senior politician is becoming accepted practice. We are witness to a particular moment where the guidance and best practice papers are being implemented and embedded in process at different levels in the hierarchy of healthcare.

Where Are We Now?

A common vocabulary has been created which has helped create the structures and now will underpin the measures and metrics of quality service in line with consumer needs. The stage we have just left behind in our view is that point in the journey where the emphasis is on 'set-up stage' advice and guidelines on how to engage the patient interest and to sustain it over time.

Next Stage

The next stage is one of having some metrics to give the management data to demonstrate the promised benefits in terms of user satisfaction, productivity and practice incomes. The outputs from such metrics remain relatively thin on the ground. So the business case has yet to be fully inhabited by solid data.

Nevertheless at this stage, the ground rules have been laid and we have already quoted from the PbC Business Case Approvals process, the following prerequisites: namely descriptions of:-

- The service to be provided;
- The benefits for patients;
- The expected improvements in efficiency and effectiveness;
- The management resources required;
- The costs of the proposals and their recovery period;



- The process for monitoring, reviewing and evaluating service
- Equality and Diversity
- Patient and Public Involvement.

Here Patient and Public Involvement (PPI) is listed as a separate heading. What we are expecting is that all of the activities in the bulleted list reference as their starting point patient and public involvement. It becomes less the activity apart – the add-on to the business case – more its starting point.

The Dominant Rationale

What at the moment is enforced – for example the Governance Framework that insists upon evidence of meaningful consultation and involvement with the appropriate groups of users – will become the freely offered and dominant rationale because it makes sense to the PbC cluster or individual practice, not just because it is the price of a seat at the PbC table.

The formally established patient group like that at the Balham Park Surgery is a creature of its time in this evolutionary cycle. The PLG as constituted in the Balham Park Surgery has a very good grasp of the way the NHS works and the culture of the top down decision and the abbreviated consultation. At the same time, it is not overawed or paralysed by that culture because it has had time to develop a culture of its own based on the user perspective. The Patient Liaison Group draws then on that mix of its own internal culture and its familiarity with the Health Service to challenge decisions – as it did successfully on such matters as extended opening hours. The quality of the responses from the Patient Liaison Group has engendered a change of attitude amongst clinicians and others in Balham Park Surgery.

Survivor - now Beneficiary

The PLG is currently the beneficiary of the new demands for demonstrated user engagement in the design of new processes or offers and the improvement of the old. It stands against the imposition of novelty but is for innovation if such change comes from involving the customer. So it has survived and learnt its work within the old culture and has been instrumental in developing the new one of patient-centred service.

The fact that it stands alone in Wandsworth is a sign of how hard it has been to sustain such commitment to the patient voice. The BPS practice has kept it going supporting the people of the group by integrating the patient group formally in the processes of business improvement and innovation. The Practice Manager worked



hard over 8 years to embed the patient liaison process into the way the practice developed its strategy and processes.

Embedded and Inescapable

It is that act of planting the patient involvement marker at so many points in the terrain of health services improvement that epitomises the current state of play – the paragraphs in the PbC governance framework; the presence of the PEC Lay Member on a Strategic Commissioning Group; the incorporation of the user interest in PbC business case approvals process; the creation by the PCT of a toolkit to facilitate the patient engagement; the GP practice which incorporates the patient liaison group into its business development planning cycle. The cumulative effect of these markers within such a variety of contexts and processes is hard to push against.

Compulsion and Compliance

Perceived compulsion is often the mother of minimal compliance. We are at the tipping point with patient engagement where it moves from being the offspring of imposition to the love child of enlightenment – an appreciation that good service and quality reduces costs – fewer appointments, less complaints: whatever measures come to mind – and generates positive word of mouth and user loyalty.

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18. May 2009