

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	6 September 2023
<b>Title of paper</b>	Public and community insights report: June – July 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 Louise Booker, Information Governance Hub Manager Communication Engagement Team Members
<b>Agenda item</b>	6b
<b>Confidential</b>	No

<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 June and 31st July 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. This is the sixth 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> <p>An appendix has been included with the report which is an annual report of complaints which is intended for future discussion at the ICB Board.</p>		
<b>Advise, Assure or Alert</b>		
<p><b>Assure the committee:</b></p> <ul style="list-style-type: none"> <li>- The ICB has methods and approaches to capture public and patient insight.</li> </ul> <p><b>Advise the committee:</b></p> <ul style="list-style-type: none"> <li>- The feedback on the ICB strategy for working in partnership with people and communities has been approved taking into account feedback from the</li> </ul>		
<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>Which Strategic Objective/s does the report contribute to</b>		<b>Tick</b>
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?	✓			There is a risk proposed for this in another item on the committee agenda.
Financial Implications			✓	

### 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			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	Neil Greaves, Director of Communications and Engagement
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# Public and community insights report June - July 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 between June and July 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, 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, urgent and emergency care, continuing healthcare and dentistry. There has been a distinct increase in numbers of PALS enquiries and complaints – in fact, in the complaints figures presented at the number of complaints have almost doubled (see section 3.3.2 and 3.3.3). The complaints from primary care, previously were all dealt with via NHSE who took all primary care complaints, (all 4 pillars), as an ICB we would have only had a few primary care complaints, where they are either part of a multiagency complaint, or a direct complaint about service provision. All clinical complaints went to NHSE. In July NHSE transferred the management of all primary care complaints to the ICB, hence the increased numbers seen, this is consistent with what we were expecting, if a little over the numbers that had been quoted by NHSE prior to the transfer but is not a reflection on the current situation in primary care, rather the transfer of work.
- There is a great deal of interest in the ICB's engagement efforts and this means that there is a continuing focus on delivery of engagement activity and a pressure for communications and engagement team members to assure the public as much as the Board.
- A number of proactive communication activities are driving increased traffic and conversations across ICB online channels (including the website and social media) in areas relating to children and young people's mental health and elective care services. The majority of the feedback is positive or neutral in sentiment.

## 3. Insight from ICB organisation channels

### 3.1 Patient Experience

#### 3.1.1 Introduction

From the inception of LSC ICB on 1 July 2022, the Patient Experience function has been delivered by a combination of ICB employees and Midlands and Lancashire Commissioning Support Unit (MLCSU). This changed part way through the period covered by this report. On

1 July 2023, MLCSU staff transferred into the ICB. On the same date, we also took on responsibility for those Primary Care complaints that are made to the commissioner. These were previously handled by NHS England. Two NHSE employees joined us from the North West Regional Complaint Service so we now have a single, unified team for Lancashire and South Cumbria. The scope 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 our 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 be 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 3 August 2023.

### 3.1.2 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. Please note the first period is three months and others are every two months.

#### Total volumes received

Type	July – September 2022	October- November 2022	December 2022– January 2023	February – March 2023	April – May 2023	June – July 2023	Change from last period
<b>Complaint</b>	137	90	77	81	73	142	+69
<b>MP Letter</b>	76	36	42	41	59	61	+2
<b>PALS Enquiry</b>	236	157	113	156	126	255	+129

We closed 130 cases during these two months. This is made up of 80 complaints and 50 MP letters. This is an increase on the 103 recorded for April and May 2023. When the data was extracted on 3 August 2023, we had 287 open records (200 complaints, 65 MP letters and 22 PALS). This compares to 207 records in the previous period with the increase being attributable to more complaints - especially about Primary Care services.

### 3.1.3 Complaints

We received 142 complaints in June and July 2023. This is a substantial increase (95%) from the April and May total. This is predominantly due to the transfer of primary care complaints from NHS England to the ICB. The comparison of June and July shows that there was a small decrease in MP letters but complaints and PALS more than doubled.

Type	June 2023	July 2023
<b>Complaint</b>	40	102
<b>MP Letter</b>	34	27
<b>PALS</b>	84	171

The complaints we handle can be broken down into four categories as set out below. We first reported this to the June 2023 meeting of PIEAC and those numbers are included to allow comparison. This again demonstrates the significant increase in the Primary Care category.

