InLSC
Lancashire and South Cumbria

NHS
Lancashire and South Cumbria
Integrated Care Board

Insight

Have your say on planning health and care services for the future

Listening to communities report

April 2026

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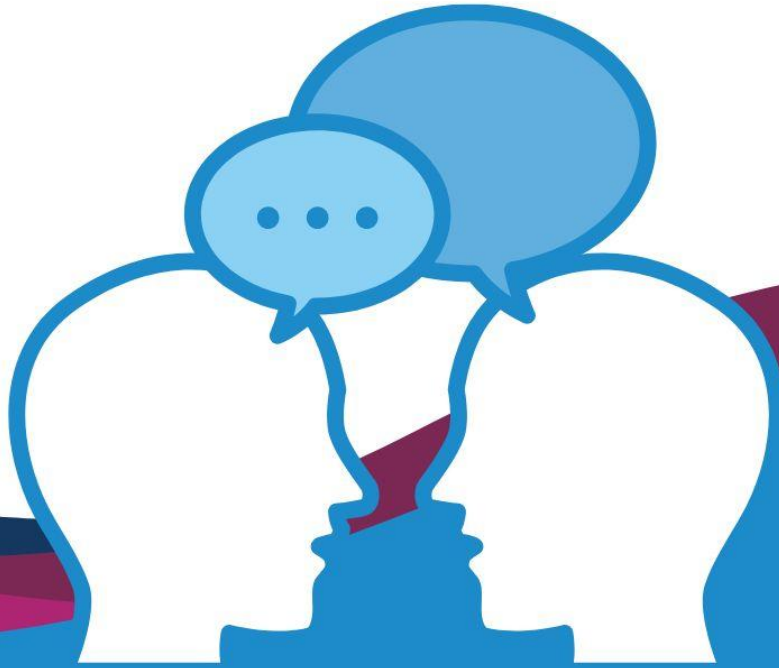

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Introduction

NHS Lancashire and South Cumbria Integrated Care Board (ICB) has begun the process of developing a Five-Year Clinical Strategy, which will set out the priorities for the ICB going forward.

The development of the strategy has been supported already by engagement with key stakeholders, including patients, through a public meeting at the ICB headquarters in County Hall, as well as by harnessing the intelligence learned from the organisation's general engagement programme over recent years.

To gain specific insights into some of the main themes being considered for the strategy document, a survey was produced.

The survey was shared primarily with members of the ICB's Influence engagement infrastructure, including the Influence Network, Influence Panel and Influence Readers Group. It was also shared on ICB social media channels.

The following is a report of the key findings from the survey.

Executive summary

The ICB undertook a public survey to inform the future planning of health and care services. 685 responses were received, providing strong evidence regarding sentiment about our priorities and any concerns and expectations arising from them.

Overall, there is strong support for care closer to home, prevention, early intervention and keeping people well. Respondents generally welcome digital tools for routine tasks such as prescriptions or test results, but stress that digital access must remain an option, not a replacement, particularly for older people, disabled people and those without reliable access to the internet or with little digital confidence.

Views on how funding should be prioritised are mixed. While many support targeting investment towards areas with the poorest health outcomes, there are significant concerns about fairness, rural access and the risk of a 'postcode lottery'. A blended approach is widely favoured, combining a fair baseline level of service across all areas with additional targeted investment where the need is greatest.

There is clear and widespread concern about urgent and emergency care. A&E is described as overcrowded and unsafe, with strong opposition to closures or downgrading of departments, particularly in rural and semi-rural areas. Poor access to GP services is seen as a major driver of A&E demand, with calls for more appointments, better continuity of care and extended opening hours.

Respondents report confusion about care pathways and where to go for urgent help, often defaulting to A&E. Clearer, more proactive communication and consistent signposting are seen as essential. Mental health services are widely viewed as hard to access and poorly integrated, with strong calls for earlier intervention, community-based support and parity with physical health.

Finally, there is low trust in decision-making. Some respondents view engagement as tokenistic and call for greater transparency, clearer use of data (including data about rurality and access), and genuine co-production with patients and communities as plans develop.

Therefore, demonstrating listening to communities in decision-making and acting on areas of importance to local communities will be important to build trust and improve the reputation of NHS and the ICB.

