

## Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	28 June 2023
<b>Title of paper</b>	Public and community insights report: April - May 2023
<b>Presented by</b>	David Rogers, Head of Communications and Engagement
<b>Author</b>	David Rogers, Head of Communications and Engagement David Brewin, Head of Patient Experience
<b>Agenda item</b>	2.4
<b>Confidential</b>	No

<b>Purpose of the paper</b>				
The report provides a summary of public and community insights captured by the ICB between 1 April and 31st May 2023.				
<b>Executive summary</b>				
<p>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 1 April and 31st May 2023. The report collates insights and trends from ICB communications and engagement activity, reports from completed engagement programmes and initiatives along with trends from ICB corporate channels such as complaints, social media and media handling.</p> <p>This is the fifth Insight report and continues to be developed to improve the way information is presented and insight from partners included within the report based on feedback from committee members.</p>				
<b>Recommendations</b>				
<p>The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents and summary of insights contained in the report</li> <li>• Recognise and endorse the engagement and involvement activity undertaken across the ICB and the resulting insights shared in the report</li> <li>• Note the forward view of upcoming engagement, involvement and co-production activities for the next period</li> </ul>				
<b>Governance and reporting</b> (list other forums that have discussed this paper)				
<b>Meeting</b>	<b>Date</b>			<b>Outcomes</b>
<b>Conflicts of interest identified</b>				
None				
<b>Implications</b>				
(If yes, please provide a brief risk description and reference number)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	

Privacy impact assessment completed			✓	
Financial impact assessment completed			✓	
Associated risks			✓	
Are associated risks detailed on the ICS Risk Register?			✓	

<b>Report authorised by:</b>	Neil Greaves, Director of Communications and Engagement
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## Public and community insights report April – May 2023

### 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 during April and May 2023. It is the fifth such report since the inaugural PIEAC in October 2022.

The report collates insights and trends from ICB communications and engagement activity, reports from completed engagement programmes and initiatives along with trends from ICB corporate channels such as complaints, PALS and MP enquiries.

The report format continues to be developed to improve the way information is presented and insight from partners included within the report based on feedback from committee members.

The relationship with the ICB Quality Committee is also important as this committee has an important role in demonstrating, assuring and making decisions in relation to any quality improvements which the insight and engagement activity may lead to. However, it has been agreed that between the two committees, the PIEAC will take the lead in providing assurance on the insights report.

### 2. Executive summary: headline trends and key themes

- There are clear trends across a range of channels for topics of enquiries and requests that continue to be received by the ICB around primary care in particular, urgent and emergency care and the work of the ICB.
- There is a great deal of interest from members of the public in the engagement efforts of the ICB and the effectiveness of this.
- A number of proactive communication activities are driving increased traffic and conversations across ICB online channels including the website and social media. The majority of the feedback is positive or neutral in sentiment.

### 3. Insight from ICB organisation channels

#### Patient Experience

##### 3.1 Introduction

The LSC ICB Patient Experience function is delivered by a combination of ICB employees and Midlands and Lancashire Commissioning Support Unit (MLCSU). On 1 July 2023, staff will come together as a single, unified ICB team. This will also include those Primary Care complaints currently handled by NHSE England. The ambit of the service is complaints, PALS enquiries and letters from constituency MPs.

The complaints included in this report are those handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where the ICB is treated as the 'Responsible Body'. They are a combination of complaints about the actions and omissions of the ICB itself and a wide range of commissioned providers.

Letters from MPs are made up of complaints from constituents, other queries raised by constituents but not handled as complaints and correspondence from MPs themselves typically about funding or strategy or other local health and care topics. The PALS service is the 'front door' to the complaints team and resolves concerns quickly and informally where possible. Our PALS staff also provide information and advice to patients and their families.

The ICB Patient Experience team has been reporting to PIEAC from the outset. This section has been revised and can further adapted depending on the views of the Committee. This report includes:

- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging from the cases dealt with.
- Examples of learning.

The information for this report was extracted on 8 June 2023 and the raw data has been retained.

##### 3.2 Activity in 2022/23 and 2023/24

The table below records the number of contacts by type since the establishment of the LSC ICB. This information is extracted from the 'Ulysses' case management system which is used to record Patient Experience activity by both the MLCSU and ICB teams. Please note the first period is three months and others are every two months.

#### Total volumes received

Type of contact	July – September 2022	October – November 2022 – 2022	December – January 2023	February – March 2023	April – May 2023	Change from last period (+/-)
<b>Complaint</b>	137	90	77	81	73	-8
<b>MP Letter</b>	76	36	42	41	59	+18

<b>PALS Enquiry</b>	236	157	113	156	126	-30
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We closed 103 cases during these two months. This is made up of 71 complaints and 32 MP letters. This is a decrease on the 130 recorded for February and March 2023. When the data was extracted on 8 June 2023, we had 207 open records (127 complaints, 62 MP letters and 18 PALS). This compares to 190 records in the previous period with the increase being attributable to more open MP letters.