Reporting Period	ICB	All Age Continuing Care	Secondary Care Provider	Primary Care
April - May 2023	12	10	45	6
June – July 2023	17	16	50	59

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. Provider Trusts with significant numbers of complaints were:

- East Lancashire Hospital Trust (5)
- Lancashire Teaching Hospital Trust (4)
- Blackpool Teaching Hospital Trust (3)
- Lancashire and South Cumbria Care Foundation Trust (2)

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

### 3.1.4 MP Correspondence

During this period, we received a total of 61 letters. Again, this is consistent with previous volumes. MPs contacting us are below.

Constituency	MP	Number of Records
Barrow and Furness	Simon Fell	11
Blackburn	Kate Hollern	4
Blackpool North and Cleveleys	Paul Maynard	0
Blackpool South	Scott Benton	0
Burnley	Antony Higginbotham	1
Chorley	Lindsay Hoyle	2
Fylde	Mark Menzies	2
Hyndburn	Sara Britcliffe	1
Lancaster and Fleetwood	Cat Smith	4
Morecambe and Lunesdale	David Morris	2
Pendle	Andrew Stephenson	1
Preston	Mark Hendrick	2

Ribble Valley	Nigel Evans	2
Rossendale and Darwen	Jake Berry	3
South Ribble	Katherine Fletcher	2
West Lancashire	Ashley Dalton	6
Westmorland and Lonsdale	Tim Farron	17
Wyre and Preston North	Ben Wallace	1

Correspondence received covered a wide range of topics. The largest number of records were dentistry (9) and Continuing Healthcare (7).

### 3.1.5 PALS Enquiries

There was a significant increase in PALS activity during June and July with 255 enquiries. The June total was slightly higher than the monthly average since the establishment of the ICB in July 2022. This more than doubled in July. Most of the increase was enquiries about Primary Care.

### 3.1.6 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. These examples could be about LSC ICB or a commissioned provider. More work is planned in 2023/24 to ensure learning is embedded and leads to tangible change. Examples of learning from this period are:

'You said'	'We did'
My sister has not been appropriately assessed against the CHC eligibility criteria and her current placement is unable to meet her needs. I have not been involved in important decisions about her care despite being her appointed representative.	We provided a chronology of your sister's assessment process and the reasons for the decisions made. We did, however, acknowledge that you should have been present at the meeting and that we should have given you more notice. Your experience has been discussed with the scheduling team as a learning exercise to ensure appropriate notice is provided to all patients and/or their representatives. You have also received personal assurance from the CHC Co-ordinator that they will update you with any further developments regarding your sister's care.
There was a delay in my son receiving urgent medication due to a miscommunication between 111 and the out of hours provider. This could have put him at risk.	We worked with 111 and GTD Healthcare to understand the reasons for the delay in prescribing your son the requested medication. GTD have acknowledged that further efforts should have been made to understand the reasoning for the medication request which would have highlighted the urgency. They have shared this with their team to ensure urgent referrals are flagged appropriately. Despite these assurances we felt that further measures needed to be put in

	place to avoid this happening again. We committed to raising this with the providers to discuss how further improvements could be made to their services and the way they triage initial calls.
A telephone appointment was arranged by my GP practice for a nurse to contact me at a specific time to discuss my blood results however, the nurse contacted me two hours before the scheduled time and as I was unable to answer the call it was recorded as a 'missed appointment'. I want the practice to review their policy to amend the way in which 'missed appointments' are recorded.	<p>We acknowledged the frustration this experience caused and asked the practice to reflect on your experience. The practice confirmed that they had made some changes as a result of your complaint:</p> <ul style="list-style-type: none"> <li>- Patients will be given a time period and not a specific time for a call (morning, afternoon, evening)</li> <li>- If a patient needs a specific time due to work commitments this will be noted on their file so the clinician is aware</li> <li>- If a clinician does try and call the patient outside of the allocated time period and the patient does not answer, further attempts will be made to contact the patient within the allocated time period.</li> <li>- A clinician will try a patient three times before it becomes a missed appointment.</li> </ul>

### 3.2 Freedom of information (Fol) requests

Fol 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.

