



A guide to involving, engaging and consulting with your practice population in service changes

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1.

Why you need this guide...

If you are making a material change to your services which will impact on how people access services, you will need to engage and involve your patients and staff. This could be permanent closure of a branch surgery or removal or creation of a significant service that you run.

Engagement takes time and some resources - but it will save you time and money in the long run. Getting it wrong can lead to judicial review, which is costly and time consuming.

To help you, this booklet provides simple, practical advice to support General Practice to get the very best from engaging and involving practice populations. Doing this well will help you, and the people you look after, work through change together successfully.

This will lead to people having reasonable expectations, high rates of satisfaction and fewer complaints.

Consultation and involvement is not simply about good practice. There are also legal duties to consult, engage and involve the public and

patients when there are planned or unexpected service changes which you might not be aware of (de Ville, 2008; NHS Act 2006; NHS Constitution, 2013).

The principles contained in this guide are intended to serve as a practical checklist to improve the clarity, efficiency and effectiveness of future collaboration with patients and the public. It will also be a road map to ensure you discharge any legal duties.

This guide should help you understand the range of issues facing GPs and the other parties to inform processes and assist decision-making.

What follows is a checklist of what you can do immediately, and sets out a number of real case studies in Suffolk.

Top four benefits of engagement...

1

Working together improves individual patient outcomes and also wider community outcomes. *(King's Fund, 2012: Rogers and Robinson, 2004)*

Staff are invaluable when playing a part in planning and development of services at a local level - and they are likely to want to help. *(Robertson, 2003)*

2

3

Telling the public, patients, neighbouring surgeries and healthcare partners about changes means they understand what you are doing and why - and they are likely to want to help. *(Robertson, 2003)*

The public, patients and staff are equal partners in problem solving for the future of their local health services. *(Spencer et al, 2013)*

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2.

Material changes to services...

A material change to your services is one which will impact on how people access services, such as a permanent closure of a branch surgery or removal or creation of a significant service that you run. It would not include closing for an hour's training or changing your telephone system or appointment system.

Below is a simple process you should follow if you know you are making a material change to services at your practice.

- ✔ Tell the NHS England area team and the CCG if you think that you need to make changes
- ✔ NHS England and the CCG will work with you to work out if engagement or proportional consultation is required, which is a legal duty, and give you advice and support throughout the process. See page 12 of NHS England's guidance on branch closures. (NHS England, 2013)
- ✔ Write down your proposals. The CCG can help you with this and advise you. A summary of lawyers Mills & Reeve 2015 "Ten rules to run an effective and lawful public engagement" is here. Some of that advice is included in the checklist below.
- ✔ Decide on how you will collect comments and set out clear timescales eg by when will you have to decide? How will you incorporate people's views into your proposals? This can be simple, such as comment cards on reception or a survey. Your plans should include how you intend to feedback to your practice population. Feedback is essential to aid people's understanding (Likert, 1961).
- ✔ Compile a list of groups in your area who will have an interest. It should include your PPG, local councillors and MPs. You group the people you need to speak to into those you need to inform, involve, engage and collaborate with (Glover, 2014).

 Click here to download a template.

Ask for help from your CCG. The following questions will help you think about the best people to talk to and in which order you should tell them.

Who do you need to tell first?

Staff and your PPG are your most useful partners in any decision making process and/or change.

Who do you need to tell then?

Contact Local Medical Committee, other NHS staff eg district nurses and health visitors, other providers such as pharmacies, 111, ambulance or NSFT. Local councillors and MPs can be valuable champions.

What else?

The local Health Scrutiny Committee and local Healthwatch can be your critical friends.

Broader groups will help if it is relevant to them, such as minority ethnic group representatives or charities and voluntary groups. There may also be local integrated teams in your vicinity e.g. Integrated Neighbourhood Teams and Neighbourhood Networks.

Healthwatch Suffolk's Community Development Team is also available to help in communicating with patients, carers & staff, and in improving PPG effectiveness.

And last and by no means least...

Patients. Consider writing no more than 200 words for the local newsletters and your website. The local media might share your message. People will want to know why you want to make the change and how they can get involved. Your PPG will be able to help here.