### 3.3 Analysis

#### 3.3.1 Complaints

We received 73 complaints in April and May 2023. This is a small decrease from previous periods. Complaints can be broken down into four categories:

ICB	All Age Continuing Care	Provider	Primary Care
12	10	45	6

Complaints are often about more than one organisation but for this report each record is attributed to a single body identified as the main organisation the complaint refers to. Primary Care complaints will currently only be handled by the ICB where they also involve another NHS organisation. This will change from 1 July 2023 when handling of Primary Care complaints made to commissioners will be delegated to ICBs. Providers with significant numbers of complaints were:

- East Lancashire Hospital Trust (14)
- Lancashire and South Cumbria Care Foundation Trust (11)
- Lancashire Teaching Hospital Trust (9)
- Blackpool Teaching Hospital Trust (3)

There were no new Parliamentary and Health Service Ombudsman (PHSO) contacts during this period. We have no PHSO cases open.

#### 3.3.2 MP Correspondence

During this period, we received a total of 59 letters. Again, this is consistent with previous volumes. MPs contacting us are below.

MP	Constituency	Number of Records
Ashley Dalton	West Lancashire	1
Cat Smith	Lancaster and Fleetwood	3
Nigel Evans	Ribble Valley	1
Lindsay Hoyle	Chorley	2
Scott Benton	Blackpool South	2
Mark Hendrick	Preston	1
Mark Menzies	Fylde	2
Paul Maynard	Blackpool North and Cleveleys	5
Sara Britcliffe	Hyndburn	3

Simon Fell	Barrow and Furness	6
Tim Farron	Westmorland and Lonsdale	33

Correspondence received mentioned the following topics:

- Access to NHS dentistry
- Access to ear wax removal services via the NHS
- Delays in completion of CHC assessments
- Access to covid spring booster

On a positive note, three initiatives received 22 nominations by MPs in total during May for the Parliamentary Awards 2023 recognising positive work from across the ICB and wider partnership.

### 3.3.3 PALS Enquiries

There was a significant decrease in PALS activity during April and May compared to February and March. The two-month total (126) was also slightly below the average figure (143) since the inception of the ICB in July 2022.

### 3.4 Learning from Complaints

When any element of a complaint is fully or partially upheld we identify learning and include it in our response. This could be additional actions to resolve individual complaints or broader service improvements. More work is planned to ensure learning is embedded and leads to tangible change. Examples of learning from this period are:

'You said'	'We did'
I am unhappy with the way in which my mother's CHC assessment was completed. I was not informed of the assessment nor was I made aware of my right to appeal.	This experience has been shared with MLCSU who have implemented a number of improvements as a result of this feedback. -There is now a dedicated team working on outcome letters with a clear process to follow. - Audit programme has been started to monitor staff performance and accuracy of records.
I am unable to access NHS ear wax removal services as they are no longer available, but I can't afford to go private.	We have agreed that a formal pathway/policy will be developed for ear wax removal services, and this was discussed at the recent ENT network meeting. Discussions are also taking place about re-instating the Clinical Policy Development Implementation Group (CPDIG).
I have been waiting since January 2022 for a rheumatology appointment for suspected Psoriatic Arthritis despite a deterioration in my symptoms.	We contacted the Trust and expedited the appointment. Booking team have been asked to provide further guidance to patients should a change in symptoms occur during the referral process. We also

	raised the significant waiting time with the commissioning lead who is monitoring delays in outpatient appointments.
I am really struggling to access NHS dentistry in my area.	We are holding a workshop to explore the issues contributing to the difficulties in accessing NHS dentistry. We will begin to develop a corporately supported approach to improving dental access and oral health within Lancashire and South Cumbria.

#### 4. Freedom of information (Foi) requests

Foi requests and the management of these is not coordinated through the PIEAC, however they are a useful source of intelligence and therefore this report only presents the themes and topics which have been captured.

FOI	No. Received
June 2022	80
July 2022	30
August 2022	40
September 2022	23
October 2022	24
November 2022	25
December 2022	23
January 2023	85
February 2023	33
March 2023	27
April 2023	35
May 2023	32

For March and April, most of closed cases have been responded to before day 10, however there have been a few which have been responded to after day 11 which does not always allow the Access to Information team to complete a full and thorough quality check of the responses prior to sending for sign off.

In May we have seen an increase in the number of FOI's being responded to after day 15 this has meant that some of the FOI's open have breached their statutory timescale as responses have not been received within the deadline.

