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| **Patient and public participation assessment and planning form**  |
| **For info – why this form*** NHS commissioners have legal duties
	+ to ‘make arrangements’ to involve the public in commissioning.
	+ to promote equality under the Equality Act 2010
	+ to seek to reduce health inequalities under the NHS Act 2006.
* This template is to help you identify whether there is a need for patient and public participation in your commissioning activity, and to plan fairly and proportionately where this is needed.
* Complete this at the start of the planning process for **any commissioning activity** and **before operational commissioning decisions are taken** which may impact on **the range of commissioned services** and/or the **way in which they are provided**.
* If necessary, complete the attached communications and engagement template to help plan your activity
* **Completed forms may be used as evidence in the event of a legal challenge.**
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| **Assessment – step one** |
| **Title of the plan/ proposal/project /commissioning activity** | Brookfield Surgery and Magna Group Practice merger |
| **Brief description with key objectives**  | Proposals for the merger of two practices currently based in the same building |
| **Is there likely to be an impact on patients and the public?** | It is unlikely to cause an impact on patients and the public as the services will still remain in that location  |
| **If the plans, proposals or decisions are implemented, will there be:**  |
| (a) An impact on how services are delivered? | **Yes - positive change -** the merged practice will be able to offer appts with a female GP for patients that currently do not have access to a female GP |
| (b) An impact on the range of health services available? | **No** - the merged practice will continue to provide the services it is currently contracted to undertake via the PMS contract and the local enhanced services |
| (c) Any other impact that you can envisage at this point in time? | No |
| **If you have answered yes to (a), (b) or (c), it is highly likely that the legal duty applies.** **Note: the duty always applies to planning of commissioning arrangements (regardless of impact).** |
| Does the legal duty apply to the activity? | **Yes**Both practices will need to undertake a patient engagement exercise in respect of the merger proposal, to gain feedback from patients. |
| Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight. | Patients contacted via MJog, PPG, surveys available in practice. |
| Are additional arrangements for patient and public involvement required for this activity? | No |
| How will the information collected through patient and public participation will be used to influence the plan/activity. | Feedback to PPGs, information about the merger available in the practices. |
| **Communications and engagement plan- step 2** |
| *Use this template to plan communication and engagement activity* |
| Date produced |  |
| Project lead |  |
| Background Proposal/project information |  |
| What impact will it have and what reaction do you expect? |  |
| Key messages |  |
| What can people influence/not influence? |  |
| Target audiences |  |
| What are the measures of success? |  |
| Budget |  |
|  Methods of engagement/communications |  |
| Timescales |  |
| Equality and accessibility |  |
| Partner organisations |  |
| Key contacts |  |
| Risks  |  |
| mitigating actions |  |
| Evaluation |  |
| Feed back to those involved |  |

**Useful resources**

* NHS Involvement Hub – resources and guidance <https://www.england.nhs.uk/participation/>
* **Smart Guides to Engagement** <https://www.networks.nhs.uk/nhs-networks/smart-guides>

**Background and guidance**

1 What type of activity is it?

* **Planning** CCGs and NHS England are required to always have arrangements in place to involve the public in the planning of commissioning arrangements, regardless of the impact these plans would have on services if they were implemented.
* **Proposals for change** This includes not only the consideration of proposals to change services, but also the development of such proposals.
* **Operational decisions** This relates to decisions that change or affect the way a service operates.
* While the legislation distinguishes between these different types of commissioning activity, as can be seen by the examples opposite they often overlap and sometimes a plan, proposal or decision can fall into more than one category.

**2 Review existing insight and previous involvement activities– what do we already know?**

Consider whether there are existing sources of feedback and insight on the views and experiences of different groups of people, and what are the gaps? This helps to ensure that public involvement is focused and meaningful, rather than being generic and imposing an unnecessary burden on people. this might include:-

* Surveys
* Social media
* Healthwatch reports
* Care Quality Commission (CQC) reviews
* Research reports
* Complaints
* Patient Experience Library
* Intelligence from NHS bodies, the VCSE sector and local authorities
* Staff feedback including their own views, and what they’ve heard
* Previous engagement excercises

**3 Think about who needs to be involved?**

Identify the range of partners who may have an interest in involvement and a useful contribution to make. It may be helpful to involve members of self help and support groups, Healthwatch, faith groups, patient and carer groups, local neighbourhood or social action groups, PPGslocal charities as well as current patients and those who may use services in future, carers and families.

