

# ICB Public Involvement and Engagement Advisory Committee

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| <b>Date of meeting</b> | Wednesday 18 December 2024   |
| <b>Title of paper</b>  | Public engagement and involvement insights report: Sep-Nov 2024                                    |
| <b>Presented by</b>    | David Rogers, head of communications and engagement  |
| <b>Author</b>          | David Rogers, head of communications and engagement and communications and engagement team members |
| <b>Agenda item</b>     | 7b   |
| <b>Confidential</b>    | No   |

## Executive summary

This report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of insights which have been captured through proactive public and community engagement activities between September and November 2024.

In this insight report, we share the summary findings from:

- Your Health. Your Future. Your Say.
- Shaping Care Together – pre-consultation engagement
- Lancashire and South Cumbria NHS public perceptions survey
- Integrated Urgent Care
- Community equipment services
- Relocation of PWE Accrington Victoria GP Practice
- Relocation of Dr Bello’s Surgery and King Street Medical Centre
- Pharmacy First

The report also includes results from two national surveys:

- Under 16 Cancer Patient Experience Survey (2023)
- CQC Urgent and Emergency Care Survey (2024)

## Advise, Assure or Alert

**Assure the committee:**

- The ICB has methods and approaches to capture public and patient insight.

**Advise the committee:**

- Of insights acquired through engagement.

## Recommendations

The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents and summary of insights contained in the report.
- Accept the insights presented in the report and recommend any significant findings which require further exploration or analysis.

- Endorse the sharing of this report with the ICB Quality committee for consideration of how the findings are relevant to the quality of services provided by, or commissioned by, the ICB.

| Which Strategic Objective/s does the report contribute to                                    |  | Tick     |     |          |
|--|--|----------|-----|----------|
| 1  | Improve quality, including safety, clinical outcomes, and patient experience   | ✓        |     |          |
| 2  | To equalise opportunities and clinical outcomes across the area  | ✓        |     |          |
| 3  | Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees | ✓        |     |          |
| 4  | Meet financial targets and deliver improved productivity   | ✓        |     |          |
| 5  | Meet national and locally determined performance standards and targets   | ✓        |     |          |
| 6  | To develop and implement ambitious, deliverable strategies   | ✓        |     |          |
| Implications   |  |          |     |          |
|  | Yes  | No       | N/A | Comments |
| Associated risks   |  |          |     |          |
| Are associated risks detailed on the ICB Risk Register?                                      | x  |          |     |          |
| Financial Implications   |  |          | x   |          |
| Where paper has been discussed (list other committees/forums that have discussed this paper) |  |          |     |          |
| Meeting  | Date   | Outcomes |     |          |
|  |  |          |     |          |
| Conflicts of interest associated with this report  |  |          |     |          |
| Not applicable   |  |          |     |          |
| Impact assessments   |  |          |     |          |
|  | Yes  | No       | N/A | Comments |
| Quality impact assessment completed  |  |          | x   |          |
| Equality impact assessment completed   |  |          | x   |          |
| Data privacy impact assessment completed   |  |          | x   |          |

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| <b>Report authorised by:</b> | Neil Greaves, director of communications and engagement |
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## **Public and community insights report: September to November 2024**

### **1. Introduction**

The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of public and community insights captured by the ICB between September and November 2024, or relevant engagement insights published by partner organisations.

### **2. Reports, insights and outcomes from engagement activity**

#### **2.1 Your health. Your future. Your say. engagement**

Throughout October and November 2024, the 'Your health. Your future. Your say.' roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area. The events sought views on the work of the ICB and its vision and priorities, along with design principles for urgent care service recommissioning.

A total of 188 members of the public attended the roadshows to share their views. Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups. We spoke directly with 415 people through the roadshows, online meetings and community health inclusion groups and received a total of 1,836 responses to the two surveys.

A number of recommendations have been created based on the findings of this report and they are:

1. Keep everything as simple as possible to ensure good patient experience of services.
2. Continue with a community approach but make this a one-stop shop for all services including primary care, community services, mental health, council services and voluntary services.
3. Improve IT systems so that all services use, or have input into, a central system that can be accessed by everyone including the patient.
4. Involve people earlier in projects.
5. Ensure GP practices all offer the same services, especially blood tests.
6. Improve communication and awareness of services. This includes between health professionals but especially the public.
  - a. Educate people on which service to use and when.
  - b. Keep patients involved and provide information on what to expect at every stage.

