**Patient and Public Involvement, Assessment and Planning Form (PPI Form)**

**What is the PPI Form?**

The PPI Form is a tool used to record that commissioners of health services have fully assessed whether the legal duty to inform, involve or consult individuals has been considered. This is in relation to:

* The planning of services
* The development and consideration of proposals for changes which, if implemented, would have an impact on the manner or range of services, and
* Decisions which, when implemented, would have such an impact.

The legal duty applies to those for whom the services are being or may be provided and their carers and representatives.

Guidance on the completion of this form and the legal duties can be found [here](https://joinedupcarederbyshire.co.uk/download/patient-and-public-involvement-ppi-form-guidance/).

A PPI Form is required for both permanent and temporary changes made to services.

A temporary service change made as a result of an identified risk to the safety or welfare of patients or staff, e.g. the closure of a clinic due to inadequate staffing or the closure of a building due to the presence of asbestos, can be made without conducting the legally required patient and public involvement, however changes need to be made with a timeframe in mind and actions put in place to reinstate the service at the earliest possible opportunity once the issue is resolved.

The Engagement Team will monitor temporary changes, and you may be requested to update the team or submit a further PPI form at a later date outlining the reasons for the change continuing if it is still in place after the stated timeframe.

If this is a Temporary Service Change, additional guidance can be found [here](https://joinedupcarederbyshire.co.uk/download/understanding-and-managing-temporary-service-change/?wpdmdl=29908&refresh=6761935d5f1fa1734447965).

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| **Section 1: Detail about the plan/proposal/project/commissioning activity** | |
| **Date:** |  |
| **Name of project lead:** |  |
| **Job Title:** |  |
| **Team:** |  |
| **Email:** |  |
| **Where does the business decision for this reside? i.e. in the system, ICB, provider organisation, jointly commissioned?** |  |
| **Title of the proposed activity:** |  |
| **Is the proposed activity, temporary or permanent?** |  |
| **Description of proposed activity:** |  |
| **Location: e.g. town, village, Derby, Derbyshire etc** |  |
| **Key objectives of the proposed activity e.g. review of current pathways, commission service, review of service specification, etc.** |  |
| **Section 2: Is there likely to be an impact on patients and the public?** | |
| To assess impact, you should consider the overall population and groups/individuals within that population who are likely to be affected. | |
| **If the plans or proposals are implemented, would you expect there to be:** | |
| 1. **An impact on how services are delivered?** E.g. location, method of delivery, opening times, etc. | **Yes** / **No** (deleted as applicable)  Please explain your answer: |
| 1. **An impact on the range of health services available?** | **Yes** / **No** (deleted as applicable)  Please explain your answer: |
| 1. **Any other impact on the patient cohort, public or local population that you can envisage?** | **Yes** / **No** (deleted as applicable)  Please explain your answer: |
| If you have answered **Yes** to **A**, **B** or **C**, it is highly likely that the legal duties apply.  Legal duties differ in regard to temporary service change where there is an imminent risk to the safety or welfare of patients or staff. Please refer to the [Temporary Service Change guidance](https://joinedupcarederbyshire.co.uk/download/understanding-and-managing-temporary-service-change/?wpdmdl=29908&refresh=6761935d5f1fa1734447965). | |
| 1. **Do you feel that there will be any impact on stakeholders or providers that we need to know about, such as possible opposition or resistance to plans?** |  Yes  No  Please explain your answer: |
| **Section 3: To be completed for temporary service changes only** | |
| 1. **What is the timeframe for this temporary service change?** |  |
| 1. **When will the decision be  reviewed?** |  |
| 1. **What plans are there for communicating and engaging with key stakeholders, including staff, system partners, regulators, local politicians, Healthwatch, service users, etc. about the change?** |  |
| Please send this form to [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net)  It can take 2-3 weeks to fully assess a PPI Form, or longer if we need to ask for additional information. Please speak to us if you need an urgent assessment.  Once this assessment has taken place a member of the team will contact you to discuss next steps. | |

**To be completed by the Engagement Team:**

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| Assessed by: Date: | |
| **Permanent Service Change** | |
| Does the legal Duty apply? **Yes** / **No** (deleted as applicable) | |
| Does not apply / Inform / Involve / Consult (deleted as appropriate) | Rationale: |
| **Temporary Service Change** | |
| Actions/Advice: |  |

|  |  |
| --- | --- |
| Governance requirements? | |
| Health Overview and Scrutiny Committee (HOSC) |  |
| NHS Assurance |  |
| Quality and Equality Impact Assessment (QEIA) |  |
| Secretary of State Notification |  |