On page 6 is a check list, which will become a useful reference document for you. At the back of this document, there are some useful contacts and further reading.

Example checklist

Task	Owner	Date actioned and comments add as much detail as you can
Talk to NHS England /CCG when proposals for change are being formed.		
Clearly set out proposals, what the options are, and the reasons for changes, eg money, eviction, recruitment issues. Make sure it is clear that no decision has been made if you are engaging, and that no promises are made. People's opinions can shape your thinking.		<i>You can record here that you have a written plan for this process</i>
Create a stakeholder list, including organised communities and groups in your local area, and cross check it with the CCG for completeness.		<i>Include specific groups, which might include those people who are isolated or are poorer. Do you need translated materials or EasyRead?</i>
How long do you propose to engage with people?		Meaningful and targeted engagement can be between 2-12 weeks. Put dates and places in here. Allow enough time for responses. Make sure it is clear when and by whom the decision is being made.
Plan to attend existing meetings eg parish council or borough/district ward meetings.		Inform your local councillor and your district/borough councillor
Consider holding public meetings / engagement events If yes, when?		

Mobilise your PPG. Share ideas and thinking.		
Plan regular updates / newsletters to your stakeholder group.		
Take responses into account before making a final decision. Consultation is not a vote, but you do need a record.		

[Click here to download this template in Microsoft Word format.](#)



3.

Case studies...

Case study one

The situation

For ten years patients and clinicians struggled with poor accommodation in two urban practices that were just a few miles apart. The patients of both surgeries regularly reported to their doctors and nurses that it was difficult to park and some patients struggled to get upstairs.

The vision held by the two practices was to move onto a single site, formerly owned by the local authority, covering 25,000 patients. It took two years after planning permission made their ideas a reality.

What engagement happened?

An active Patient Participation Group helped to develop the vision, design and the sharing of messages. Staff and patients helped with the design.

The project was explained to local ward councillors face to face and the local MP was contacted and was also supportive.

One public meeting was attended by 300 patients where the designs were shared and questions answered

Healthwatch Suffolk were contacted and supported the move by co-facilitating aforementioned engagement sessions within both surgeries, and by being present at the public meeting.

The building company ensured resources were available to secure media coverage.

What did not happen?

There were only a few newsletters or website posts. This only happened when there was something to say. There was no communication with the entire 25,000 patient population because of the cost involved.

Vulnerable groups such as patients with learning disabilities and severe mental health issues were not specifically contacted and informed.

»» Top tips...

The lead GP who organised the move, said: “The one thing that worked really well was the PPG. They are brilliant. We worked with them early and they helped save a lot of hassle. They were our ambassadors within the local community.”

“We could have done more to make sure our own staff were better informed and aware, but sometimes it is difficult to report when nothing much is happening. Again, they had the ability to answer questions posed by patients on the spot, and spread information softly to the community.”



Case study two

The situation

A rural practice operated out of two premises four miles apart. One of the premises was owned by the senior partner, who was close to retirement.

The local community had been working closely with the practice to find a long term solution to maintaining a presence in the village, which had not been forthcoming. Months passed and the retired senior partner sent an eviction notice in November for January.

While the practice wrote to affected patients directly, complaints were raised about the lack of engagement with the wider community. The matter was presented at the Health Scrutiny Committee.

What engagement happened?

The parish council and local councillor organised public meetings,

attended by 200 people. A petition was raised and a Community Action Group was formed.

Staff were informed. When the practice heard it could no longer use the premises, it wrote a letter to patients in the practice area affected.

There were website posts to update the broader public. This was followed by the media.

What did not happen?

The PPG only met virtually, which made it difficult to mobilise. Healthwatch supported the development of a face to face PPG, but communication issues led to difficulties in getting it started. The local ward councillor was engaged, but not kept up to date with developments. This led to the local MPs and Health Scrutiny Committee getting involved, taking doctors away from their day job.

»» Top tips...

The practice said that the one thing it would do differently is ask for help from NHS England earlier and keep asking until they had help and support.