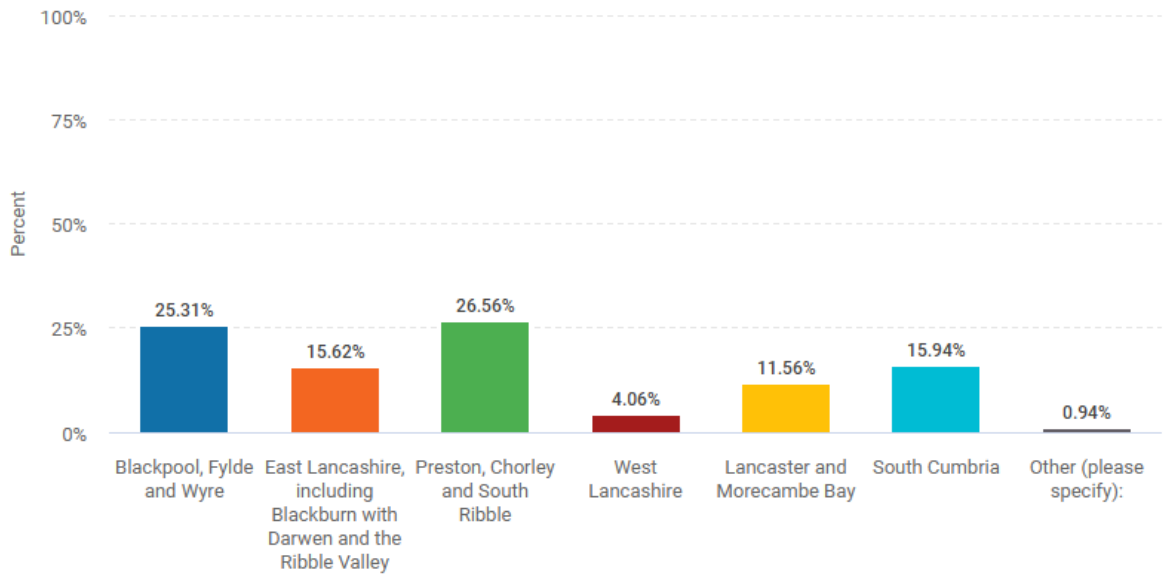
Insights have mainly been captured from those aged 55 or over. This is mainly a result of the engagement channels used to capture insights from this programme of work. Reaching younger people and more diverse population groups requires outreach and community engagement approaches which will be deployed through neighbourhood programmes of work with more ability to demonstrate outcomes from listening.

Who have we heard from?

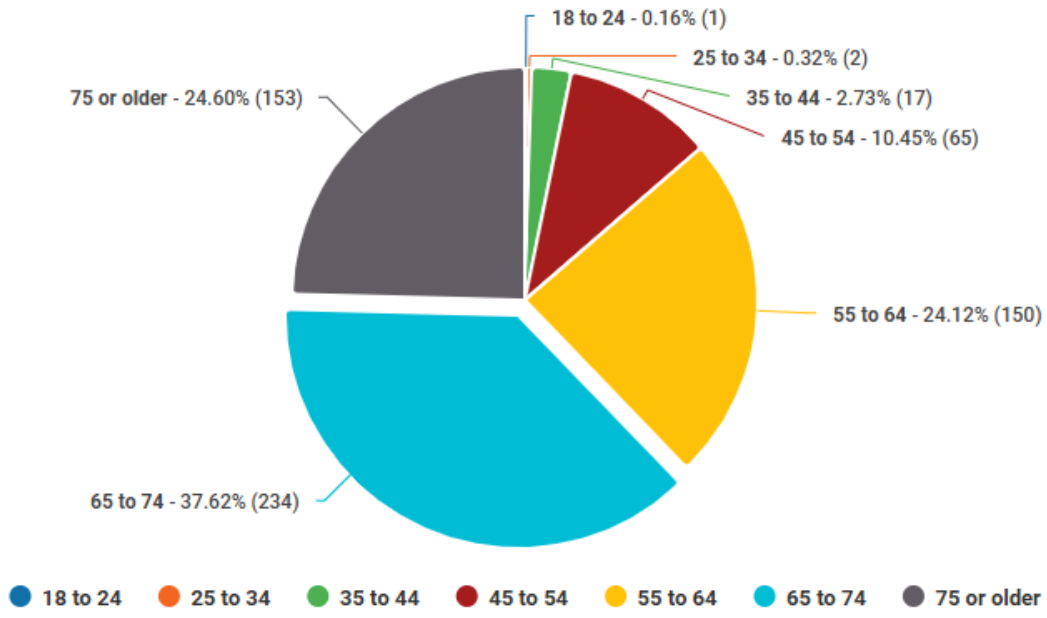
685 completed responses to the survey were received.