<b>FOI</b>	<b>No. Received</b>
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
June 2023	28
July2023	30

The majority of cases have been received from members of the general public followed by the commercial sector during this period.

ICB FOI	No Requests Open	Total inc Place	Total cases closed
LSC (June- July)	59	448	26

### 3.4 Media interest and response

The ICB communications and engagement team manages media interest and enquiries along with coordinating partnership activity across NHS organisations. The team has a role to encourage the media to broadcast and print key messages in a way which influences the public.

Period	Press enquiries	System-wide media releases	Hyper-local media releases	Statements issued	Broadcast interviews
June	22	8	1	7	4
July	25	8	1	7	8

We are receiving a number of press enquiries from the press releases we issue which shows we're sharing the right type of content which attracts the interest of journalists and the public. Many of our broadcast interview requests are in response to industrial action and we are continuing to put spokespeople forward and work closely with the hospital trusts to ensure our messages are aligned.

During the industrial action taking place throughout this year there is a communications objective across the North West to proactively achieve 'blanket coverage' for key messages in the media with the highest viewer, listener and readership numbers. The targeted media outlets are regional BBC and ITV television and radio and news channels and the print media with the highest readerships. The key messages alert the public to service disruption, assures them that they will be contacted if an appointment is affected and reminds them of the appropriate use of 111 and 999.

The North West region is acknowledged as consistently meeting this objective and the NHS system in Lancashire and South Cumbria, overseen and coordinated by the ICB, is recognised as contributing significantly to this success.

Other main themes throughout June and July have been the ICB's first anniversary, GP patient satisfaction data, Nobi AI smart lamps and the 0.0% uplift to hospice contracts.

### 3.5 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: June 23 vs July 23

Combined following (all accounts*): 42,076		
<b>All accounts:</b> <ul style="list-style-type: none"> <li>Facebook: 33,830 ↑ 89</li> <li>X (formerly known as Twitter): 6,921 ↑ 74</li> <li>LinkedIn: 856 ↑ 44</li> <li>Instagram: 469 ↑ 21</li> <li>YouTube: 65 ↑ 2</li> </ul>	<b>ICB corporate accounts:</b> <ul style="list-style-type: none"> <li>Facebook: 2,087 ↑ 42</li> <li>X (formerly known as Twitter): 1,711 ↑ 91</li> <li>LinkedIn: 856 ↑ 44</li> <li>Instagram: 469 ↑ 21</li> <li>YouTube: 65 ↑ 2</li> </ul>	<ul style="list-style-type: none"> <li>82.5% female and 17.5% male followers</li> <li>964 link clicks</li> <li>170 posts with a combined organic post reach of 6,477 (this doesn't include X (formerly known as Twitter) as the data isn't available).</li> <li>590 inbound engagements.</li> </ul>

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

## Most popular social media posts: June 23 vs July 23

	Clicks	Likes	Shares	Reach
1	<a href="#">Dr Andy Knox MBE</a> (X (formerly known as Twitter) ICB)	<a href="#">Dr Andy Knox MBE</a> (X (formerly known as Twitter) ICB)	<a href="#">Dr Andy Knox MBE</a> (X (formerly known as Twitter) ICB)	<a href="#">Free / reduced meals for families</a> (Facebook ICB)
2	<a href="#">Place-based partnerships decision</a> (X (formerly known as Twitter) ICB)	<a href="#">Place-based partnerships decision</a> (X (formerly known as Twitter) ICB)	<a href="#">Samaritans Awareness Day</a> (X (formerly known as Twitter) ICB)	<a href="#">NHS 75th Birthday</a> (Facebook ICB)
3	<a href="#">Lead roles - maternity voices</a> (Facebook ICB)	<a href="#">NHS 75th Birthday</a> (Facebook ICB)	<a href="#">Free / reduced meals for families</a> (Facebook ICB)	<a href="#">Community fun day</a> (Facebook West Lancs)

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 Mental Health 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	May	June	July
Followers	1989	2040	2087
Total posts	75	73	68
Post impress.	22,829	17,959	22,811
Post reach	21,848	17,304	21,625
Link clicks	387	184	208
Post engagement	2.73%	2.12%	1.93%