ICB FOI	No Requests Open	Total Inc Place	Total cases closed	Overall totals
LSC (March – May)	94	704	49	753

## 5. Media interest and response

The ICB communications and engagement team manages media interest and enquiries along with coordinating partnership activity across NHS organisations.

Period	Press enquiries	System-wide media releases	Hyper-local media releases	Statements Issued	Broadcast interviews
February	35	6	0	14	1
March	31	5	5	8	5
April	27	12	4	5	9
May	23	13	4	7	3

There was a small decrease in press enquiries. A broad range of press enquiries were received in May which included topics such as the ICB financial plan, pharmacists being given prescribing powers, CHC, IVF, Pendle Council concerns, Cytosponge and New Hospitals Programme.

## 6. Online and social engagement

### Online and social engagement

The ICB communications and engagement team manages social media accounts for the ICB.

### Monthly combined data summary:

Combined following: 41,668   Combined following of ICB accounts: 4,766		
All accounts: Facebook: 33,657 ↑ 112 Twitter: 6,785 ↑ 92 LinkedIn: 741 ↑ 84 Instagram: 425 ↑ 26 YouTube: 60 ↑ 2	ICB accounts: Facebook: 1,989 ↑ 34 Twitter: 1,551 ↑ 76 LinkedIn: 741 ↑ 84 Instagram: 425 ↑ 26 YouTube: 60 ↑ 2	81% female and 19% male followers 1,453 link clicks 178 posts with a combined post reach of 37,475 (this doesn't include Twitter as the data isn't available). 518 inbound engagements.

\*Figure won't be truly accurate as some followers may follow several of our accounts

### Most popular posts:

	Clicks	Likes	Shares	Reach
1	<a href="#">Job vacancies</a> (LinkedIn ICB)	<a href="#">VCFSE partnership</a> (LinkedIn ICB)	<a href="#">Job vacancies</a> (LinkedIn ICB)	<a href="#">Parent/carer CYP survey</a> (Facebook ICB)
2	<a href="#">Board meeting live stream</a> (LinkedIn ICB)	<a href="#">Job vacancies</a> (LinkedIn ICB)	<a href="#">Parent/carer CYP survey</a> (Facebook ICB)	<a href="#">Moor Park engagement event</a> (Facebook ICB)
3	<a href="#">Parent/carer CYP survey</a> (Twitter ICB)	<a href="#">Nurses Day</a> (LinkedIn ICB)	<a href="#">Pupils MH survey</a> (Facebook ICB)	<a href="#">Pupils MH survey</a> (Facebook ICB)

The data above suggests, as with previous months, and reports to PIEAC, that the most engaging social media content is local news/updates which potentially have a direct impact on local people. Of particular interest are the parent/care CYP survey, pupils MH survey, and the engagement event which were popular and highlight the importance of engagement per se, as much as in our digital outreach.

### Facebook

Metric	Mar	Apr	May
Followers	1902	1955	1989
Total posts	65	54	75
Post impress.	19,539	30,513	22,829
Post reach	18,842	29,387	21,848
Link clicks	236	490	387
Post eng.	2.27%	2.35%	2.73%

### Twitter

Metric	Mar	Apr	May
Followers	1,409	1,475	1,551
Total posts	68	49	65
Post impress.	46,911	33,051	48,939
Post reach	N/A	N/A	N/A
Link clicks	441	409	484
Post eng.	1.74%	1.78%	1.72%

### Instagram

Metric	Mar	Apr	May
Followers	366	399	425
Total posts	10	9	18
Post impress.	1,262	1,169	1,941
Post reach	1,168	1,068	1,764
Link clicks	1	N/A	N/A
Post engagement	2.06%	2.4%	1.55%

### LinkedIn

Metric	Mar	Apr	May
Followers	589	657	741
Total posts	7	2	13
Post impress.	2,650	1,520	5,252



Post reach	1,866	985	3,359
Link clicks	136	30	349
Post eng.	8.83%	3.75%	10.24%

### ICB and Lancashire and South Cumbria Integrated Care Partnership website statistics

The ICB communications and engagement team manages the ICB website, as well as hosting and supporting the development of the Provider Collaborative, Integrated Care Partnership, and New Hospitals Programme websites.