As part of the survey, demographic data was captured. Around 91 per cent (150) of respondents agreed to provide this data. The responses, detailing who responded to the survey, are below:

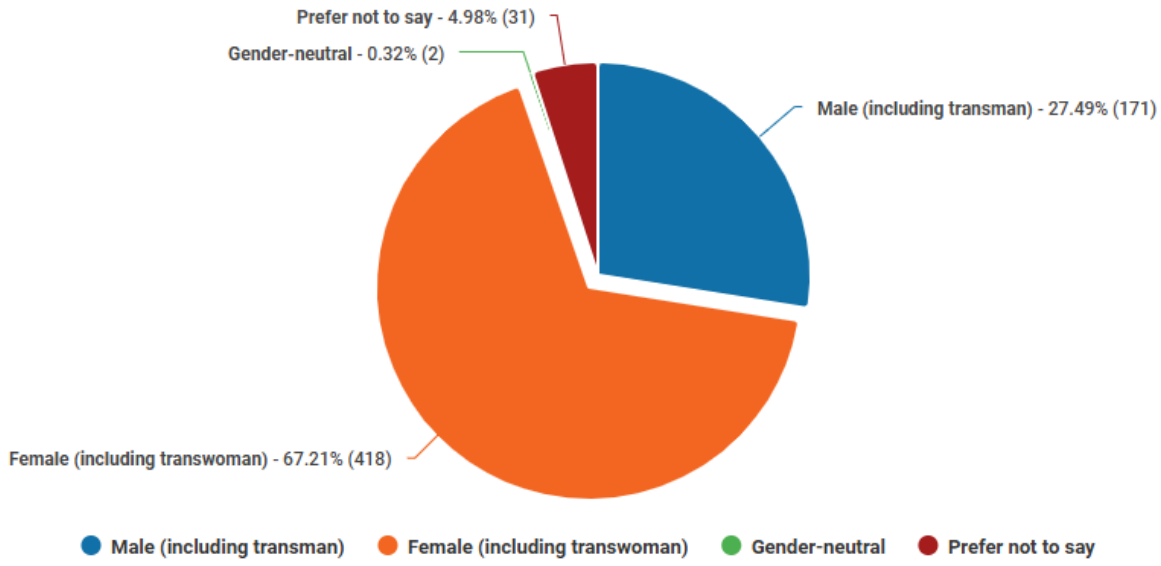
Area



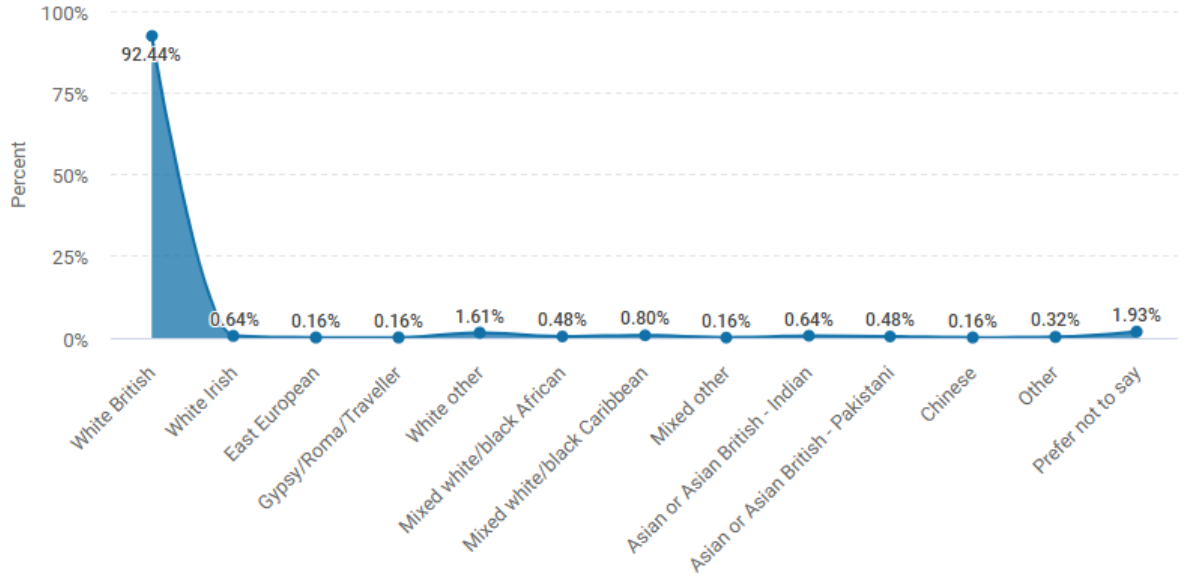
Age


18 to 24 - 0.16% (1)
25 to 34 - 0.32% (2)
35 to 44 - 2.73% (17)
45 to 54 - 10.45% (65)
55 to 64 - 24.12% (150)
65 to 74 - 37.62% (234)
75 or older - 24.60% (153)
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65 to 74
75 or older