## X (formerly known as Twitter)

Metric	May	June	July
Followers	1,551	1,620	1,711
Total posts	65	68	65
Post impress.	48,939	45,459	60,350
Post reach	N/A	N/A	N/A
Link clicks	484	440	586
Post engagement	1.72%	1.67%	1.87%

## Instagram

Metric	May	June	July
Followers	425	448	469
Total posts	18	10	25
Post impress.	1,941	870	2,003
Post reach	1,764	781	2,204
Link clicks	N/A	N/A	N/A
Post eng.	1.55%	2.07%	2.3%

## LinkedIn

Metric	May	June	July
Followers	741	812	856
Total posts	13	6	8
Post impress.	5,252	2,085	2,308
Post reach	3,359	1,228	1,542
Link clicks	349	85	57
Post eng.	10.24%	6.09%	4.94%

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

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

	New users	Page views	Sessions
May	22,586	69,998	35,713

<b>June</b>	20,198	54,164	32,343
<b>July</b>	24,367	75,505	37,410

### Most popular web pages

June	July
<ul style="list-style-type: none"> <li>• ICB: Chatbot – managing waiting lists</li> <li>• ICB: What is an integrated care board?</li> <li>• ICB: Contact us</li> <li>• ICB: About us</li> <li>• ICB: General enquiries</li> </ul>	<ul style="list-style-type: none"> <li>• CYP: Information for children and young people</li> <li>• ICB: What is an integrated care board?</li> <li>• ICB: Contact us</li> <li>• ICB: About us</li> <li>• ICB: General enquiries</li> </ul>

## 4. Survey responses

The number of surveys with members of the public that we are managing has been relatively consistent over recent months. The responses received continue to fluctuate from month to month, depending on the subjects being surveyed and where we are in the engagement cycle on any subject. This is both an indication of the specialist nature of most of the surveys that we have been undertaking, and that the number of 'big ticket' surveys, such as COVID-19 vaccines, and the New Hospitals Programme are less prevalent.

Overall, we have received 22,215 responses to our surveys over this last 11 months, which equates to approximately 1.2% of the population of Lancashire and South Cumbria.

	Number of live public surveys	Total number of responses
<b>September</b>	12	14,953
<b>October</b>	13	2,428
<b>November</b>	14	948
<b>December</b>	11	356
<b>January</b>	14	98
<b>February</b>	16	115
<b>March</b>	16	717
<b>April</b>	13	149
<b>May</b>	18	1,176
<b>June</b>	18	952
<b>July</b>	17	323
<b>Running total of responses</b>		22,215

The survey with the highest number of responses in June was 'THRIVE new provider principles – young people/parents/carers' with 278 responses (314 responses overall). The survey with the highest number of responses in July was a survey for 'Pendle View Medical Centre – your opinion matters' with 113 responses (326 responses overall to date).

The main survey subject areas in June were:

- Understanding how you support your child's/pupils'/own mental health
- Five Year Forward Plan and clinical service transformations
- THRIVE new provider principles – young people/parents/carers
- Pendle View Medical centre – your opinion matters
- Care Leaver Health Summary Letter

The main survey subject areas in July were:

- Travel and Transport survey
- Five Year Forward Plan and clinical service transformation
- Blackburn and Darwen Neighbourhood Review
- Pendle View Medical centre – your opinion matters
- Virtual Ward patient experience survey

## 5. 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
April 2023	No Board	
	Lung Cancer Screening	Quality Committee
May 2023	Children and Young People (CYP) – Eating disorders	Quality Committee
	Dementia/Carer (written narrative)	ICB Board
June 2023	No Board	
	Scoliosis (Elective Care)	Quality Committee
July 2023	CYP – Eating disorders	ICB Board
	Menopause and Hormone Replacement Therapy (HRT)	Quality Committee
September 2023	Menopause and Hormone Replacement Therapy (HRT) – 4-10 <sup>th</sup>	ICB Board
	Know your numbers – heart failure: a life saved (September is KYN week)	Quality Committee
October 2023	Autism – in development	Quality Committee
		ICB Board
November 2023	Dentistry	Quality Committee
		ICB Board