	New users <sup>[1]</sup>	Page views <sup>[2]</sup>	Engaged sessions <sup>[3]</sup>
Apr	18,778	57,479	17,928
May	22,586	69,998	35,713

### Most popular web pages

April	May
<ul style="list-style-type: none"> <li>• ICB: Pop up vaccine clinics</li> <li>• ICP: Homepage</li> <li>• ICB: Chatbot – managing waiting lists</li> <li>• ICB: What is an integrated care board?</li> <li>• ICB: Contact us</li> </ul>	<ul style="list-style-type: none"> <li>• ICB: Chatbot – managing waiting lists</li> <li>• ICB: What is an integrated care board?</li> <li>• NHP: Local NHS welcomes government announcement of national funding, paving the way for new hospital facilities in LSC</li> <li>• ICB: Contact us</li> <li>• ICB: Pop up vaccine clinics</li> </ul>

## 7. Survey responses

The number of surveys with members of the public that we are managing is stable while response rates have declined during this period. This is both an indication of the specialist nature of the majority of the surveys that we have been undertaking, and that several, large volume surveys, such as COVID-19 vaccines, have come to an end during this period.

Overall, we have received 19,615 responses to our surveys, which equates to approximately 1% of the population of Lancashire and South Cumbria.

	Number of live public surveys	Total number of responses
September	12	14,953
October	13	2,428
November	14	948
December	11	356
January	14	98

<sup>[1]</sup> Number of new and returning people who visited our site during the given time frame

<sup>[2]</sup> Number of times a visitor loads a page on the site

<sup>[3]</sup> Number of sessions where people have scrolled at least 90% of the page

<b>February</b>	16	115
<b>March</b>	16	717
<b>April</b>	13	149
<b>May</b>	18	1,176
<b>Running total of responses</b>		20, 940

The survey with highest number of responses in May was the ‘Understanding how you support your child's mental health’ with 630 responses. The survey with the highest number of responses in April was a survey on the Thornton Practice – Closure of Carleton Branch with 78 responses.

The main survey subject areas in April were:

- Thornton Practice
- Winter Campaign Evaluation
- Feedback for online training – Sanofi Pasteur vaccine
- Pennine Lancs COVID-19 Virtual Ward
- Citizen Panel Membership Registration

The main survey subject areas in May were:

- Understanding how you support your child's/pupils'/own mental health
- NHS Joint Forward Plan and clinical strategy - patients
- NHS Joint Forward Plan and clinical strategy - staff
- THRIVE new provider principles – young people/parents/carers
- The Thornton Practice: Closure of Carleton Branch practice
- Care Leaver Health Summary Letter

## 8. Capturing lived experience

Our programme of capturing lived experience is a growing and important aspect of our work. These are captured either in video or narrative format. A growing number of people are keen to share their experiences and insights through patient stories. The communications and engagement team, work with the quality team to follow up the actions arising from these stories, while recognising that action, change and improvements do take time to agree and embed.

Date	Topic of story	Committee
October 2022	Long Covid	ICB Board
November 2022	ICU (Intensive Care Unit)	ICB Board
	Continuing Health Care	Quality Committee
December 2022	Vaccination Outreach	ICB Board
	Safeguarding	Quality Committee
February 2023	Virtual wards	ICB Board
	SEND experiences	Quality Committee
March 23	End of life care	ICB Board
	End of life – care	Quality Committee

April 23	No Board	
	Lung Cancer Screening	Quality Committee
May 23	Children and Young People (CYP) – Eating disorders	Quality Committee
	Dementia/Carer (written narrative)	ICB Board
June 23	No Board	
	Scoliosis (Elective Care)	Quality Committee
July 23	Children and Young People (CYP) – Eating disorders	ICB Board
	HRT	Quality Committee

## 9. Citizen's Panel

The Citizen's Panel is a distribution list of members of the public who have agreed to receive regular emails and take part in NHS research and provide feedback.

The total membership as of the time of this report is 1,342. This is a slight increase from the previous report and reflects the promotional work we undertook at the last few place based listening events.

The items in the citizen panel newsletters include surveys or opportunities to feedback which contribute to engagement initiatives as described in the survey responses section of the report above.

Popular (% of total clicks) stories in last newsletter (April):

- Winter campaign evaluation – 25%
- Update re Wesham PHCC – 19%
- State of the system report– 11%
- Blackpool residents call for lung health checks– 5%
- Emergency alerts test by UK government – 2%
- Place Virtual Ward Patient Experience Survey– 2%

Popular (% of total clicks) stories in last newsletter (May):

- Update re New Hospitals Programme – 36%
- Joint forward 5 year plan – 20%
- Know your risk of diabetes – 9%
- ICB signs partnership with VCFSE– 6%
- Burnley Listening Event – 1%

Engagement with the monthly citizen panel bulletin:

	April 2023	May 2023
Total recipients of the bulletin	1,304	1,303
Email opens	757	747
Open rate (%)	58%	57%
Total clicks	109	123

## **10. Readers Group**

The readers' group is a subset of the citizen panel and consists of 178 residents who have expressed an interest in reviewing documents and materials produced by the ICB. Although a relatively new innovation, the readers group has been growing steadily and members have actively contributed to the development of the NHS Joint Forward Plan. Findings are reported in the engagement report, but based on previous engagement from the group key themes captured were identified focused on the use of language, particularly about simplifying and making it more understandable and making it easier to read and more accessible. This insight is challenging us as an ICB, and the communication and engagement function in particular to support the ICB workforce to write in plain English and more accessibly.