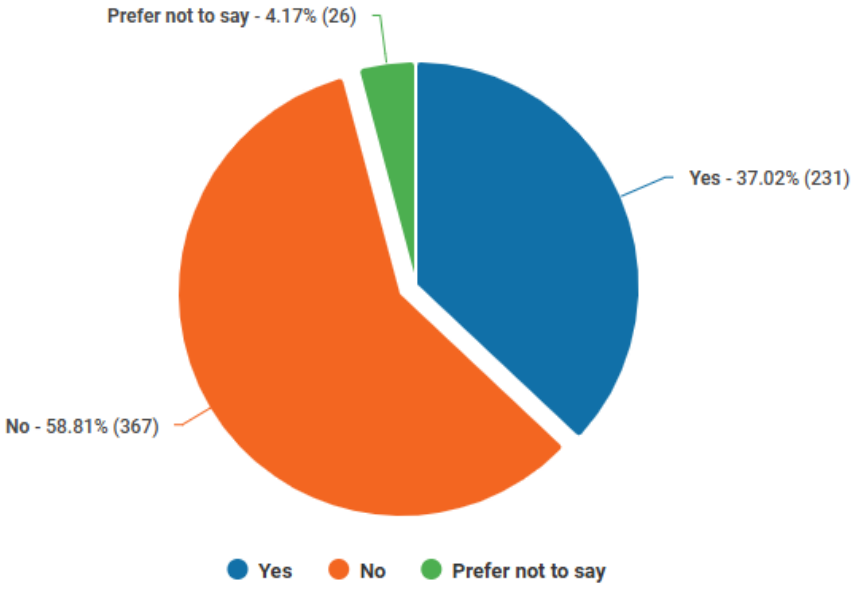
Gender


Prefer not to say - 4.98% (31)
Gender-neutral - 0.32% (2)
Male (including transman) - 27.49% (171)
Female (including transwoman) - 67.21% (418)
Male (including transman)
Female (including transwoman)
Gender-neutral
Prefer not to say