## 6. 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: 1,361 (as at 15 Aug 2023). This is a slight increase from the previous report and reflects the promotional work we undertook at 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 (July):

- New partnership deal for place-based partnerships – 22%
- Citizen panel reference group – 19%
- Monthly check in survey – 16%
- Working with communities’ strategy – 3%
- BwD diabetes champions volunteer needed – 2%

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

- Monthly check in – 22%
- Help needed for hospital services – 17%
- Future hospital services – 11%
- Support for families and carers who have children with autism– 8%
- NHS staff awards ahead of NHS 75 birthday – 2%

Engagement with the monthly citizen panel bulletin:

	<b>April 23</b>	<b>May 23</b>	<b>June 23</b>	<b>July 23</b>
Total recipients of the bulletin	1,304	1,303	1,290	1292
Email opens	757	747	733	640
Open rate (%)	58%	57%	56%	49.5%
Total clicks	109	123	121	186

## 7. Readers Group

The readers’ group is a subset of the citizen panel, and consists of 184 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 for Lancashire and South Cumbria. 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 provides a challenge to the ICB due to the number of documents and materials produced across teams and the communication and engagement function is encouraging staff and teams to write in plain English and more accessibly.

## 8. Listening Events

A programme of listening events has been established by the ICB and delivered in each place. The intention is to increase our visibility and connection with communities and to reconnect with existing groups managed by CCGs. Events have taken place in Blackpool, Central Lancashire, Blackburn and Barrow. The insights from these events have been included in previous reports.

In June and July, the following listening events have taken place:

- **Burnley (7<sup>th</sup> June)** - the group consisted of over 30 members of the public, (including residents, BSL interpreters and deaf community, individuals with both physical and learning disabilities, individuals from the BME community, VCFSE organisation representatives and Healthwatch, Primary Care and PCN/Practice Manager representatives).
- **North Lancashire (5<sup>th</sup> July)** - the group consisted of 23 representatives from, local government, VCFSE groups and members of the public and NHS organisations
- **Lancashire Disability Network (27<sup>th</sup> June)** – the group consisted of 15 members of Disability Equality including staff and BSL signers. The group represented members with physical and sensory disability and neurodiversity.

Individual reports are coproduced with attendees and the final draft is shared with the Director of Health and Care Integration in each place for consideration and action. Following the North Lancashire event, we have been working with place-based leads to bring together a summary report covering the Lancashire events.

The following tables present insights from the engagement activities and actions which have been captured:

## 10.1 Burnley – 7 June

Theme	Key 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>• Make 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> <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>	<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>
Pharmacy Services	<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>	<p>We will share this information with our primary care and medicines management commissioning colleagues, as well as with our pharmacy leads, and feedback what has been done, is planned or could be considered in the future.</p>
Hospital Services	<ul style="list-style-type: none"> <li>• Communication between teams</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>	<p>We will share this information with senior management colleagues at ELHT (east lancashire hospitals nhs trust), including the complaints team and communication team. We will feedback what has been done, is planned or could be considered in the future.</p>

Deaf community	<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> <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 (post meeting this has happened)</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. Louise Taylor, Director of Health and Care Integration for Lancashire has met with the deaf community and a working group established with Healthwatch, the engagement team, and LCC staff to convene a coproduction event for Lancashire in the Autumn.
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>•No dignity in Emergency Department for mental health patients</li> </ul>	We will share these points with ELHT (the hospital trust), the mental health trust (Lancashire and South Cumbria Foundation NHS Trust) and with our mental health commissioners. We will feedback what has been done, is planned or could be considered in the future.
Health Passports	Everyone should hold a health passport	We will promote the health passport to people and communities and ensure



	<p><b>Lancashire:</b>  <a href="https://www.lancsteachinghospitals.nhs.uk/media/.resources/619e28d5df1d49.95281303.pdf">https://www.lancsteachinghospitals.nhs.uk/media/.resources/619e28d5df1d49.95281303.pdf</a></p> <p><b>East Lancashire:</b>  <a href="https://elht.nhs.uk/application/files/6015/7658/2571/Hospital_Passport_Template.pdf">https://elht.nhs.uk/application/files/6015/7658/2571/Hospital_Passport_Template.pdf</a></p>	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> <li>• Dentists, GPs and pharmacists should have a space where they can talk to/liaise with each other</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.
VCFSE	<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>	The ICB has agreed a partnership agreement with the VCFSE which puts the relationship between the ICB and the VCFSE in Lancashire and South Cumbria on a firm footing. 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> </ul>	Noted. We will share this information with our mental health commissioning colleagues and also review our database of support services and networks to

	<ul style="list-style-type: none"> <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>	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.
The presentation and meeting today	<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.

