

## **Focus on....the Patient Experience Survey (PES) October 2006 (updated December 2006)**

This guidance note has been produced by the BMA's General Practitioners Committee (GPC) to help GPs and Local Medical Committees (LMCs) understand the development of the Patient Experience Survey (PES) that was introduced as part of the 2006/07 GMS contract review in England only to measure achievement of the Access DES. This guidance note should be read in conjunction with the contract guidance 'Revisions to the GMS contract 2006/7 – delivering investment in general practice' available on the BMA website and the 'Focus on access' guidance note available here at: [www.bma.org.uk/ap.nsf/Content/focusaccess0306](http://www.bma.org.uk/ap.nsf/Content/focusaccess0306)

### **1. What is the Patient Experience Survey (PES)?**

The PES emerged from the 2006/07 contract review negotiations as a means of measuring achievement in the "Improved Access Scheme" and "Choice and Booking" (the latter has since been dropped from the survey - see 6.1 below). It will go out to samples of patients (selected either through Apollo or Exeter – see section 4) in January to March of 2006/07 in England only. The Department of Health has since renamed it "The GP patient survey – your doctor, your experience, your say". This is not related to the patient experience survey in the QOF.

The GPC fully realises that determining payment based on patient response is controversial and understands the problems that this approach may cause. However one condition of the contract review for 2006/07 was that the investment for access targets would only be released if the majority of it was tied to achievement measured by a patient survey. The GPC took the decision that it was better to secure the availability of this investment for GMS and Personal Medical Services (PMS) practitioners, rather than seeing it diverted entirely to Alternative Provider Medical Services (APMS) providers, which would have been the alternative.

After the Department of Health imposed substantial and unacceptable last-minute amendments to the survey, as detailed below, the GPC passed the following motion at its meeting of 19 October 2006:

***"In the light of what the GPC considers to be a breach of the original agreement on the Access DES questionnaire, the committee now rejects the DES on the basis that the DES's integrity has been so discredited."***

This "Focus On" document follows up the motion with guidance on the implications for practices.

### **2. Additional questions included in the survey**

The additional question is set out below. This will not be linked to DES pay, but was not agreed with the GPC.

**Q9a Over the last 6 months or so, were you satisfied with the hours your GP surgery was open?**

Yes, I was satisfied with the opening hours..... [Please go to Q10]

No, I was dissatisfied with the opening hours.....[Please answer Q9b]

**Q9b I was dissatisfied because...**

Please tick the *ONE* box closest to your views

the surgery was not open early enough in the morning

the surgery was not open around lunchtime

the surgery was not open late enough in the evening

the surgery was not open on a Saturday

the surgery was not open on a Sunday

of some other reason

This second question is potentially pejorative and seems to encourage the patient to respond that there have been problems obtaining an appointment at the practice. It offers patients "solutions" that have not been on offer because they are not in GP contracts agreed with the Department of Health and signed up to by previous Ministers. Moreover, the Government has admitted that it is unlikely to be able to afford extended opening hours. That begs the question that practices would either have to provide them "for free" or, alternatively, reduce their present daytime hours of opening to free up resources for extended hours.

**The GPC believes that even if there is a remote possibility of this survey being used for the manipulation of public opinion through raising patients' expectations, it must carry a severe health warning to both GPs and their patients.**

**Up to the day of the October GPC meeting, the GPC made every attempt possible to have these questions removed or couched in more acceptable wording.**

**3. Should practices continue to participate in the DES?**

Practices will need to decide whether they wish to cooperate with a survey that now contains a question which

- (a) the GPC did not agree to
- (b) risks raising patient expectations of an extended service that the Government has not demonstrated it can fund

- (c) appears to be biased in its design so as to create negative perceptions of access to GP services. In a DES intended to improve access *collaboratively*, this is completely inappropriate.

Options for how practices can exercise their decision are listed below (section 4). Practices must also consider all the points set out in section 5, but particularly 5.1, when making their decision about whether to participate.

#### **4. Practical options for practices**

Most practices (i.e. those using Apollo) have three choices;

- (a) Accepting data extraction via Apollo
- (b) Refusing permission for data extraction via Apollo and withdrawing from the DES
- (c) Not giving permission and have data extracted via Exeter

##### **4.1 Practices using Apollo Medical Systems (option (a) or (b) above)**

Practices using Apollo Medical Systems will have been asked by the Department of Health to download software enabling patient data extraction from the Apollo website. Practices will be offered the opportunity to respond to a "data processing agreement" with an option of "YES" or "NO" to determine whether to allow this extraction process to continue. Practices choosing "YES" will allow consent and the survey will proceed. Practices choosing "NO" will decline to allow patient data to be extracted. See section 4.2 for what happens if you press neither button.

Practices should be aware that pressing "NO" will mean that practices may be ineligible for payment under the DES. Furthermore PCTs may decide to claw back any initial payments made for participation in the DES where it is decided that practices have not complied with their obligations as set out in Direction 5 of the DES Directions.

The deadline for accepting this agreement is 25 October 2006. Further instructions on how to download the software have been issued directly by Apollo.