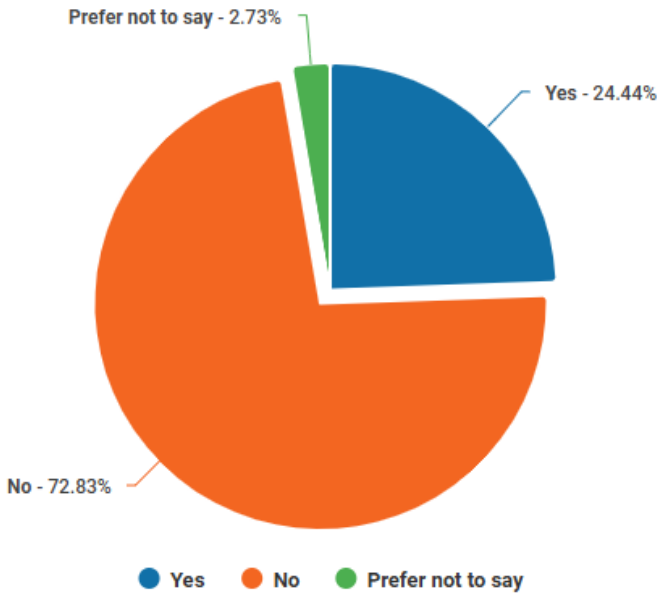
Ethnicity



Disability

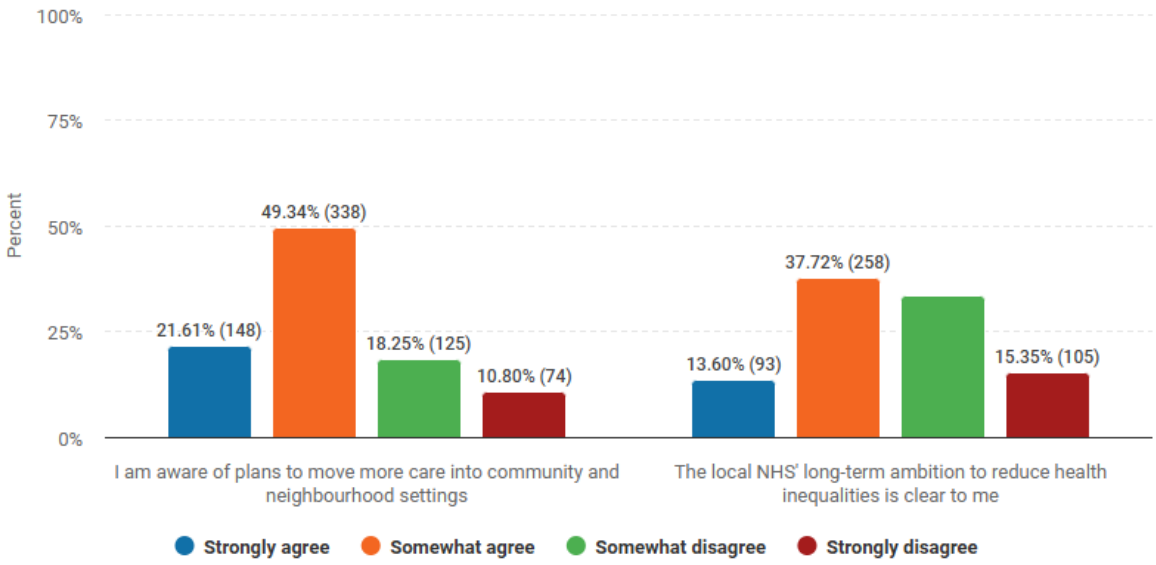


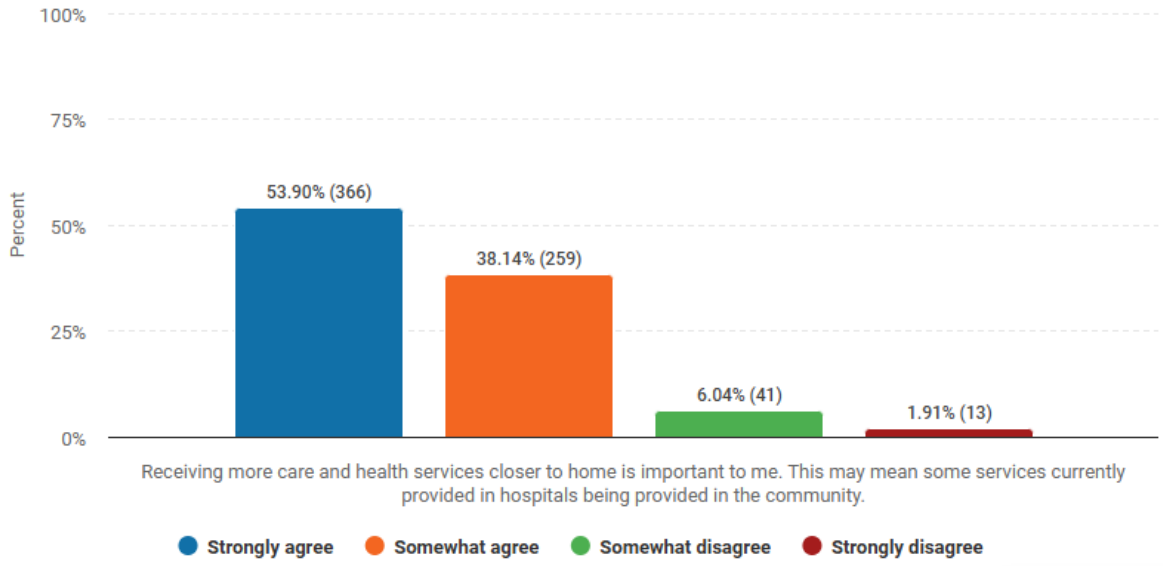
Carer

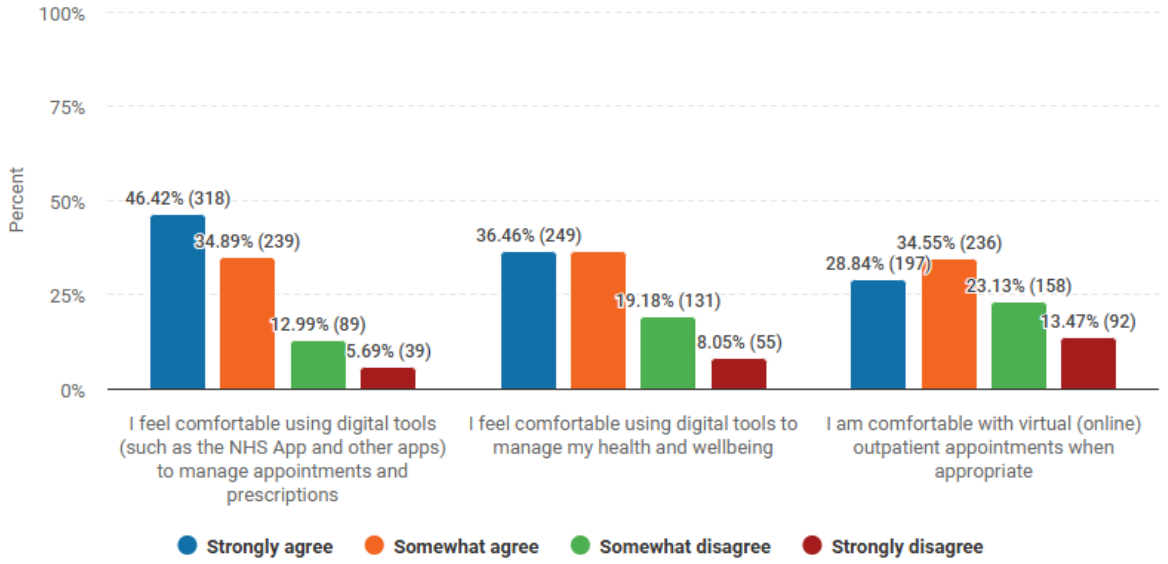


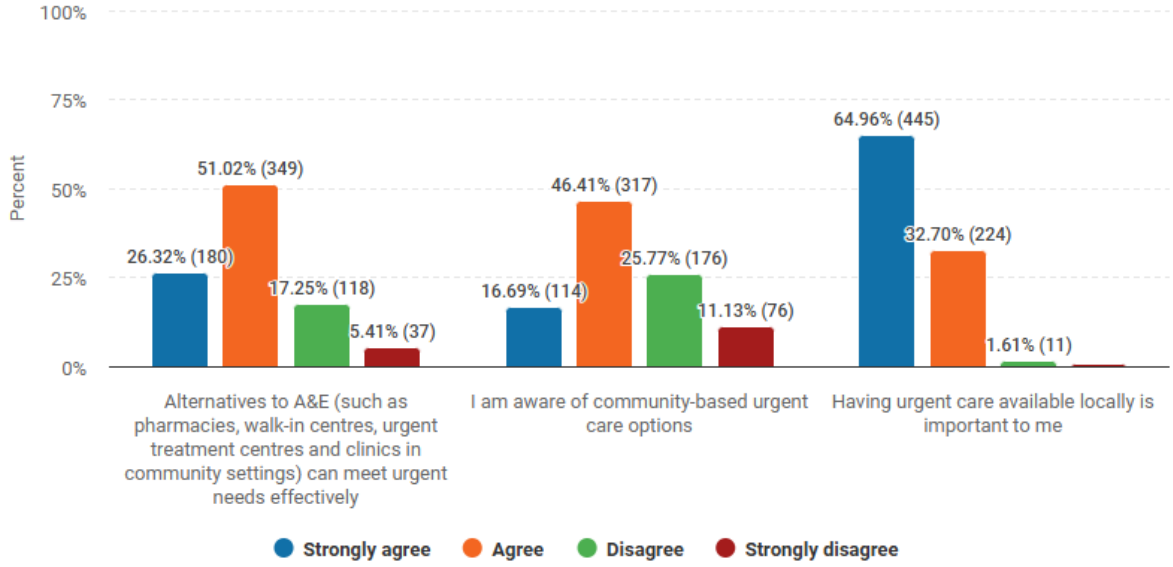
What did we hear?

Please state to what extent you agree with the following statements




100%
75%
50%
25%
0%
Percent
53.90% (366)
38.14% (259)
6.04% (41)
1.91% (13)
Receiving more care and health services closer to home is important to me. This may mean some services currently provided in hospitals being provided in the community.
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree


100%
75%
50%
25%
0%
Percent
46.42% (318)
34.89% (239)
12.99% (89)
5.69% (39)
36.46% (249)
19.18% (131)
8.05% (55)
28.84% (197)
34.55% (236)
23.13% (158)
13.47% (92)
I feel comfortable using digital tools (such as the NHS App and other apps) to manage appointments and prescriptions
I feel comfortable using digital tools to manage my health and wellbeing
I am comfortable with virtual (online) outpatient appointments when appropriate
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

