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**Patient Participation Directed Enhanced Service (DES)**

**Terms of Reference**

**Background**

The Patient Participation Directed Enhanced Service (England) is effective from April 2011 to March 2013 initially. It consolidates previous Access related targets and the indicators previously incorporated into the Quality and Outcomes Framework (QOF). There is an expectancy that the standards introduced under QOF and under previously associated LES / DES targets relating to access will be maintained even where these are not directly funded, and in particular, the ability to book ahead and the two day GP access targets.

The basis of this DES to encourage patient involvement and decision making within the practice context, using a formal framework and specific milestones.

Key aspects are to form a patient group, canvass patient views via a survey, and to consult with the patient group prior to the publication of the survey results on the practice website. Practices without a suitable website will have to provide one.

## Responsibilities

Patient reference group liaison (Clinical)	Dr James Ward
Patient reference group liaison (non-clinical / administrative / communication).	Kelda Childs/Debra Whitehead

### ***The PRG will:***

- Try to be representative of the practice population. Key practice demographics which will be considered in the make-up of the patient group will relate (be not be confined) to:
  - Age
  - Ethnicity
  - Gender
  - Occupation (or employment status)
  - Parental status
  - Disabled status
  - Carer status (including patients in care homes / nursing homes, and both cared-for patients and “carer” patients)
  - Personal skills
  - Socio-economic group
  - Long-term medical conditions (*consideration will be given to members who utilise services relating to chronic conditions or are otherwise regular users of primary and secondary health services*)
  - Patients with specific care needs (e.g. drug users, learning disability needs, housebound etc)

- Meet at minimum intervals of 3 month (face to face groups)
- Be consulted prior to significant events or changes within the practice (significance will be determined by the clinical and non-clinical lead if necessary via liaison with a key PRG representative)
- Be of a minimum target size of 12.

***The practice will:***

- Encourage PRG membership and promote this opportunistically and at new patient registrations
- Consider the representation priorities for the group and promote awareness of this requirement (e.g. ethnic representation etc)
- Promote the group via posters, the website, and with handouts
- Ensure that every group member receives a regular contact (see above interval)
- Agree the initial priorities for the practice with the PRG, and identify these under the following headings
  - Patient priorities and issues
  - Practice priorities and issues
  - Common themes from complaints
  - Practice development plans
  - CQC issues
  - National GP patient Survey results and matters arising

Other issues may include:

- Patient surgery facilities
- Standards of care
- Access
- Reception / administration issues
- Referral to secondary services
- Alternative pathways and treatments

**The results from the initial and subsequent discussions will form the basis and content / emphasis for the practice patient survey**

## **SURVEY**

**The practice and the PRG will agree the survey content, format, sample size, timing and delivery mechanisms.**

It should be considered that a web-based survey will not reach those patients without computers, and those with learning disabilities or chronic medical conditions may be unable to access written or graphical patient surveys without help. Local groups may be able to assist in the delivery / collation of responses. The survey will be a minimum of once per year.

The survey will be analysed internally. The PRG will be provided with the survey results in advance as the basis for a discussion meeting, where both the practice priorities from the survey will be presented, and the priorities identified by the PRG will be discussed. The survey results will be posted via the website and within the practice via leaflets and posters. Hard copies will be made available in the reception area.

## **Publication**

This will be via the practice website by 31<sup>st</sup> March.

The publication will include:

- PRG member profile
- A report on the steps taken to ensure it is representative – characteristics of the practice demographic and a similar comparison to the patient group, where this is limited in number.
- The decision making process with the PRG to determine the survey priorities
- The method of delivery of the survey and opportunities for patient feedback
- The method by which the PRG and the practice discussed the findings

- The resultant action plan with reasons why items were not adopted
- Evidence summary
- Details of actions taken or planned
- Opening hours and method of access to out of hours services
- Details of extended hours and times.