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| **Patient and public participation assessment and planning form**  |
| **7.11.17** |
| **Title of the plan/ proposal/project /commissioning activity** | **Improving access to general practice**  |
| **Brief description with key objectives**  | *FROM NHSE website -**The*[*General Practice Forward View*](https://www.england.nhs.uk/gp/gpfv/)*published in April 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.*Locally, GP access has been problematic for some time and is the most common issue reflected back to practices and commissioners (FFT; NHS Choices etc; public events).Patients reflect and raise issues with some particular practices; access issues vary across Rotherham. In addition, different practices have tried a number of initiatives to manage demand and improve access, such as telephone triage etc, with varying outcomes.The CCG has had a number of conversations with the public on this subject between 2015- present, and continues to monitor patient feedback, using various mechanisms and linking with partners ie Healthwatch. Targeted work has included * Stands and discussions at the AGM 2015/16/17
* Event Nov 2015 – key themes and report here[..\Events\Changing Face of GP Services 19 November 2015\draft report actions included final.docx](file:///%5C%5C192.168.56.61%5Cccgdata%5CRotherham%20CCG%5C6.%20Patient%20Engagement%5CEvents%5CChanging%20Face%20of%20GP%20Services%2019%20November%202015%5Cdraft%20report%20actions%20included%20final.docx)
* Quarterly meetings of the Rotherham Wide PPG Network; and ongoing relationship with the constituent PPGs.

**What we know (local feedback)*** Patients are frustrated by inconsistencies in access
* Both staff and patients have the same basic desire – get people in, treated, and on the mend.
* Concern from both patients and staff that the people being seen are those that needed to be seen, and how we can work with patients/public on this.
* It’s likely that a number of issues seen in primary care would be more effectively managed out of NHS care
* The initial contact is vital – it’s at this stage that repeated calls and poor access frustrate; and also where people can be deflected to other services where appropriate.
* Information is vital – patients are not always aware of initiatives to extend hours, provide online services (Nat GP survey); etc

The current/planned work extends this engagement.Rotherham CCG is working with GP practices to implement extended hours, working with GP hubs to provide GP services for part of the weekend. 28/11/17Following discussion at LMC, it was agreed to implement a short survey, focused on what services people would be most likely to use from a list of potential options. Due to the directed timescale, and the time of year/constraints, this had to be implemented quickly – in place by 27.11.17; promoted 28.11.17; close on 11.12.17.This was sent to a variety of network organisations (see below); PPG members, print copies taken to PPG network on 5.12.17. Healthwatch asked to circulate via social media. Also sent to all practices managers who were asked to promote via MJOG.Once finished; share results via PPGs and on website |
| **Is there likely to be an impact on patients and the public?** | YesPositive impact – additional GP services available during part of the weekend.Impact/issues raised by survey |
| **If the plans, proposals or decisions are implemented, will there be:**  |
| (a) An impact on how services are delivered? | Yes – additional services will be provided in community localities |
| (b) An impact on the range of health services available? | No- range of services will remain the same |
| (c) Any other impact that you can envisage at this point in time? | This does constitute increased access; however this is within a number of constraints:-* Identification of practices/staff willing to provide extended hours
* Identification of suitable premises
* Aim to provide access in both north/south of Rotherham