The full report can be found at:

[https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your\\_health\\_your\\_future\\_your\\_say\\_roadshows\\_listening\\_report\\_V1.pdf](https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your_health_your_future_your_say_roadshows_listening_report_V1.pdf)

## **2.2 Shaping Care Together – pre-consultation engagement**

Between 26 July and 4 October, the pre-consultation engagement period for the Shaping Care Together programme was live. People were asked to share their views on urgent and emergency care across Southport, Formby and West Lancashire. Below are some of the highlights:

A final report is currently being developed which will include a more detailed quantitative analysis of the engagement. This will include by geography, protected characteristics and other demographics. The final report will also include thematic reports per location, details of all public meetings and focus groups, and a 'you said, we did' account of all input received.

The insights from this engagement were used to inform the options appraisal process which concluded in November. A draft pre-consultation business case is now being developed.

Communications and engagement report:

[https://www.healthierlsc.co.uk/application/files/4817/3382/9194/SCT\\_CE\\_progress\\_report\\_29OCT24.pdf](https://www.healthierlsc.co.uk/application/files/4817/3382/9194/SCT_CE_progress_report_29OCT24.pdf)

## **2.3 Public perceptions**

In October 2024, the first quarterly NHS perception survey of Virtual Citizen Panel members was launched. The survey is designed to track responses to the same questions over the course of the year.

The survey ran from 17 October to 31 October 2024 and 777 virtual citizen panel members responded of the 1,380 members at that time, resulting in a response rate of 56 per cent.

The questions cover the perception of the NHS both locally and nationally, whether the NHS is in need of improvement, and whether the NHS listens to and acts on public feedback.

Aggregating the results into a comparable score out of five for the perceptions on whether the NHS provides a good service, the local score is 3.4 out of 5, while the national score is 2.6 out of 5. This indicates a more positive local perception compared to the national service, where people are less likely to have an opinion.

More than 65 per cent of respondents felt the NHS requires a fair amount or a lot of improvement. More than 50 per cent of respondents indicated that they didn't know if the NHS listens and acts on feedback.

The full report can be accessed here:

[https://www.healthierlsc.co.uk/application/files/8917/3384/0746/ICB\\_Quarterly\\_Perception\\_Survey\\_November2024.pdf](https://www.healthierlsc.co.uk/application/files/8917/3384/0746/ICB_Quarterly_Perception_Survey_November2024.pdf)

## 2.4 Integrated Urgent Care

As part of the Integrated Urgent Care Programme that is exploring and agreeing the options available to re-commission urgent care services, we have engaged with members of the public to find out what is important to them and their families when it comes to urgent care services. We asked what urgent care services they are aware of, which they use, why they choose them and what their experience has been. The insight gathered has been fed into the Integrated Urgent Care Programme Group to help shape the design of the new proposed clinical model.

Urgent care conversations formed part of the seven face-to-face and two virtual 'Your health. Your future. Your say.' events that the ICB held across Lancashire and South Cumbria, and conversations with health inclusion groups. These were supplemented by an online survey that ran from 25 October to 10 November 2024. In total 1,474 people were engaged with.

Members of the public told us that access to urgent care is inconsistent, with a lack of walk-in facilities in some areas and a significant gap in providing services tailored to address health inequalities. Many of those we engaged with were unaware of the available urgent care options, often defaulting to A&E due to familiarity, and we were told people have an increased reliance on A&E when they are unable to secure GP appointments.

There was support for the programme's draft design principles, with strong support for easier navigation for patients and professionals, accessible, secure and connected IT systems, having the right care, in the right place, at the right time and providing pathways to 24-hour access.

In summary, the public called for accessible, 24-hour, person-centred urgent care solutions, emphasising the importance of integrating mental health and physical health services. Addressing the demand for urgent care requires not only improving access to services but also fostering greater awareness and understanding of the options to ensure patients seek the right care, at the right time, in the right place.

Access the full report:

[https://www.healthierlsc.co.uk/application/files/7617/3350/0520/Urgent\\_care\\_public\\_engagement\\_report\\_12.2024\\_V1.pdf](https://www.healthierlsc.co.uk/application/files/7617/3350/0520/Urgent_care_public_engagement_report_12.2024_V1.pdf)

## 2.5 Community equipment services

Community equipment is a free service provided to residents of Lancashire and South Cumbria through a series of joint contracts between the NHS and local authority partners. The equipment, which ranges from profile beds and mattresses to hoists and commodes, is integral to supporting people to live independently and help them carry out day to day tasks and activities.

