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| **Patient and public participation assessment and planning 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.** | |
| **Title of the plan/ proposal/project /commissioning activity** | **Physio First – Pilot and roll out** |
| **Brief description with key objectives** | There has been year on year increasing activity in MSK, this is unaffordable. In addition, there are increasing referrals to T&O; the waiting time for physio is 4 weeks, preventing care navigate. The pilot is intended to establish how much GP/ANP time is released, to provide intervention within 2 days, and to establish if it could perform the Single Point of Access role.  We are currently piloting Physio First in 10 practices (105015 population); with band 7 Physios based in practices this ensures we achieve 2 day wait.  Receptionists care navigate patients to this using set criteria.  **Impact to date;-**  129 patients per week navigated to Physio First  56% advised to self manage  33% referred to physiotherapy  11% referred to Orthopaedic triage – in first 6 weeks of pilot only 4 T&O referrals  0.2% of patients required GP intervention  13% required pain relief prescribing and/or medical certificate  75% of presentations, lumbar, cervical, shoulder & knee  This has reduced Physiotherapy referrals to/by?? 78 per month, and Orthopaedic triage to/by?? 38 per month  There is the potential to reduce referrals if rolled out by 3446 per annum - £420,412 without T&O impact; also releasing 16 hours per week in practices  However, for this to work across Rotherham, a ‘hub’ approach would be needed – this could not be delivered in every practice. |
| **Is there likely to be an impact on patients and the public?** | Yes, several impacts   * Faster, timely access to physiotherapy * Less travel for many patients * Additional travel for some patients * May impact more on patients using public transport – would patients needing physio be able to use public transport or be adversely impacted? |
| **If the plans, proposals or decisions are implemented, will there be:** | |
| (a) An impact on how services are delivered? | **Yes**  **If rolled out, physio will be delivered faster and closer to home for many – and accessed as described above.** |
| (b) An impact on the range of health services available? | **No- physio will still be available** |
| (c) Any other impact that you can envisage at this point in time? |  |
| **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? | *Please explain briefly why you have answered yes or no to the above.*  *Even if you think the legal duty* ***does not*** *apply, you are still required to retain a copy of the form as a record of your decision making.*  No - There will be a change to the service, but the service will be available. In addition the service will be more available, and closer to home for many (Hubs, rather than travelling to one central location).  A small number of people reliant on public transport may have travel times/costs increased – can this be considered in the location of the hubs? And compared to access to current service – would existing service necessitate 2 bus journeys for some? |
| 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. | *Even if the legal duty does not apply, participation may be beneficial.*  *Examples could include:- surveys, discussion or focus groups;*  *patient and public views, comments and feedback, which could be from providers or partners such as Healthwatch*  feedback on physio first pilot – can we reflect on this ?  Jan 2018 – share plans and distribute survey – via community groups, PPG network and practices. |
| Are additional arrangements for patient and public involvement required for this activity? | *Are there any gaps in the above? – if so, what actions will you take to address these? Include actions to reach out to ‘seldom heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities?*  *State how this will be ‘fair and proportionate’*  Equality impact assessment needed and will inform this section |
| How will the information collected through patient and public participation will be used to influence the plan/activity. | *How will you report back to those involved?*  *How will you assess the ongoing impact of the change on patients and the public after it has been completed?*  Via website and direct contact |
| **Communications and engagement plan** | |
| * 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 | *For example: patients, carers, the media, MPs, etc*  *Complete a stakeholder analysis (Project management toolkit)* |
| What are the measures of success? | *This could be survey numbers, contacts; or themes emerging. How will you know you’ve achieved this?* |
| Budget |  |
| Methods of engagement/communications | *What activity are you planning to carry out?*  *Is it fair and proportionate?* |
| Timescales | *Include milestones and deadlines, when you will have materials, assess part way through etc* |
| Equality and accessibility | *Are there any specific considerations for groups with protected characteristics or those who are ‘seldom heard’?* |
| Partner organisations | *For example: Healthwatch, local authorities, patient groups. How will they be involved?* |
| Key contacts | *For example: project leads, patient representatives who are involved, budget holders* |
| Risks |  |
| mitigating actions |  |
| Evaluation | *Report back on the success/impact of the communications plan.* |
| Feed back to those involved | *Close the loop and describe how you plan to feed back to people who have been involved* |