## 10.2 North Lancashire - 5 July

Theme	Insights	Recommendations /action
GP services	<ul style="list-style-type: none"> <li>• Triage works well in some practices but not in others</li> <li>• Is there a way calls to GPs, locked in the early morning call system, can be prioritised?</li> <li>• Some patients feel that GP services, when received, are often excellent</li> <li>• Others feel their experience and knowledge is ignored</li> <li>• Communication and record sharing between GPs, hospitals and other health professionals continues to be poor – access to records should be available to all clinicians</li> </ul>	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.

	<ul style="list-style-type: none"> <li>• Medication should be appropriate to the condition to be treated; this isn't always the case</li> <li>• The PCN model, with appropriate access to other health professionals, needs to be promoted to patients so they understand not to constantly ask for a GP</li> <li>• A good PPG can support the work of the Practice</li> </ul>	
Hospital services	<ul style="list-style-type: none"> <li>• Many hospital services are more effective and efficient; oncology in Lancaster and Kendal is particularly well thought of</li> <li>• Access to and support from some services remain difficult – physiotherapy, pain clinics and mental health are examples</li> <li>• Access to services from rural parts of North Lancashire continues to be problematic; cost of travel for those without their own transport can be extortionate</li> <li>• Too many services are out of area – this has implications for access and transport, which are major concerns</li> <li>• Services are often 9-5 – this is not adequate in today's society and is a barrier to receiving care and treatment</li> <li>• Poor support and treatment for menopause – has implications for the mental health and wellbeing of patients</li> <li>• Poor communication and access to records within and across hospital trusts</li> </ul>	We will share this information with senior management colleagues at Morecambe Bay NHS Foundation Trust including the complaints team and communication team. We will feedback what has been done, is planned or could be considered in the future.
Dentistry	<ul style="list-style-type: none"> <li>• Lack of NHS dentists is a key issue and the biggest source of complaints received by Healthwatch</li> <li>• Lack of NHS dentists and the cost of private treatment also has a big impact on breast cancer patients, who require dental checks prior to their chemotherapy</li> <li>• How is the ICB going to bring dentists back into the NHS?</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.
VCSFE, community support groups and other services	<ul style="list-style-type: none"> <li>• Need to build on the assets and strengths of communities and community organisations</li> <li>• Various good models of practice across VCFSE organisations including community hubs and Public Living Rooms, and supporting the HARRI bus</li> <li>• VCFSE don't receive enough funding proportionate to the gaps they plug for the NHS, and there needs to be investment in community centres that are propping up statutory services</li> <li>• VCFSE organisations now working well with specialist services</li> </ul>	The ICB has agreed a partnership agreement with the VCFSE which puts the relationship between the ICB and the VCFSE in Lancashire and South Cumbria on a firm footing. 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.
Information and communication	<ul style="list-style-type: none"> <li>•More resource and effort need to be put into educating, informing and supporting self-care and self-responsibility</li> <li>•Information and communication from the NHS is generally poor and difficult for patients to understand</li> </ul>	We note this feedback and will ensure that communication and information from the NHS is of a high standard, clear and accessible where we can, and particularly from the ICB. We work with our provider colleagues to ensure that there is a consistent standard of communication and information across the Lancashire and South Cumbria system.
Pharmacy/prescribing	<ul style="list-style-type: none"> <li>•Prescription charges are not made fairly and equitably</li> </ul>	We will share this information with the medicines management team noting that policy regarding prescription charges is set nationally.
Prevention and population health	<ul style="list-style-type: none"> <li>•More needs to be done on prevention</li> </ul>	Our population health team have developed a strategy and plan to improve health equity and support prevention across Lancashire and South Cumbria. We will feed this information to the team responsible.
Health Visiting	<ul style="list-style-type: none"> <li>•Need to re-establish opportunities to build parent skills and share knowledge lost because of changes to Health Visiting and the removal of children's centres</li> </ul>	We will share this with the health visiting service and determine what opportunities are available already, what are planned and what more can be done.
Engagement	<ul style="list-style-type: none"> <li>•There needs to be more opportunities to hear the patient voice</li> <li>•Is it possible to have future listening events focusing on the ICP priorities?</li> </ul>	Our working with people and communities strategy sets out more opportunities to hear and act on the voice of the public and communities. In