##### **4.2 Practices that use Apollo but do not wish to release patient data using this system (option (c) above)**

Contractors have the option to have data extracted by Apollo for the purpose of this survey, as set out in 4.1. The GPC's legal advice is that, provided posters are put up in the surgery alerting patients to the possibility of their data being extracted for this purpose, and that they use reasonable endeavours to ensure that patients are aware of what happens to their data and are aware of their entitlement to object, this does not breach the Data Protection Act (please refer to the Code of Confidentiality and Disclosure on the Department of Health website or contact the GPC should you be unsure of your obligations).

However, the GPC is aware that some practices may have valid objections to the release of patient data and may prefer not to release data in this way. Therefore practices that do wish to continue participation in the survey, and use Apollo in their practices, but do not wish to release patient data using the Apollo system have the option to not respond to the "data processing agreement. In this case practices should accept neither "YES" nor "NO" as above. If there has been no response by the 25 October deadline, the Exeter system will be used to extract the data and "data processing agreements" will be put in place between PCTs and Ipsos MORI. **Not pressing either button means that you are participating in the PES through the Exeter system.**

### **4.3 Practices that do not use Apollo**

For practices that do not use Apollo, data will be extracted through Exeter. This involves taking a larger sample to ensure that a sufficient number of patients extracted have had an appointment in the last six months. "Data processing agreements" will be put in place between PCTs and Ipsos MORI.

### **4.4 Practices that do not want patient data extracted at all**

Practices that do not use Apollo and that do not wish to participate in PES should inform their PCT or email the Department directly. Practices that do use Apollo can decline as detailed in paragraph 4.2 above. All practices that do not participate in the survey should be aware that they may not be eligible for DES payments and of the potential for clawback of any payments already made.

## **5. Points for practices to consider**

### **5.1 Standard contract variations incorporating the new DESs**

The GPC is aware that nGMS Standard Contract variations incorporating the new Directed Enhanced Services (England) were released in September 2006. These provided an optional set of contract variation documents that may be used by practices and PCTs as a means of incorporating the DES arrangements into the standard GMS contract, modifying the standard GMS contract by agreement.

The standard variation notices do not tie practices into any arrangements additional or different from those already set out in the DES Directions and SFE amendment. However, it does contain the following term;

"The Contractor must co-operate with the PCT in facilitating the carrying out of the national patient experience survey in respect of the Contractor's practice".

Practices that have signed up to a variation that contains this term should be aware that they may well be in breach of contract if they choose not to participate in the survey. Not participating could include failing to answer "yes" to the data extraction question on Apollo.

## **5.2 Will the survey go ahead if practices don't participate?**

If practices do not accept the data extraction conditions as set out above, the survey could still be administered using the Exeter extraction system with the PCT as the data controller. If this happened for significant numbers of practices, the results could be less accurate as the sample of patients to be surveyed would be random (as opposed to a sample that had had an appointment in the last 3 months). There will also be a need to send out more surveys, and the survey could be more expensive and less credible as a result.

## **5.3 What will happen to payment if practices don't participate?**

Practices should be aware that not participating will mean that they will forfeit achievement payment under the DES. Furthermore PCTs may decide to claw back any preceding payments made for participation in the DES where it is decided that practices have not complied with their obligations as set out in Direction 5 of the DES Directions.

The GPC is aware that in forfeiting the achievement award and having to repay the initial payments the average practice could be losing up to £12,000, depending on the level of achievement gained.

## **6. Further general information on the PES**

### **6.1 'Choice' component of survey**

Due to technical reasons, the 'Choice' component of the survey cannot be delivered as originally planned. This is because it is not possible for the 'choice' question to be answered from a list of patients derived from an individual practice computer as not all referred patients would have been eligible for the survey. Other options are currently under consideration for the 2006/07 PES that will meet this objective. Discussions are continuing between NHS Employers and the GPC on this matter. Therefore the survey will focus only on the 'Access' component.

### **6.2 What data will be extracted?**

The patient data to be extracted will comprise:

- Patients NHS Number
- Name
- Address
- Date of Birth
- Gender

The agreed code of Confidentiality and Disclosure of Information: General Medical Services, Personal Medical Services, and Alternative Provider Medical Services code of practice 2004 allows this patient information to be extracted, provided that patients are informed, via a poster, that their data will be released in this way (see section 4.2).

### **6.3 How will patients selected to take part in the survey**

Patients who receive the survey via the Apollo data extraction method will have had an "access" experience between 16 July and 15 October 2006. Patients will not be informed of this in the survey papers but the MORI website will tell them so. Patients who receive the questionnaire via Exeter will be randomly selected and may well not have had a recent experience at the practice. This will require more patients to be contacted and will cost the Department considerably more money.

### **6.4 When will patients receive the survey?**

Patients selected for the survey will receive the questionnaire between 8 – 12 January 2007. Reminders will be sent to selected patients between 12 – 16 February and 5 – 9 March 2007 if a response has not been received. The final return date will be 2 April 2007

### **6.5 When will the survey results be ready?**

Survey results will be ready in time for payments to be made to GP practices in the first quarter of the 2007/08 financial year. The results will be made available on 31 May 2007 and payment will be made to practices by 29 June 2006 at the latest.

### **6.6 The future of the PES**

Now that the GPC decided that the patient experience survey has been discredited, whether the 'Choice' and 'Access' DESs form the basis for a patient experience survey in 2007/08 is subject to negotiation. If it is agreed that 'Choice' will be measured in this way, the Department of Health have proposed introducing an administrative Read code that could be used by GPs when making referrals where choice is appropriate to identify patients that could participate in the survey.