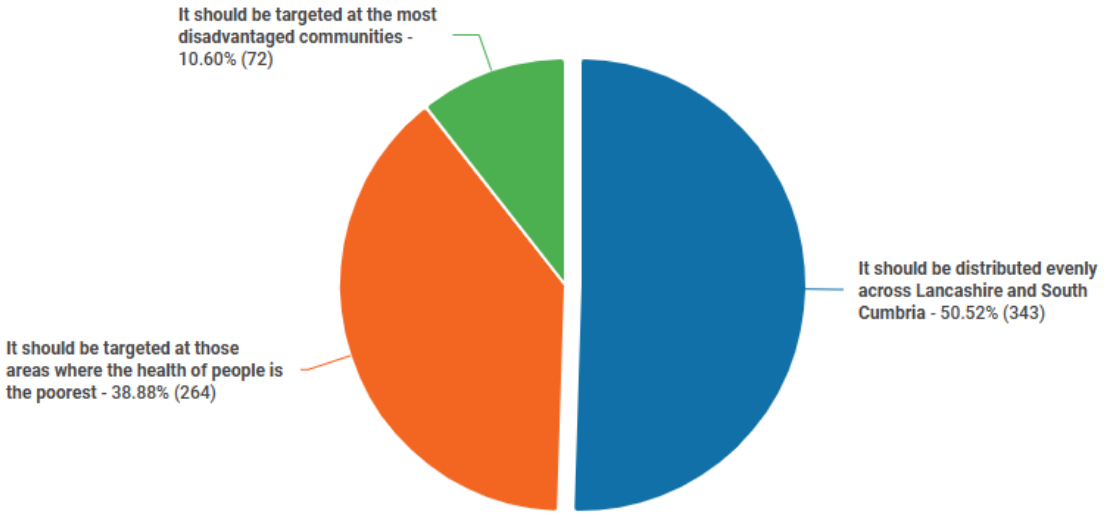

100%
75%
50%
25%
0%
Percent
26.32% (180)
51.02% (349)
17.25% (118)
5.41% (37)
16.69% (114)
46.41% (317)
25.77% (176)
11.13% (76)
64.96% (445)
32.70% (224)
1.61% (11)
Alternatives to A&E (such as pharmacies, walk-in centres, urgent treatment centres and clinics in community settings) can meet urgent needs effectively
I am aware of community-based urgent care options
Having urgent care available locally is important to me
Strongly agree
Agree
Disagree
Strongly disagree

The ICB has a budget to spend on health and care services across Lancashire and South Cumbria. How do you think spending should be prioritised?

Item	Total Score [1]	Overall Rank
Detecting illness earlier	2214	1
Keeping people well	1899	2
Supporting people once they become unwell	1649	3
Supporting people to die in their preferred place of death	987	4
Answered: 675 Skipped: 10		

[1] Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

How do you think funding for health and care services in Lancashire and South Cumbria should be prioritised?



Respondents were able to add a comment with their answer to this question. A summary of the responses is below:

Concerns regarding a ‘postcode lottery’:

- Concern that targeted funding can create ‘unequal access’ to services depending on where people live.
- Healthcare should be equal and free at the point of need, not dependent on geography, deprivation status, or the ability to ‘shout the loudest’.
- Concern that prioritising some areas could disadvantage others, particularly rural or ageing communities.

Support for targeting need – but not at the expense of others:

- Support for targeting resources towards areas with the poorest health outcomes or greatest inequalities as this can improve outcomes in the long term, reduce pressure on hospitals and is more cost-effective through prevention and early intervention.
- This must not reduce baseline services elsewhere.
- Blended model would be the best approach: A core, equitable level of funding for all areas plus additional targeted investment where health outcomes are poorest or inequalities greatest.

Poor health, deprivation and disadvantage are closely linked – but imperfect measures:

- Poor health and social disadvantage usually go hand in hand, particularly in places such as Blackpool, East Lancashire, Blackburn with Darwen and parts of Morecambe and Fleetwood.
- Others said disadvantage is hard to define.
    - Ill health exists in affluent and rural areas too.
    - Some people can appear 'advantaged' on paper but struggle significantly due to fixed incomes, caring responsibilities, disability, or access barriers.
- Overly simplistic definitions could miss hidden need and increase resentment.

Concerns around rural access and transport:

- Respondents from South Cumbria and rural areas highlight long travel times to hospitals and specialist services, poor or non-existent public transport and negative impact on elderly, disabled, low-income and very unwell patients
- Rural communities are overlooked by population-based or deprivation-led funding models.