## **11. Listening Events**

A programme of listening events has been established across the integrated care system, led by the ICB and delivered in each place, the intention is to increase our visibility and connection with communities. Details on the insight captured at these events is listed below:

## 11.1 Blackburn

Theme	Insights	Recommendations /action
GP services	<ul style="list-style-type: none"> <li>•Access</li> <li>•Lack of patient centred care</li> <li>•Reviews and tests</li> </ul>	<ul style="list-style-type: none"> <li>•Highlight this feedback to practice managers and the ICB primary care commissioning team.</li> <li>•Every GP practice must seek patients' input and respect preferences for face to face care unless there are good clinical reasons to the contrary for example the presence of COVID symptoms. This to be reiterated to all GP practices with the NHS guidance.</li> <li>•The ICB supports social prescribing and encourages the holistic approach to patient care. Our population health teams are considering preventive healthcare and we believe that there is more we can do to encourage social prescribing. We will share this with the primary care and the population health teams.</li> </ul>
Occupational therapy	<ul style="list-style-type: none"> <li>•Access to occupational therapy</li> <li>•Concerns for experience and skills of occupational therapists</li> </ul>	<ul style="list-style-type: none"> <li>•the key point that there is a very long waiting time for OT assessments and referrals will be fed back to the relevant senior managers at East Lancashire Hospitals NHS Trust.</li> </ul>
Paediatric Care	<ul style="list-style-type: none"> <li>•Concerns with paediatrician service</li> </ul>	<p>This will be fed back to the relevant senior managers at East Lancashire Hospitals NHS Trust and work in partnership with patient experience teams at the trust.</p>
Clinical communication (Primary Care and Secondary Care)	<ul style="list-style-type: none"> <li>•Patients not being listened to</li> <li>• the need for constant reminders for appointments to avoid DNAs</li> <li>•Listen to the communities and understanding what is important to communities</li> </ul>	<ul style="list-style-type: none"> <li>•Some services, and indeed some GPs do offer text reminders which we know can help. We will discuss with our hospital and GP colleagues how this can be used more effectively and more consistently.</li> <li>•The next phase of our engagement strategy is to visit people and communities where they are, in groups and networks. Listen and understand what is important.</li> <li>•You told us that the information and communication you receive from health professionals is of variable quality. You felt it would be good to have regular communication when you were being referred, and also follow ups. Communication needs to be clear and simple, and regular. This will be shared with the primary care, provider communication teams, and the population health teams.</li> <li>•The Directors of Health and Care Integration across Lancashire and South Cumbria are developing a plan to get organisations working together in a more coordinated and better way for the benefit of patients.</li> </ul>

Volunteers	<ul style="list-style-type: none"> <li>•The work of volunteers need to be recognised</li> </ul>	<ul style="list-style-type: none"> <li>•A partnership agreement has been agreed with the voluntary, community and faith sector which is a major step towards recognising and supporting the work of the voluntary sector. The ICB's volunteering policy and scheme proposes funding for volunteers.</li> </ul>
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## 11.2 Barrow, South Cumbria

Theme	Insights	Recommendations /action
Dentistry	<ul style="list-style-type: none"> <li>•Need for more NHS dentists,</li> <li>•Availability of NHS dentists,</li> <li>•Long waiting times for a dentist,</li> <li>•Quality of emergency dentistry and follow up is mixed,</li> <li>•Long waiting times for oral surgery</li> </ul>	It was agreed to have a more detailed conversation about NHS dentistry in the future and develop an action plan for improvement in partnership with primary care commissioners.
Parkinson's disease	NHS needs to shift from a control/parent style of patient care to one that is coproduced, respecting and listening to the patient and carers, the need for more trust (Parkinson's cited but a general point for all patients) in medication where the NHS, particularly secondary (hospital care) tends to take control of people's medication, rather than working in partnership with them to manage their own medication, health systems are designed more for the staff and the system than for the patient and the service user, needs to be more dignity and respect of individuals in hospital /healthcare settings.	To be fed back to the Quality Committee of the ICB, and shared with health professionals
Hospital care	<ul style="list-style-type: none"> <li>•Ease/difficulty, time taken and cost of travel and transport are important factors for patients</li> <li>•Long referral waiting times</li> <li>•Variable and inconsistent hospital care</li> <li>•Caution about centralisation of hospital services</li> <li>•Concern about decisions made out of the area that impact on people in the area</li> </ul>	To be fed back to the New Hospital Programme and integrated into the five year forward view feedback report, shared with the Quality Committee and the Patient Involvement and Engagement Advisory Committee, and the Provider Collaborative Communication and Engagement Group

