

Involving patients

Primary care service changes

Introduction

This document provides guidance to GP practices and PPGs about how to engage patients when making changes at the practice. These changes might include;

- Changing opening hours
- Merging with another practice
- Closing a branch surgery

Overarching principles

When engaging with patients or the public you should consider the following principles:

<p>Involve your PPG</p>	<ul style="list-style-type: none"> • 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.
<p>Leave enough time</p>	<p>The length of time you need for plan, deliver and report on your engagement will depend on;</p> <ul style="list-style-type: none"> • the scale of the change • the impact on patients (especially those from 'seldom heard' groups) • other factors such as political interest.
<p>Consider levels of influence</p>	<p>Be clear about what is changing and what people can actually influence.</p>
<p>Make the engagement accessible</p>	<ul style="list-style-type: none"> • You will need to demonstrate that you have made your engagement accessible to people from different communities. • Provide information in alternative formats when requested such as easyread. • Use different methods to engage such as drop-ins, paper surveys, online surveys.
<p>Feedback 'you said, we did'</p>	<p>Feeding back the findings of the engagement and demonstrating what difference people's feedback has made is an essential part of the engagement process. You should write a brief report and outline '<i>you said, we did</i>'.</p>

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

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

Simple engagement plan

Title of engagement	Name of the engagement	Safe Haven Re-procurement
Date shared with PPG	Date first shared with PPG	Safe Haven does not have a PPG and so the engagement plan will be shared with PAG in March 2019
What are you changing?	<ul style="list-style-type: none"> • Outline exactly what is changing • Outline what patients can influence 	<p>Safe Haven GP practice is a service for registered patients in Leeds who have been asked to leave their own GP practice due to violence or aggressive behaviours. The Safe Haven Service is a generic term and it is also known as the 'Violent Patient Scheme' and 'Special Allocation Service'.</p> <p>Patients have the right to appeal the decision for removal from their registered practice and consequential registration with the Safe Haven Service <i>(Further details of the pathway into the service and the patient appeal process can be found in Appendix A)</i></p> <p>In Leeds the service is provided by Local Care Direct and clinical sessions are hosted at: St Georges Centre, St Georges Road, Middleton, LS10 4UZ.</p> <p>Face to face appointments are provided Tuesday & Thursday every week. Telephone appointments offered daily. If closed patients are directed to local A&E services.</p> <p>The contract for the service will expire on 30th September 2019 and the CCG is preparing to re-procure the service.</p> <p>Patients will have limited influence on the service specification because this is a specialised service for patients who have been removed from their GP practice due to violent behaviour. <i>(The violence does not have to be physical or actual. It can be perceived, threatened or indeed a perceived threat of violence)</i>. The service will need to cater for a low number of high risk patients and this will limit the choice of provider, premises and general public influence. There are 34 patient registered with the current provider</p> <p>The engagement will be an opportunity to understand patient's experience of using the service and where possible will be used to shape the way the service is provided.</p>

<p>How will it impact on patients?</p>	<ul style="list-style-type: none"> • What difference will patients 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? 	<p>Currently patients are travelling to appointments from their home (which may be anywhere in the city) to Middleton in Leeds 10. The re-procurement may result in a change in premises and opening hours.</p> <p>All commissioners (NHS England or Clinical Commissioning Groups) are expected to provide access to a Directed Enhanced Service for the provision of a Safe Haven Service. The rules are set out in the General Medical Service (GMS) and Personal Medical Services (PMS) Regulations and supported by NHSE Policy and Guidance Manual 2017.</p> <p>NHS constitution <i>‘Please treat NHS staff and other patients with respect and recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services’</i></p> <p><i>‘You have the right to access NHS services. You will not be refused access on unreasonable grounds.’</i></p>
<p>How will you involve your staff?</p>	<p>How will staff be involved in the engagement?</p>	<p>As part of the engagement we will speak to the staff in current provider about their experience of the service delivery.</p>
<p>How will you involve your PPG?</p>	<p>Consider including members of your PPG on a steering group, involving PPG members in any events etc.</p>	<p>Due to the nature of the patients registered at Safe Haven, there is currently no PPG.</p> <p>The service provider is required as part of their Key Performance Indicators (KPIs) to provide the CCG with details of complaints and any other patient feedback. Review of the current services has provided 1 registered complaint and 4 compliments.</p> <p>Through the patient Appeal process the CCG has listened to and noted feedback from patient’s experience of the service. Since October 2018 there have been 4 appeals.</p>
<p>Who else do you need to inform?</p>	<p>Local councillors, CCG other local practices.</p>	<p>Leeds Local Medical Committee</p>
<p>What are your timescales</p>	<p>Consider time required for:</p> <ul style="list-style-type: none"> • Writing a plan • Planning events/activities • Carrying out the engagement • Writing your report 	<p>Draft plan – w/c 4/2/19 PAG – March 2019 Engagement – April 2019 Report – May 2019</p>

What questions will you ask?	What questions will you ask or what information will you share?	<p>Are you:</p> <ul style="list-style-type: none"> • Current patient • Previous patient of safe haven • Family member • Staff who refers into the project • Staff working at the project • Other (please state) <p>Patients:</p> <ul style="list-style-type: none"> • Current or previous users of the service • Last used service • Why used service (medical problem) • Experience when service was not open • Support provided on registration with the service • Information available about service and access to other community/alligned services • Support required to move back to local practice <p>Staff:</p> <ul style="list-style-type: none"> • Safety • Process for transfer from previous practice • Support required to move patients back to local practice
What methods will you use to engage?	<ul style="list-style-type: none"> • Online surveys, drop-ins, paper surveys. • Consider how you will engage with 'seldom heard' groups 	<ul style="list-style-type: none"> • Online survey (staff and patients) • Paper surveys – filled in with patients in practice • Paper surveys left in practice
How will you promote your engagement?	Twitter, posters, VCFS, Facebook, prescriptions, letters, local media, texts, mjog	<p>VCFS working with groups who work with potential service users</p> <p>Social media</p> <p>In practice</p>
When will you write your report?	<ul style="list-style-type: none"> • 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 	Report to be written May 2019

Q&A

Why do we need to engage with our patients?

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 engagement?

Engaging properly takes longer than you think. You should start planning your engagement at least 4 weeks before you start the engagement. This gives you time to do things like; involve you PPG, write a simple engagement 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 at your GP practice? We would advise engaging for a minimum of two weeks. For more controversial changes you might want to engage for 4-6 weeks.

When and how should I involve my PPG?

You should inform your 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 engagement plan
- Including a PPG representative on the steering group
- Asking PPG members to promote the engagement with their local networks
- Coproducing patient literature about the change with your PPG
- Asking PPG members to support engagement events and activities

Who should we engage with?

You should engage with anyone affected by the change, this will include all registered patients and also staff. The engagement 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 engagement?

The engagement team at the CCG can help you with your engagement, call 0113 8432972 to speak with someone from the team. Local voluntary sector organisations can also help to promote your engagement, this is particularly helpful when engaging with 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

file:///C:/Users/bridlec01/Downloads/plg_publicpatientinformationtoolkit_Jan2015.pdf

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