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| **Patient and public participation assessment and planning form** | |
| **Title of the plan/ proposal/project /commissioning activity** | **Changes to Child Protection Medical Services and provision** |
| **Brief description with key objectives** | Child protection medicals are undertaken within TRFT in conjunction with RMBC CYP. CP medicals are time specific. The process is in need of review to ensure it is fit for purpose.  Part of this is to consider utilisation of play therapy to support the child during the process; thus ensuring the child is distracted and supported. This would be using internal services; so would not be an additional cost. This will also support the voice of the child in the process. |
| **Is there likely to be an impact on patients and the public?** | Yes – if we improve the multi-agency working aspect, we will ensure that children are treated age appropriately and in a timely manner |
| **If the plans, proposals or decisions are implemented, will there be:** | |
| (a) An impact on how services are delivered? | **Yes – as above** |
| (b) An impact on the range of health services available? | **No** |
| (c) Any other impact that you can envisage at this point in time? | Service will be improved – will improve the multi-agency debate |
| **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? | **No**  **This change would be to ensure that the existing service is fit for purpose** |
| 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. | This is around evaluation of the current service provision; demonstrating that delivery meets the needs of the child and the multi-agency partnership. Research in other areas indicates that play therapists are able to offer additional age appropriate support to the child.  There is also a feeling that it would not be ethical to ask the public’s opinion on this issue, considering the high levels of sensitivity.  It may be a future consideration that the independent reviewing officer elicits parent and child opinions; however all feedback on this process would need to be carefully considered with the upmost sensitivity and consideration of potential bias. In addition, it is unlikely that a public consultation would produce useful or informed feed back; and given the small numbers impacted by the services; more in depth feedback from those families and CYP would be more insightful.  Information would be collected via IRO if this process is agreed in the future |
| Are additional arrangements for patient and public involvement required for this activity? |
| How will the information collected through patient and public participation will be used to influence the plan/activity. |
| **Communications and engagement plan** | |
| * Use this template to plan communication and engagement activity | |
| Date produced | **NFA at this time** |
| 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* |