	<ul style="list-style-type: none"> <li>•Considering hospital care systems and processes that put people at the heart and making it easier for people to be seen and treated</li> <li>•Thinking, engaging with and treating patients as whole people not a symptom or case</li> </ul>	
Self care	<ul style="list-style-type: none"> <li>Lack of first responders, community first aiders, and availability of first aid training for the community</li> <li>•Value of health coaching for children and young people, as well as the wider community</li> <li>•The value of community networks, the impact of the loss of support groups and the importance of establishing links with groups and networks in the community for the NHS</li> <li>•Better, accessible information in the community about services and support is needed.</li> </ul>	<ul style="list-style-type: none"> <li>•Investigate what happened to the first responders, community first aiders and availability of first aid training and consider next steps</li> <li>•Investigate health coaching and consider next steps</li> <li>•Gain a detailed understanding of local community networks and groups and build a list of this</li> <li>•Consider community information about services and support available</li> </ul>
GP services	<ul style="list-style-type: none"> <li>•Generally a positive experience of GPs and primary care however getting through on the phone to book an appointment, appointment waiting times, appointment duration and continuity of care are key issues mirrored regionally and nationally</li> <li>•Prescribing, particularly changes to medication needs to be done in partnership with patients not done “to” patients</li> <li>•The value of medication reviews was highlighted</li> <li>•Repeat prescribing currently doesn’t support people with long term conditions and on long term repeat medication, needs to be more support to ensure continuity of repeat medication and to reduce impact on urgent care and out of hours services</li> </ul>	<ul style="list-style-type: none"> <li>•Feedback findings to the primary care leads and commissioning team for consideration and comment</li> <li>•Share findings with the Primary Care Networks (PCNs) for consideration and comment</li> <li>•Focus some work on improving the repeat medication challenges faced by patients and impacting on urgent and out of hours services</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>•Pharmacy opening times</li> <li>•New services provided by pharmacists along with:</li> <li>•Are health records integrated between GPs and pharmacists for better care ?</li> </ul>	<ul style="list-style-type: none"> <li>•Share these findings with the primary care commissioning team for consideration and comment.</li> </ul>

Hormone replacement therapy (HRT) medication	<ul style="list-style-type: none"> <li>•HRT supply information and lack of communication with patients about alternatives, self care and future provision</li> </ul>	<ul style="list-style-type: none"> <li>•Lancashire and South Cumbria ICB engagement team are working with the Chief Nurse and her team to develop two patient stories which will be used along with this insight to improve our commissioning and management of the HRT supply and alternatives, and around self care for the menopause</li> </ul>
Power of community assets	<ul style="list-style-type: none"> <li>•Recognition of the community assets, groups and networks and the importance of the NHS and partners working with the community to unleash the power of the community.</li> </ul>	<ul style="list-style-type: none"> <li>•Gain a detailed understanding of local community networks and groups and build a list of this</li> <li>•Consider community information about services and support available</li> </ul>
Community support and signposting to it	<ul style="list-style-type: none"> <li>•Identifying and recognising what support, services and networks exist and creating one place where people can get this information easily and quickly</li> </ul>	<ul style="list-style-type: none"> <li>•Gain a detailed understanding of local community networks and groups and build a list of this</li> <li>•Consider community information about services and support available</li> </ul>
Further engagement	<ul style="list-style-type: none"> <li>•Importance of the ICB engagement and other staff, including staff based in South Cumbria, meeting people in their communities, regularly, and engaging and listening regularly</li> </ul>	<ul style="list-style-type: none"> <li>•Gain a detailed understanding of local community networks and groups and build a list of this</li> <li>•ICB Engagement staff working with Jane Scattergood, and community leaders and groups to develop a schedule of relationship building, visits, engagement and listening regularly in each part of South Cumbria.</li> </ul>

### 11.3 Burnley, East Lancashire

Theme	Insights	Recommendations /action
GP services	<ul style="list-style-type: none"> <li>•Communication between GP and the specialists needs to be improved so that patients are not having a wasted appointment/journey</li> <li>•More informed use of allied professionals</li> <li>•GP appointments remain difficult to access with long waiting times</li> <li>•Difficulty in recruiting GPs to the area, and keeping them</li> <li>•GP burnout</li> </ul>	<p>We will share this information with our primary care (GP) commissioning colleagues, as well as with our primary care network (PCN) leads, and feedback what has been done, is planned or could be considered in the future.</p>