What the practice did not do is lead this agenda, others did that for them. The practice felt out of control and bounced into events that they had no experience of. They eventually employed a communications expert for a short period of time, which helped them.

Communicate at all times with patients and staff, right from the start, and do so even when there is no news, because people feel engaged. Ask for help from your local community and your local district council. Your local Healthwatch can also help carry messages throughout a local community, as well as supporting the PPG.

Case study three

The situation

Due to difficulties faced by practices in replacing retiring GPs, a rapid rise in the needs of an ageing population and financial constraints at a national level, GP practices are increasingly considering collaborative approaches.

Three such practices are in the process of looking at new ways of operating, potentially allowing them to share expertise, and to draw on the skills of other highly trained colleagues such as pharmacists, nurses and paramedics. No redundancies are planned as a result of the collaboration and all three practices will remain open.

What engagement is happening?

An initial joint PPG meeting was held to present facts and this was open to all patients and had Healthwatch Suffolk present. The PPG had felt left out prior to this event. Healthwatch Suffolk's Community Development Team became involved in supporting communication and engagement

work such as sharing information with the local community, other GP practices, pharmacies and libraries.

One practice at least has a message on its answer machine, directing patients to downloadable information on its website. A newsletter has been emailed to patients and it contains contact details for Healthwatch Suffolk.

What is not happening?

A poster/newsletter about the proposed collaboration was considered for a local community publication, but this was not published on the basis it may cause confusion to those who use other local medical practices. PPG and practice managers have not taken up any offer of public engagement given by Healthwatch Suffolk.

One of the three practices have no information about these developments on its website, and so there is a lack of consistency.

Top tips...

Other actions that could be taken would be to use local radio, offer patients a method for asking questions to clarify messages in the newsletter/websites through, for example the local Healthwatch, to hold a public event and carry messages about the proposed collaboration on prescriptions.








4.

Further information...

Click the link icon to access the content.

 *National Voices (2016) Six principles for engaging communities.*

 *Mills and Reeve (2015) Ten rules to run an effective lawful public consultation.*

 *NHS Networks (2013) Smart Guides: engagement.*

 Find your local councillors.

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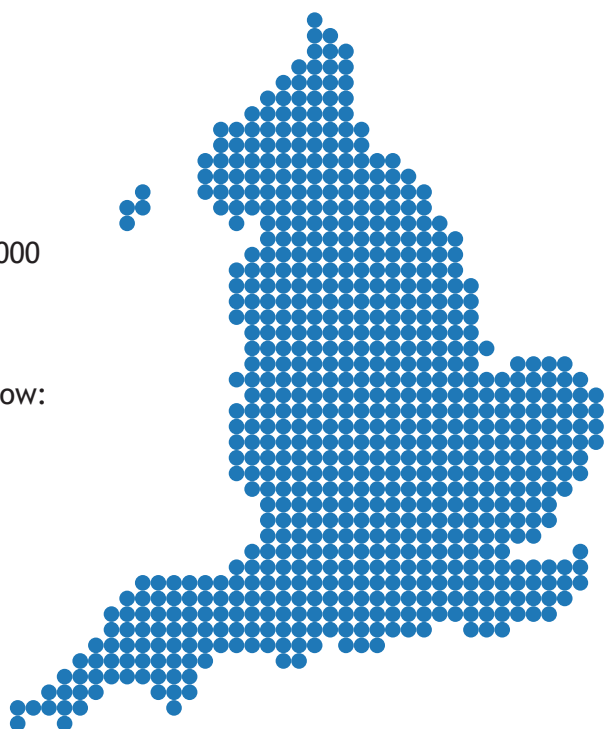
Your Local Healthwatch

Find details of your Local Healthwatch on www.healthwatch.co.uk/find-local-healthwatch

You can also call Healthwatch England on 03000 683 000 between the hours of 08:30 - 17:30 Monday to Friday.

Healthwatch Suffolk can be contacted as below:

Website: www.healthwatchesuffolk.co.uk
Email: info@healthwatchesuffolk.co.uk
Tel: 0800 4488234



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