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| **Patient and public participation assessment and planning form** | |
| **Title of the plan/ proposal/project /commissioning activity** | Clinical thresholds wave 2 |
| **Lead** | Sarah Lever |
| **Brief description with key objectives** | To ensure parity in clinical pathways for patients  To ensure that best practice in referral and treatment is followed, using NICE and other guidance where appropriate  To reduce inappropriate referrals  To ensure that conservative treatments are routinely offered as a first step |
| **If the plans, proposals or decisions are implemented, will there be an impact?**  **This could be:-** | |
| (a) An impact on how services are delivered? | No -Services will still be delivered where there is a clinical need |
| (b) An impact on the range of health services available? | No - services will still be available where there is a clinical need |
| (c) Any other impact? |  |
| **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**  Services will still be delivered in the same way where there is a clinical need  IFR will be available where there is exceptional need that does not meet the clinical threshold (ie this might apply to someone with additional health problems or disabilities)  The plans are to ensure that all patients have equal access to the same treatments at the same level of need; and that all patients have access to less invasive treatments at the right stage in their pathway.  The plans will apply to all people regardless of demographics; and are focused on clinical need. |
| 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. | The thresholds have been created by clinicians from different organisations, considering the whole of the patient pathway  We have and continue to monitor patient experience data, and comments and complaints both to providers, to the CCG and to Healthwatch  The first wave of thresholds were discussed with the PPG network, at the AGM in 2015 and 2016. |
| Are additional arrangements for patient and public involvement required for this activity? | Recruitment to workshops and focus groups as outlined in the engagement plan |
| How will the information collected through patient and public participation will be used to influence the plan/activity. | Information collected will be used to develop the final version of the plan. |
| Sign off |  |

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| **Communications and engagement plan – Clinical Thresholds wave 2** | |
| **Project lead** | Sarah Lever |
| **Date form completed** | 13.4.17 |
| **Completed by** | Helen Wyatt/Sarah Lever |
| **Background Proposal/ project information** | The aims of the clinical threshold work is to:-   * ensure parity in clinical pathways for patients * ensure that best practice in referral and treatment is followed, using NICE and other guidance where appropriate * reduce inappropriate referrals * ensure that conservative treatments are routinely offered as a first step   A first wave was implemented Dec 2016; this second wave will be implemented Dec 2017 across SY&B |
| **Key messages** | There is a need to ensure that the pathways are implemented to provide the most effective treatments for patients, and that patients all have the same access to the same treatments at the same level of need.  Patients will be able to influence the criteria, identify potential issues and solutions to them. |
| **Target audiences** | Patients and the public |
| **Methods of engagement/ communications** | A series of focus groups or workshops, targeting PPG members, Healthwatch and TRFT members/governors  It is not felt that a survey approach would be helpful; given the complex nature of the work |
| **Budget/resources needed** | Staff time  Room hire and refreshments – from PPE budget |
| **What are the measures of success?** | Focus group discussion notes reflect in depth consideration of the issues; and can identify changes |
| **Timescales** | List of thresholds available end may  Agreement of regional approach to engagement - April  Staff identified to deliver focus group may; room booked May  Input from TRFT and Healthwatch agreed April/May  Materials and format developed end may/beginning June  Report and information collated August  Presentation and assurance – from September |
| **Equality and accessibility** | No, this will apply to all equally |
| **Partner organisations** | TRFT  Healthwatch tbc |
| **Key contacts** | Sarah lever; Helen Wyatt (budget for engagement); Janet Sinclair-Pinder; Anand Bermade; |
| **Risks** | Possible misinterpretation of workstream reported by media (ie that these procedures will cease)  Involvement of pressure groups |
| **Mitigating actions** | Focus group approach |
| **Evaluation** | The process will be evaluated by the CCG as part of the reporting process in August |
| **Feed back to those involved** | Via PPGs, and participating individuals and organisations  On the CCG website |