	<ul style="list-style-type: none"> <li>•Online appointments are not the solution they are made out to be and should not replace face to face appointments where these are necessary for good diagnosis and care</li> <li>•Receptionists need to be well informed; should we move away from the traditional receptionist role</li> </ul>	
Pharmacies	<ul style="list-style-type: none"> <li>•Re-introduction of this pharmacy scheme in East Lancashire</li> <li>•Sensible reduction in expensive waste of medication</li> </ul>	We will share this information with our primary care (GP) commissioning colleagues, as well as with our pharmacy leads, and feedback what has been done, is planned or could be considered in the future.
Hospital care	<ul style="list-style-type: none"> <li>•Communication between teams</li> <li>•Primary/secondary care communication</li> <li>•Waiting times</li> <li>•Not being listened to</li> <li>•Complaints are not taken seriously and cannot lead to learning</li> <li>•Discharged when patient still had untreated needs</li> </ul>	We will share this information with senior management colleagues East Lancashire NHS Trust and work with patient experience and communication teams. We will feedback what has been done, is planned or could be considered in the future.
Deaf community access to services and BSL Interpreters	<ul style="list-style-type: none"> <li>•Communication between patients from the deaf community lacks equality and equity by not having a BSL interpreter present at the appointments</li> <li>•Professionals not taking face mask off when talking to deaf patients</li> <li>•Information needs to be provided in the correct format for the deaf and others with sensory impairments or risks missed appointments, poor diagnosis and poor care/treatment – miscommunication can be catastrophic</li> <li>•Lack of training, understanding and empathy amongst health professionals – it isn't good enough that deaf people may be able to 'cope'</li> <li>•Systems (telephony/waiting rooms etc. for access to GPs, in hospitals etc.) do not support communicating and delivering care to people with sensory impairments</li> </ul>	We are actively picking these issues up and will work with the deaf community to come up with an action plan for improvement working with colleagues across the Lancashire and South Cumbria area. The needs of the deaf community are very important and we will work hard in partnership with the deaf community to respond to and improve the points raised.

	<ul style="list-style-type: none"> <li>•Continuity of BSL interpreters where possible and to check if the interpreters have any relationship with the patient i.e. friend or relative</li> <li>•Communication and the way sensitive information is relayed to patients needs to be professional and show empathy</li> <li>•There should be appropriate flags on patient records</li> <li>•Jargon and acronyms meaningless to deaf people and others</li> <li>•Existing NHS BSL interpreter contract is not fully supportive or supported</li> <li>•Local PCN leads to reach out to deaf and other community representatives</li> </ul>	
Mental health	<ul style="list-style-type: none"> <li>•No mental health beds in Burnley</li> <li>•Suicide risk – services not there</li> <li>•Pathways in place in the Mindsmatter team when they come across suicidal or more serious patients, so that these patients access the right service quickly.</li> <li>•Counselling appointments waiting 9 months plus</li> <li>•System doesn't work from lived experiences, it is trial and error</li> <li>•Concerns for dignity in Emergency Department for mental health patients</li> </ul>	We will share these points with East Lancashire Hospitals NHS Trust and Lancashire and South Cumbria NHS Foundation and with our mental health commissioners. We will feedback what has been done, is planned or could be considered in the future.
Health Passport	<ul style="list-style-type: none"> <li>•There should be greater awareness of the health passport which is a good idea</li> <li>•Everyone should hold a health passport</li> </ul>	We will promote the health passport to people and communities and ensure there is greater awareness of it amongst PPGs and patient voice groups.
Dentistry	<ul style="list-style-type: none"> <li>•NHS dental contract is not attractive to dentists</li> <li>•Fewer and fewer dental practices are signing up to or maintaining NHS contracts</li> <li>•Need to start good dental hygiene and practices early, but little or no service in schools to support this</li> </ul>	We will share this information with our primary care commissioning colleagues with responsibility for NHS dentistry. We will feedback what has been done, is planned or could be considered in the future.

