

Short Involvement Plan

2022, V1.0

Introduction

This document provides guidance to CCG staff, GP practices, service providers and PPGs about how to involve members of the public and patients when making service changes.

These changes might include:

- Making small scale service changes
- Changing opening hours at a GP practice
- Merging with another practice
- Closing a branch surgery

Overarching principles

When involving patients or the public you should consider the following principles:

Involve your Involvement team and/or PPG (Patient Participation Group):

- Speak to the involvement team at the earliest opportunity so that you can assess the scale and impact of the change.
- For changes at a GP practice, the PPG should be involved at the earliest stage and before the proposal is shared with the CCG. The PPG should be kept informed throughout the process.

Leave enough time:

The length of time you need for plan, deliver and report on your involvement will depend on:

- the scale of the change
- the impact on members of the public/patients (especially those from 'seldom heard' groups)
- other factors such as political interest.

Consider levels of influence:

Be clear about what is changing and what people can actually influence.

Make the involvement accessible:

- You will need to demonstrate that you have made your involvement accessible to people from different communities.
- Provide information in alternative formats when requested such as Easy Read.
- Use different methods to engage such as drop-ins, paper surveys, online surveys.

Feedback 'you said, we did':

Feeding back the findings of the involvement and demonstrating what difference people's feedback has made is an essential part of the involvement process. You should write a brief report and outline 'you said, we did'.

You should also consider the **gunning principles** when planning your involvement:

<http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles>

Short involvement plan

Title of Involvement: Spasticity Management Project

Date first shared with involvement team or PPG: February 2022

What are you changing?

- Outline exactly what is changing.
- Outline what patients can influence?

Spasticity refers to feelings of stiffness and a wide range of involuntary muscle spasms (ongoing muscle contractions or sudden movements). Some patients with neurological conditions (nerves or nervous system) experience muscle spasticity; interventions include injecting botulinum toxin (botox) into the muscles as well as therapy support and guidance which take place in a spasticity management clinic.

Currently, patients who need spasticity management appointments, are seen by a consultant. Sometimes patients are also seen by an occupational therapist or a physiotherapist.

We are reviewing how these clinic appointments are run, and an area we are considering is for a physiotherapist with a specialist understanding of spasticity and movement to join the clinic. We are running a six-month trial to see if having both a consultant and a specialist physiotherapist working together in clinic will lead to an improvement in care.

What is the level of change (see Appendix A)? Level 1 / 2

How will it impact on patients?

- What difference will people see? (change in location, opening hours, services etc)
- Do you have any local/national existing evidence? Has it been done somewhere before?
- How will you consider the impact on seldom heard groups?

Patients will be seen in clinic by two health professionals together as opposed to one so should make their experience more efficient and result in fewer appointments. This is a targeted piece of work with patients who are being seen in clinic.

How will you involve staff?

- How will staff be engaged in the involvement?

At the end of the trial, we will hold a focus group with staff to hear their views and feedback.

How will you involve patient representatives?

- Consider including CCG volunteers or members of your PPG on a steering group, involving PPG members in any events etc.

Francis Edwards is the CCG volunteer on the project. He also has lived experience of spasticity issues.

Who else do you need to inform?

- Local councillors, CCG, other local practices.

Not applicable.

What are your timescales?

Consider time required for:

- Writing a plan
- Planning events/activities
- Carrying out the involvement
- Writing your report

Trial and engagement start: April - October 2022

Staff focus groups: September 2022

Report: November 2022

What questions will you ask?

What questions will you ask or what information will you share?

Below is a link to the survey questions and the information we will share with patients and carers:

What methods will you use to involve?

- Online surveys, drop-ins, paper surveys.
- Consider how you will engage with 'seldom heard' groups

We will use a one-to-one telephone interview with patients who have been seen in clinic during the trial time. We are expecting to interview two or three. The survey will be used as a guide for the one-to-one interviews.

How will you promote your involvement?

Twitter, posters, voluntary organisations, Facebook, prescriptions, letters, local media, texts, mjog

Clinicians will refer the patients to the involvement team to contact them.

When will you write your report?

- Don't forget to add the report to your website
- Include 'you said, we did' in your report that outlines what you have done in response to people's feedback

November 2022

Q&A

Why do we need to involve the public?

We know that involving patients and the public in service change is essential if we are to develop safe, accessible and high-quality services. The NHS also has a statutory duty to involve local people in service changes.

When should we start planning the involvement?

Involvement takes longer than you think. You should start planning your involvement at least four weeks before you start the project. This gives you time to do things like; involve your PPG, write a simple involvement plan, organise events, write a survey.

How long do we need to engage for?

It depends on what you are changing and the impact it will have on patients. Think like a patient; how would you feel if this change happened to your service? We would advise involving for a minimum of two weeks. For more controversial changes you might want to involve for 4-6 weeks.

When and how should I involve my PPG?

GP practices should inform their PPG as soon as possible. Your PPG should be informed before you approach the CCG about the change. You can involve your PPG in different ways such as:

- Involving the PPG in developing your involvement plan
- Including a PPG representative on the steering group
- Asking PPG members to promote the involvement with their local networks
- Coproducing patient literature about the change with your PPG
- Asking PPG members to support involvement events and activities

Who should we involve?

You should involve anyone affected by the change, this will include all registered patients and also staff. The involvement should be accessible to all the different communities who use your practice, especially people with protected characteristics such as learning disabilities, sensory impairments and black and minority ethnic groups.

Who can support me with the involvement?

The involvement team at the CCG can help you with your project, call 0113 221 7777 to speak with someone from the team. Local voluntary sector organisations can also help to promote your involvement, this is particularly helpful when involving people with protected characteristics.

What questions should we ask patients?

It depends on what you are changing and how patients will be affected. In some cases, it might be an information giving exercise – informing patients what is changing. Sometimes you might want to ask people their views about the change. Don't ask questions about things that you cannot or will not change.

Further reading

- <https://www.england.nhs.uk/participation/resources/involvekits/>
- <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

Appendix A – Levels of change

This is a guide and decisions about the level of change should be done with the support of the CCG involvement and equality teams.

Level 1 – Ongoing development

- A small scale change
- Affecting small numbers and / or having low impact
- There is good evidence that the change will improve or enhance service provision
- A new service
- Often requires an information-giving exercise (2-4 weeks)

Level 2 – Minor Change

- A medium scale change
- Affecting low numbers of people and / or having low impact
- A new service
- Often requires a small involvement (4-6 weeks)

Level 3 – Significant change

- A significant service change
- Affecting large numbers of people and / or having a significant impact on patient experience
- A significant change from the way services are currently provided
- Potentially controversial with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant involvement (3 months)

Level 4 – Major change

- A significant service change
- Affects majority of the local population and / or having a significant impact on patient experience
- A significant change from the way services are currently provided
- High risk of controversy with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant involvement/consultation (3 months+)