Within these parameters/resources, it will be impossible to provide GP hub access in every village.  |
| **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? | RCCG does not intend to run a formal consultation on this workstream* This is a mandatory, national initiative
* The proposal is the only alternative identified as a solution
* The national directive is reinforced through local feedback
* Asking for views and opinions on something that cannot be changed is not productive
* The survey has focused on the fact that we have to use limited resources to best effect, and seeking to understand what people might use most.
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| 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. | Existing insight as aboveHowever, RCCG will undertake a solid and comprehensive information campaign, to inform patients and the public of the service, using local contacts and organisations; the VAR health ambassadors; Healthwatch; websites, and social media, as well as practice communication systems.Survey and results in here |
| 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. | We will seek the views of patients using the hub services, and will also discuss the work with practice participation groups as appropriate. |
| **Communications and engagement plan** |
| Use this template to plan communication and engagement activity |
| Date produced | Started 7.11.17 |
| Project lead | RG/HW |
| Background Proposal/project information | * Communication/information on services as above
* 22.11.17 – survey to patients/public on priorities for access
 |
| What impact will it have and what reaction do you expect? | Anticipate some dissatisfaction in locations – need to be able to explain limitations and reasons for this |
| Key messages | Availability of the service |
| What can people influence/not influence? | No influence at this stage. |
| Target audiences | General/whole community. Target high service users – ie young/old |
| What are the measures of success? | People will be aware of the new services – use monitored over time |
| Budget | Existing comms and engagement budgets |
|  Methods of engagement/communications | Survey as detailed above – impact/resultsRCCG will undertake a solid and comprehensive information campaign, to inform patients and the public of the service, using local contacts and organisations; the VAR health ambassadors; Healthwatch; websites, and social media, as well as practice communication systems |
| Timescales | Outline options early NovemberDiscussions at LMC???Survey 27Nov- 11 decNeed to put other milestones in here ie board/decision making etc*Include milestones and deadlines, when you will have materials, assess part way through etc* |
| Equality and accessibility | As above – will target older people; parents; BME communities;  |
| Partner organisations | GP practices |
| Key contacts | JT HW GL |
| Risks  | Hubs will be under or over used. |
| mitigating actions |  |
| Evaluation | *Report back on the success/impact of the communications plan.* *Impact of MJOG – did practice managers send out?* |
| Feed back to those involved | *Close the loop and describe how you plan to feed back to people who have been involved. Survey results and impact on web and to PPGs* |

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| **Appendix**  |  |  |
| **Date**  | **Actions** | **comments** |
| ? | Discussion primary care committee – highlight need for additional patient views on access |  |
| 14.11.17 | RG/HW develop draft survey – out for comments |  |
| 22.11.17 | Survey questions agreed |  |
| 28.11.17 | Circulated to- list below; to practice managers for circulation to PPGs. Sent to all staff for circulation to friends/family etc  |  |
| RG/CB sent to all practices managers – who will be asked to put the survey link on MJOG |  |
| 29.11.17 | Emails to age UK and Kimberworth 50 +- seeking to call in with paper copies to address electronic communication bias. |  |
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**Potential organisations to email**

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| Age UK Rotherham | Lesley.Dabell@ageukrotherham.org |  |
| Apna haq | apnahaq1@gmail.com |                           |
| carers 4 carers (MH) | dianas05@btinternet.com |  |
| Carers forum | ricalajay@googlemail.com | **Shared on social media** |
| Grow | Joanna@growproject.org.uk |  |
| Healthwatch | Tony.Clabby@healthwatchrotherham.org.uk  | **Shared on social media** |
| NHS retirees | elainehumphries2011@hotmail.co.uk |  |
| older people’s forum | barbarabooton@talktalk.net | Asked to share link |
| Paces | natalieyarrow@pacessheffield.org.uk   |  |
| Parents carer forum | jaynefitzrpcf@gmail.com louise@rpcf.co.uk | **Circulated to their social media networks 28.11.17** |
| Parish and Town Councils | janice.curran@rotherham.gov.uk | Janice Curran can circulate information to the parish clerks.  |
| pensioners action group | b\_billington@sky.com |  |
| **PPG network** |  | **via helen & Megs and copied to practice managers for onward circulation** |
| REMA | aakhtar@rema-online.org.uk Emma@Rema-online.org.uk | **Shared on social media** |
| Speakup | Annie@speakup.org.uk |  |
| VAR  | Sarah.Kelly@varotherham.org.uk | For onward circulation  |
| Rotherfed and disability network | steve.ruffle@rotherfed.org |  |