

Patient Power Payments

What are they?

Patient Power Payments (PPPs) were first mentioned as “a new financial flow” in the [Ten Year Plan for Health](#), published by the government in July 2025. The plan stated that patients will be “given the power to decide whether a percentage of the payments that providers receive for services should be paid or whether it should be diverted to regionally held NHS improvement funds” (p136).

The recently published [Women’s Health Strategy](#) provided new details, announcing that PPPs would be piloted in “some gynaecology services” with withheld payments being used for “targeted improvements to the same services” (p21) – reflecting the narrower scope of the pilot. This pilot in gynaecology services is expected to take place over 2026/27 and recommendations on PPPs will be made in the 2028/29 NHS Payment Scheme, which should publish in early 2028.

What is our view on PPPs?

Responding to the publication of the Ten Year Plan, [we said](#) that PPPs were one of the “most eye-catching patient experience announcements” included – demonstrating “a welcome commitment to empowering patients” but leaving unanswered questions about **functionality** and the risk of **unintended consequences**.

We have previously undertaken work to understand the use of patient data in payments for quality, and a review of relevant literature found that:

- There is **very limited and inconsistent evidence** around the use of patient reported data in pay for performance schemes.
- There is a **risk of unintended consequences**, including gaming, distortion of priorities, and demotivation of clinicians.
- Payment mechanisms should be **reliable, robust** and **tightly linked to activities that are tractable to physicians**.
- Payment for quality **should be considered as part of wider changes** around quality improvement and incentives.

Overall, **we strongly support initiatives to give power to patients**. But **there are risks to attaching payments to patient feedback**, and these must be handled with care to avoid reducing people’s experiences to a financial commodity rather a fundamental test of care quality.

What questions need to be considered as part of a pilot?

Given our expertise in patient and staff experience measurement and person centred care, we are uniquely positioned to advise on the design of PPPs.

Below are a range of questions that need to be considered as part of a pilot if PPPs are to avoid unintended consequences:

Methodology

- How will the data be collected?
- When and what will patients be asked?
- What support and guidance will be in place for patients asked to respond, particularly if they have concerns about privacy and/or the impact of their feedback on their future care?
- Will responses be identifiable and will there be demographic data to help providers understand experience by age, ethnicity and other protected characteristics?
- Will results be shared with provider staff – and, if so, what support and guidance will they receive to help them make sense of the feedback?

Most critical here are the **how, what, and when** questions. These can impact the responses received from patients and lead to data comparability issues depending on the methodology in place. Our report on [reform of the NHS Friends and Family Test](#) considers these issues in greater detail, and they should not be underestimated: **uncontrolled variables in the methodology could mean that providers are rewarded or penalised for how they collect data, rather than how they treat their patients.**

A particularly important issue for PPPs is that **patients need to understand which services or providers they are judging, and what the consequences of their response will be.** There may be unintended consequences if, for example, patients withhold funding not because of problems with a gynaecological service, but because of dissatisfaction with their GP. Likewise, patients' views on funding may be distinct from their views on quality: for example, some patients may think that the idea of contributing to an 'improvement fund' is inherently desirable, whereas others may wish to avoid removing funding even after a poor experience.

Payment

In the pilot, withheld funding will be used for targeted improvement in the same service, which is different from the regional improvement fund initially proposed in the Ten Year Plan.

- Will withheld funds be ringfenced for local improvement?
- How will this be communicated when patients are asked for their views?

This is important because **unless the funds are ringfenced, there is a risk that they will not be used for improvement activities**, in turn undermining confidence in the programme among patients.

Reporting

- How will data be reported on, and will it be publicly available?

- Would data from PPPs be used as part of NHS League Tables, or for regulation by the new DHSC (after the abolition of NHS England) or the CQC?

These questions are important for both the public and for providers. The Ten Year Plan commits to transparency, and as such data should be publicly available: however, **it must be in a format that is easy to interpret and navigate, both for patients and staff**. It for this reason that [we have long advocated](#) for training NHS staff on understanding and utilising experience data to drive change.

Limitations

- How will the pilot seek to avoid issues of gaming, ‘brigading’, and other unintended consequences?
- Will the pilot’s findings be generalisable to other settings?

Issues of gaming were discussed in our recent report on [reform of the NHS Friends and Family Test](#), where responses are anonymous and not limited to one response per person.

‘Brigading’ refers to coordinated action online to influence – often negatively – a vote, poll, organisation or person: in this case, it could take the form of groups encouraging patients of a particular provider to vote to withhold their payments.

Generalisability is an important consideration when the aim is to launch a policy across a wide range of services. Will findings from a pilot in gynaecology translate across to other settings – for example, those where the care pathway is more complex and involves a range of different providers working together?

Outcome, impact and evaluation

- How will NHS England know if the pilot has been a success?
- Will the results of the pilot be published?

Evaluation is key to any pilot and will help inform next steps and potential adoption. As part of the transparency agenda committed to as part of the Ten Year Plan, it will be important that the results of the pilot are published to demonstrate how unintended risks will be managed and mitigated.

About Picker

[Picker](#) is an independent health and social care charity with expertise in understanding, measuring, and improving people’s experiences of care. We pioneered the [patient experience approach](#), now widely adopted around the world, and advocate for the delivery of the ‘highest quality person centred care for all, always’ – centred around [our eight principles of person centred care](#).

We work with policy makers, providers, professionals, and patients and the public alike to influence, inspire, and empower person centred care. We are commissioned by the Care Quality Commission (CQC) and NHS England (NHSE) to design, deliver and analyse the NHS patient survey programme, the cancer patient experience surveys, the neonatal care experience survey, and the NHS staff survey.