Each place currently has a different provider, but the NHS and upper tier local authorities of Lancashire County Council, Blackpool and Blackburn with Darwen wish to improve the service to patients and move towards having one provider for all partners.

Before developing a new specification for the community equipment service, all partners wanted to talk to staff involved in the process on a daily basis and to patients and carers, benefitting from their lived experience of the service in each locality.

A survey and several online focus group sessions and interviews were undertaken to understand the views, comments and concerns of those experiencing the community equipment service. These asked for feedback on the five key elements of the service: assessment; delivery; set-up and instructions; faults, repairs and replacements; and collection of equipment.

Approximately a third of respondents considered most if not all of these steps went well. For many others the process was let down at one or more stages. No stage in the process, in any locality, was without a level of concern, some of which were significant.

Patients and carers were also asked to consider what worked well overall, what did not work well and what improvements they would prefer to see.

The engagement report has been used to inform the development of the draft service specification, and several patients will act as the lived experience patient voice during the development process and beyond.

Full report: [Community equipment service patient feedback](#)

## **2.6 Relocation of PWE Accrington Victoria GP practice**

It has been identified by East Lancashire Hospitals NHS Foundation Trust that Accrington Victoria Hospital is no longer fit for purpose and presents a safety risk to patients. For that reason, all services need to be relocated. One of the services based within the Hospital is a GP practice, called PWE Accrington Victoria.

The process required to relocate a GP practice involves approval from the ICB's primary care commissioning committee, which needs to see evidence of robust engagement that has helped to shape the decision.

Almost 200 people (around five per cent of the total number of patients registered at the practice) provided feedback through either an online survey or face-to-face drop-in session.

The overriding feedback from patients is a concern regarding the distance from the current site to the proposed new building, which is 1.3 miles away. Fifty-two per cent of respondents to the survey said they access the current practice on foot, so would be significantly disadvantaged by the move.

Full report: [DRAFT PWE Accrington Victoria relocation](#)

## **2.7 Relocation of Dr Bello's Surgery and King Street Medical Centre**

Dr Bello's Surgery in Church and King Street Medical Centre in Accrington are two separate GP practices with separate contracts and patient lists, but the same management team. The list size at Dr Bello's Surgery is 2,484 while at King Street Medical Centre it is 1,761.

Due to both buildings being no longer fit for purpose, Dr Bello's Surgery building being currently without a lease and the lease at King Street coming to an end, and with both practices requiring suitable modern premises from which they can deliver efficient services, it has been proposed to relocate the two practices to more modern and purpose-built facilities at Acorn Primary Health Care Centre in Blackburn Road.

Space has been identified within the centre, which is 0.3 miles from Dr Bello's and 0.7 miles from King Street. The new site has ample parking and sits on a main road and bus route.

Engagement took place throughout October and November to understand any issues patients of the two practices would face from relocating. This took the form of an electronic survey, the link to which was distributed to all practices via a direct letter and/or text message. Printed copies were also available in the practices and physically handed to people as they went for appointments. In addition, face-to-face engagement sessions were held in each of the practices.

During the engagement, very few concerns were raised about the move. Some respondents were worried about parking and a loss of the friendly service they had come to expect and enjoy. Many also took the opportunity to ask about the whereabouts of the practice GP, Dr Bello, who has been away from the practice and is expected to return.

Full reports:

Dr Bello's Surgery:

[https://www.healthierlsc.co.uk/download\\_file/force/11146/13706](https://www.healthierlsc.co.uk/download_file/force/11146/13706)

King Street Medical Centre:

[https://www.healthierlsc.co.uk/download\\_file/force/11145/13706](https://www.healthierlsc.co.uk/download_file/force/11145/13706)

## **2.8 Pharmacy First**

The ICB is the organisation responsible for organising primary care services – including pharmacy services – across the region. Under the Pharmacy First service, most pharmacies can offer prescription medicine for some conditions, without people needing to see a GP or make an appointment.

In order to support planned promotion of Pharmacy First, the ICB carried out a survey to understand what existing awareness was of the service and what people's

experiences of it were. The survey also explored people's attitudes to pharmacy in general which will support with upcoming communications and engagement activity around pharmacy access.