Engagement might be direct with the population affected by the commissioning activity, but could take place via representatives, where representatives offer a fair reflection of the views of others, and where this is practicable or proportionate.

**4 Fair and Proportionate**

We have to consider what is a **‘fair and proportionate**’ approach to the circumstances. This is not an area where definitive advice can be offered without knowledge of the specific circumstances. Where staff need to make a particularly complex or potentially contentious judgement, they may wish to consider seeking legal advice.

**Fair - T**he ‘Gunning’ principles describe what is fair in relation to formal consultations but are useful to consider for any engagement work

* **Consultation must take place when the proposal is still at a formative stage – not when a decision has already been made.** Decision makers can consult on a single proposal or ‘preferred option’; if they are genuinely open to influence. There is no requirement, and it would be misleading, to consult on adopting options which are not genuinely under consideration, or are unrealistic or unviable – but it may be necessary to provide some information about arguable alternatives.
* **Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response** Those being consulted should be provided with sufficient information to enable them to understand what the proposal is, the reasons for it and why it is being considered.
* **Adequate time must be given for consideration and response** There is no automatically required timeframe within which the consultation must take place.
* **The product of consultation must be conscientiously taken into account**

**Proportionate**

As a general rule, the greater the extent of changes and number of people affected, the greater the level of engagement.

Staff should also consider the potential impact on other services which they may not commission, and issues for patients beyond the clinical services themselves, such as accessibility, transport links and ambulance availability.

**5 Think about HOW to involve patients and the public**

* Through their elected representatives (MPs and councillors).
* Letters or emails to affected individuals.
* Newsletters, or leaflets drops – specific or community newsletter
* Information on notice boards in local community facilities such as GP surgeries, libraries, etc
* Suggestion boxes.
* Street consultation with boards for people to write their thoughts
* Dedicated events or focus groups
* Formal public consultations.
* Interviews - telephone interviews are particularly useful for people who may find travel difficult
* Surveys and feedback forms.
* Local events or venues such as faith centres, community celebrations, festivals, markets, schools, etc
* Work with local VCSE organisations, local Healthwatch and the PPG at GP practices.
* Provide opportunities for the public to meet staff, different times and venues
* Social media, for example Twitter, Facebook.
* Public and patient advisory or reference groups.
* Patient and public representatives who provide regular input to committees/groups/boards.
* Co-production with experts by experience.

6 **Consider when to involve people- develop a plan**

This will depend on the issues, the aim should be to involve/consult at the earliest stage possible. So this could be around developing a proposal, a shortlist of options or a preferred option. It should never be left to a time when the views obtained could not make a meaningful difference to the approach being taken, and might often be part of an ongoing dialogue or take place in stages. It is good practice to develop a communications and engagement plan to set out objectives and methods, and to provide regular communications to stakeholders throughout the commissioning activity. The public may be involved in different ways, for example in:

* designing the approach to engagement
* developing/refining options
* formal consultation on a limited range of options
* being informed about the outcome of the consultation and the decision taken.

It’s important to assess the effectiveness of public involvement throughout the commissioning process, and address issues that arise, such as

* the needs of a particular group (possibly with a shared protected characteristic) have not been adequately considered as part of the proposal.
* an unexpectedly small response from a group that would be significantly affected by the proposal.
* Where a lot of feedback queries the same point, suggesting that it is has not been clearly conveyed or there was insufficient information.
* If the response to a consultation or attendance at public events has been poor.

**7 Urgent decisions**

In an urgent situation, we should consider the duty to involve the public alongside the public interest in maintaining continuity of care and protecting the health, safety or welfare of patients or staff. It will only be reasonable to justify carrying out a limited (or no) public involvement exercise on grounds of urgency when the lack of time was genuinely caused by an urgent development or where there is a genuine risk to the health, safety or welfare of patients or staff. It does not permit us to leave public involvement until the last moment without enough time to carry out a fair and proportionate exercise, when the public could and should have been involved earlier or to a greater extent.