	<ul style="list-style-type: none"> <li>•Dentists, GPs and pharmacists should have a space where they can talk to/liaise with each other</li> </ul>	
VCFSE (Voluntary, Community.Faith and Social Enterprise sector) , community support groups and other services	<ul style="list-style-type: none"> <li>•The funding of VCFSE groups within the area</li> <li>•Need good VCFSE representation at Place level</li> <li>•Scattergun approach to delivery and short-term funding</li> <li>•Social care the poor relation to health</li> </ul>	We will consider these points at place particularly regarding VCFSE representation, and we will share this information with our VCFSE colleagues. We will feedback what has been done, is planned or could be considered in the future.
Support Groups	<ul style="list-style-type: none"> <li>•Identifying and recognising what support, services and networks exist and creating one place where people can get this information easily and quickly</li> <li>•Need local support groups for people with various long-term conditions</li> <li>•ADHD/ASD service is restricted to assessments only</li> <li>•Need for information and clarity</li> </ul>	We will share this information with our mental health commissioning colleagues and also review our database of support services and networks to improve our reach to the various groups and networks. We will feedback what has been done, is planned or could be considered in the future.
Feedback on presentation and session	<ul style="list-style-type: none"> <li>•Keep presentations clear and simple</li> <li>•Ensure presentations are accessible for those with visual impairments</li> <li>•Engage with people where they are and listen to what matters to them</li> </ul>	We note the request for clarity and simplicity as well as the importance of producing presentations which can be followed by everyone and will do so in the future. Following the series of listening events that the Burnley event was part of, we will review our approach and do exactly what people are suggesting: engage with people where they are, in their networks and groups and listen to what matters to them. Our aspiration is for more frequent engagement as well.

## 12. Reports, insights and outcomes from engagement activity – including You Said We Did

This section of the report summarises outcomes and insights from completed engagement programmes and initiatives.

Report name	Description and key findings	Next steps / Actions
The Thornton Practice: Closure of Carleton branch practice	The ICB communications and engagement team supported The Thornton Practice in fulfilling its patient communications and engagement obligations regarding the closure of its smaller Carleton branch site. The full report is here: <a href="https://www.healthierlsc.co.uk/application/files/4916/8683/9091/Carleton_branch_closure_-_engagement_report.pdf">https://www.healthierlsc.co.uk/application/files/4916/8683/9091/Carleton_branch_closure_-_engagement_report.pdf</a>	The closure has become necessary as the landlord of the building has served notice on the practice and so its lease will come to an end. An extensive search in the area has not found any appropriate alternative space, so all services will be centralised within the main practice site in Thornton.
Liverpool House Surgery	<b>Liverpool House Surgery</b> - more than 400 patients (more than 10 per cent of the total list size) at Liverpool House Surgery took part in the public engagement exercise around the closure of the practice in Barrow. The practice will close at the end of June following the retirement of the two partner GPs. The full report is here: <a href="https://www.healthierlsc.co.uk/application/files/8416/8130/3393/Liverpool_House_Surgery_-_engagement_report.pdf">https://www.healthierlsc.co.uk/application/files/8416/8130/3393/Liverpool_House_Surgery_-_engagement_report.pdf</a>	List dispersal was the ICB's recommended option due to the poor state of the Liverpool House building and the proximity of several other GP practices in the town.
Engagement on the NHS Joint Forward Plan	Engagement has been undertaken on the vision, values, pledges and priorities within the NHS Joint Forward Plan. Engagement consisted of online survey and focus groups which were either planned or opportunistic. Key findings are in the full report which is presented to PIEAC in June.	Report findings are being considered and actioned. Report will be made available on the website and detail of change and improvements shared with participants and the public.
Healthwatch published reports:	<b>Blackpool:</b> Children and young people's vaping report – Blackpool <a href="https://healthwatchblackpool.co.uk/children-and-young-peoples-vaping-report-blackpool/">https://healthwatchblackpool.co.uk/children-and-young-peoples-vaping-report-blackpool/</a>	This report has been shared with the children and young people team, as well as place-based colleagues in Blackpool. It will be shared with staff, and the workforce for information.

	<p><b>Lancashire:</b> Day Services for Adults with Learning Disabilities: Summary Report <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/01/Day-Services-Final-Report.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/01/Day-Services-Final-Report.pdf</a></p> <p>GP Enter and View: Summary Report to explore patient experiences of booking appointments and the care they receive: <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/04/GP-Enter-and-View-Summary-Report-Final.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/04/GP-Enter-and-View-Summary-Report-Final.pdf</a></p> <p>The Cost of Living Crisis: Effects of the crisis on the mental and physical health of Lancashire residents: <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/05/Cost-of-Living-Final-Report.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/05/Cost-of-Living-Final-Report.pdf</a></p>	<p>This report has been shared with the Learning Disabilities team and will be used as insight for our desktop review of existing engagement insights in learning disabilities to support the 5 Year Forward Plan.</p> <p>This report has been shared with the primary care commissioning team and will be used as insight for our desktop review of existing engagement insight for primary care to support the 5 Year Forward Plan.</p> <p>This report will be shared with staff including executive directors, senior managers, and the clinical workforce, including primary care and via the provider communication team for information and to share with staff.</p>
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## Glossary

A glossary of terms to support this paper is available here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary>