|  |  |
| --- | --- |
| **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** | **Diabetes - ensuring equality of service provision** |
| **Brief description with key objectives** | This is only a small change of care for **some** patients in Rotherham, and is aimed at implementing and rolling out best practice against current guidance.  **The model does not constitute a change in service provision, but** ensures that all Rotherham patients with Diabetes received an equitable standard of care.  TRFT were already operating to the Super 6  prior to this.  Many of the GPs in Rotherham were already providing this level of care for their Diabetic patients.  Prior to this some GP Practices were relying very heavily on the Diabetes Specialist Nurses to provide what should be  (and is in other areas around South Yorkshire and the rest of the country) standard Diabetes care and monitoring in Primary Care.  We are now ensuring that **all** Practice staff are supported to provide an equitable service to their patients by way of educational support where that is needed. The DSNs will then be freed up to do what they are meant to do and provide specialist advice, support and intervention across all of Primary Care.  The shared care pathway is part of this process and is meant to be a supportive educational tool for GPs and Practice staff much like any other pathway that we have.  This is more a back office change to ensure equal access to the DSN’s.  This will also ensure better care for the most vulnerable ie patients with type 1 diabetes who will receive their care in one place.  Also this will ensure better access covering areas of deprivation and those practices serving predominantly BME communities, who may not have had parity of access to DSN’s previously. |
| **Is there likely to be an impact on patients and the public?** | As above – equality of access and ensuring current best practice is adhered to by all GP practices |
| **If the plans, proposals or decisions are implemented, will there be:** | |
| (a) An impact on how services are delivered? | **Small impact, small number of patients in some practices** |
| (b) An impact on the range of health services available? | **No** |
| (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? | **No - as above this is not a change in service provision** |
| 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. | Continued use and monitoring of patient feedback to GP practices and through NHS choices and Healthwatch; and via FFT where this is shared with the CCG.  In addition contact through PPGs and PPG network to inform/discuss as requested/agreed. |
| Are additional arrangements for patient and public involvement required for this activity? | No additional arrangements are needed.  In terms of protected characteristics; this will ensure better access covering areas of deprivation and those practices serving predominantly BME communities, who may not have had parity of access to DSN’s previously. |
| How will the information collected through patient and public participation will be used to influence the plan/activity. | Ongoing monitoring in line with existing processes |
| **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* |