The survey was completed by 448 people, 72.5 per cent of which said they had heard of the Pharmacy First service. The majority of those who had heard of the service had seen adverts in their GP practice, while social media and TV advertising also scored highly.

Despite the high levels of awareness of the service, only 21 per cent of respondents said they had used the Pharmacy First service, and of those, 76.5 per cent had accessed the service via walk-in and only 12 per cent had arrived following a GP referral.

Asked to provide feedback on the service, 78.5 per cent said they had received the treatment and/or support the needed from the pharmacy, 61 per cent did not need to return to their GP practice for any aspect of the ailment, 69 per cent were able to access the required medication they needed to treat their condition and 75 per cent were satisfied with the treatment they received.

All survey respondents were asked if they would be happy to visit a pharmacist instead of their GP practice, and almost 85 per cent of those who answered the question said they would. The survey also asked if there were any reasons they would not visit a pharmacy, and the most common negative response was the lack of privacy available at a pharmacy (17 per cent).

Full report: [https://www.healthierlsc.co.uk/download\\_file/view/11147/10892](https://www.healthierlsc.co.uk/download_file/view/11147/10892)

### **3. Reports, insights and outcomes from national patient surveys**

#### **3.1 CQC Urgent and Emergency Care Survey (2024) results published**

The Care Quality Commission (CQC) has published the results of the 2024 Urgent and Emergency Care Survey.

The survey looks at the experiences of people using type 1 and type 3 urgent and emergency care services. The 2024 survey received feedback from 35,670 people who attended a type 1 service in February 2024 and 10,325 people who attended a type 3 service.

Overall, results from this survey show people are having poor experiences of urgent and emergency care services. This applies more so for people using A&E services, with urgent treatment centre patients generally reporting more positively.

Patients with long waits to initial assessment and those whose visits lasted more than four hours consistently report poorer care experiences.

For the first time, the survey asked why respondents attended urgent and emergency care, rather than opting to receive care from another service. The results show that a

lack of timely access to other services may be contributing to unnecessary attendances at urgent and emergency care services.

Access the full report:

[Urgent and emergency care survey 2024 - Care Quality Commission](#)

### 3.2 Under 16 Cancer Patient Experience Survey (2023) results publication

The results from the [2023 Under 16 Cancer Patient Experience Survey \(U16 CPES\)](#) have been published. The survey measures experiences of tumour and cancer care for children across England to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting children with cancer.

This is the fourth iteration of the survey, and the [publication](#) includes a [national quantitative report](#) (and accompanying [easy read](#)), [national qualitative report](#), [national data tables](#), as well as reports and data tables for each Principal Treatment Centre (PTC).

Access the reports:

<https://www.under16cancerexperiencesurvey.co.uk/technical-reports>

#### 4. Glossary

A glossary of terms to support this paper is available here:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary>

#### Results

Thematic analysis of the qualitative data revealed the following key themes:

|   |   |
|---|---|
| <b>Staff</b><br>Staff were central to experiences of care, and positivity about their manner and personal attributes was frequently raised. Key staff attributes were friendliness and kindness, with these greatly appreciated. In addition, being listened to and understood by staff was of importance.                          | <b>Communication</b><br>A range of features that characterised good communication between staff and parents, carers and children were highlighted, as well as some opportunities for improvement. Issues were experienced with communication between hospitals, within hospitals as well as with parents or carers outside of hospital stays. |
| <b>Access to care</b><br>Staff were not always responsive to needs which was attributed to understaffing as well as issues during weekends/evenings/at night. There was variation in how long it took for diagnosis and treatment to start. Access could also be impacted by waits in hospital and travel issues including parking. | <b>Personalised care</b><br>There were unmet needs around psychological support for both children and parents or carers. Variable experiences were shared around whether the specific needs of autistic patients had been considered and met.   |
| <b>Hospital food</b><br>Hospital food was a frequently raised area for improvement with issues around quality and choice; how well food met personal needs; food preparation facilities; and provision for parents or carers to eat.  | <b>Things to do in hospital</b><br>Positive experiences were shared of play, though a need for increased access and more age appropriate offering too. Similarly there were calls for increased access to education which on the whole was positively experienced. Improvements were needed to Wi-Fi in hospitals and use of technology.      |
| <b>Hospital environment</b><br>Noise at night impacting sleep was common, with suggestions of how this could be improved from some. Other issues described included comfort of sleeping arrangements for parents or carers; the temperature of rooms; and matters of privacy.   |   |