Prevention, education and care closer to home are important:

- Prevention is better and cheaper than treatment.
- More investment is needed in public health, health education and early intervention.
- Services should be delivered closer to home where safe and feasible
- Suggested priorities include:
    - Community-based services.
    - Mental health and neurodiversity support.
    - Integrated care for people with multiple long-term conditions.
    - Better access for children and young people.

Concerns about fairness, discrimination and trust:

- Equal funding ensures fairness. Prioritisation by area risks being seen as discriminatory.
- Mistrust of labels such as 'disadvantaged' or 'poor health', and concern about political or data-driven decisions that may not reflect lived experience.
- Calls for transparent decision-making, better use of data (including age, rurality and accessibility) and engagement with communities before redistributing funding.

Clear frustration with the system:

- Frustration regarding service closures and centralisation, long waits and travel distances, perceived waste, bureaucracy and private sector involvement.
- Some feel their communities have been left with second-class services, particularly in South Cumbria and remote areas.

Comments

A&E is under severe pressure and alternatives are not working as intended:

- A&E is overcrowded, unsafe and degrading, with reports of corridor care, extremely long waits and poor patient dignity.
- People attend A&E because no viable alternative exists, especially when GP appointments, urgent treatment centres or pharmacies are unavailable or inaccessible.
- NHS 111, pharmacies and urgent care centres are described as defaulting patients back to A&E, creating a loop that fails to relieve pressure.
- Strong opposition to closing or downgrading A&E departments, particularly in Burnley, Ormskirk, Barrow and rural Cumbria, which is seen as unsafe and unfair.

Poor GP access:

- Difficulty obtaining GP appointments is one of the most consistent concerns.
    - Long waits, same-day ‘lotteries’, complex triage by receptionists.
    - Heavy use of locums and lack of continuity.
    - Loss of face-to-face appointments.
- If GP access improved, A&E demand would fall significantly.
    - Support for more GPs and extended opening hours, including evenings and weekends.

Confusion about pathways and where to go for care:

- Many people do not understand the difference between A&E, urgent care, same-day emergency care, walk-in centres and pharmacies, or which services are open, when, and what they can treat.
- This confusion is heightened during urgent or stressful situations, leading people to default to A&E.
- Clear, consistent signposting and public education is important, including proactive communication rather than reliance on websites or apps.

Digital services are helpful for some, but exclusionary for many:

- Digital access divides opinion. Some users are comfortable and value digital tools for follow-up and results, while others find digital access confusing, unreliable or inaccessible.
    - Particular concerns were raised for elderly people, people with disabilities or learning difficulties, deaf people and those without devices, internet access or confidence using technology.
- Digital must be an option, not a replacement, and face-to-face or telephone access must remain available.

Support for local, community-based services:

- Care closer to home is supported if it is properly resourced and staffed.
    - Desired features include walk-in or urgent care centres with diagnostics (X-ray, blood tests), longer opening hours, including evenings and weekends and good public transport access and adequate parking.
- There is scepticism that community services can succeed without additional staff, proper diagnostic capability and clear links to hospitals and specialists

- Concern that moving care into the community is being used as a cost-cutting exercise, not a patient-centred redesign.

Rural and transport issues are a barrier to care:

- Rural and semi-rural communities repeatedly report long travel distances to hospitals and urgent care, poor or non-existent public transport and high taxi costs.
- Centralisation of services can be harmful for elderly, disabled and low-income patients, leading to missed or delayed care.
- Respondents argue rural needs are systematically underestimated in service planning.

Mental health services are inadequate:

- Mental health provision is consistently described as hard to access, especially out of hours, poorly integrated with urgent care and over-reliant on A&E during crises
- Parents, carers and neurodivergent respondents describe lengthy waits, lack of early help and services not designed around real needs.
- Calls for parity of esteem between physical and mental health, community-based mental health urgent care and early intervention rather than crisis-driven responses.

Lack of joined-up, holistic care:

- Poor communication between GP, community, hospital and social care.
- Fragmented treatment for people with multiple or chronic conditions.
- Repeated assessments but little coordination or follow-up.
- Calls for multidisciplinary teams, single points of contact and better sharing of records across organisations.

Prevention, education and self-care:

- Prevention is cheaper and more humane than crisis care.
- Suggested areas include early health education in schools, smoking, obesity and alcohol harm reduction and better support for people to manage long-term conditions.
- Self-care messaging must not replace access to professional care, especially for complex patients.

Low trust in decision-making and engagement:

- Several respondents describe the survey and wider engagement as tick-box exercises.
- There is concern that decisions are made without listening to patients or staff, without learning from previous failures and with insufficient transparency.
- Call for genuine patient and public involvement, co-production and clearer accountability for change.