		addition we are creating more opportunities to engage with people and communities including on our priorities.
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### 10.3 Lancashire Disability Network – 27<sup>th</sup> June 2023

Theme	Insights	Recommendations /action
GP services	<ul style="list-style-type: none"> <li>•GP appointments remain difficult to access with long waiting times</li> <li>•Technology helps some patients, but it isn't good for everyone; it can make it more difficult for patients with visual or hearing impairments or people with learning difficulties – there should be a choice about how information is given</li> <li>•Where technology is used it should be used properly – sound turned on; subtitles used etc. otherwise they become a barrier to access or cause frustration for people with sensory impairments and even for people without impairments</li> <li>•Receptionists are now often doing triage, but this can make it worse to access services</li> <li>•Flags on records should be used both to identify people with disabilities and specific needs, and by staff to understand the patients they are dealing with</li> <li>•Written material is too full of jargon, difficult to understand and often not accessible to people with sensory impairments or learning difficulties (applies equally to secondary care/hospital services)</li> <li>•Should produce a jargon-busting book for patients (and consultants)</li> <li>•Referrals to urgent care centres or hospitals are done without any thought about how people with disabilities will get there</li> <li>•A range of services are very restricted or not promoted enough to patients</li> </ul>	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.
Hospital services	<ul style="list-style-type: none"> <li>•No thought is given to how people with sensory or learning disabilities are given information at clinics/appointments, even in services where the disability is the reason for their attendance</li> <li>•Appointment waiting times are too long and can cause anxiety for some patients</li> </ul>	We will share this information with senior management colleagues at our Trusts, including the patient experience, and complaints and communication teams. We will feedback what has been done, is

	<ul style="list-style-type: none"> <li>•Discharge information can be overwhelming and inaccessible for people with sensory impairments and learning disabilities</li> <li>•‘Your care is our business’ video should be more widely shared across trusts</li> <li>•Building the new hospital out of Preston will have significant implications for how people with sensory impairments and many others are able to access hospital services and clinics</li> <li>•Transport is a key feature of supporting access to hospital services and must be part of any plans</li> <li>•Thought needs to be given to how people who cannot get to a hospital receive the service</li> </ul>	planned or could be considered in the future.
Workforce/staff	<ul style="list-style-type: none"> <li>•Staff need better training in caring for patients with sensory impairments, including BSL and other communication techniques</li> <li>•Staff should be paid the money they feel they are entitled to – this will impact on recruitment and retention of staff and help fill the many vacancies in the health service, with less reliance on agency staff</li> <li>•A more caring, holistic approach to care needs reintroducing – patients tend to feel they are on a conveyor belt</li> <li>•Staff need greater understanding of autism and should engage with these patients directly</li> <li>•Staff should never rely on friends/family reading correspondence/information for patients – it should always be in the format required by the patient</li> <li>•The NHS needs to adopt a fresh attitude to how it deals with patients with sensory impairments and other disabilities if further progress is ever to be made</li> </ul>	We will share this with the workforce leads across the ICS.
Positive feedback about the NHS	<ul style="list-style-type: none"> <li>•We need to say more about the good things within the NHS</li> <li>•We have a lot to be grateful for in the NHS – centres of excellence, access to medication and diabetic services</li> <li>•More consideration to mobile services – taking services to the people</li> <li>•Wider promotion of the Visual Impairment Passport</li> </ul>	We will share this with staff, and partners.

## 11. 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
Dentistry: a report of findings from all listening events in 2023	<p>Barrow-in-Furness (South Cumbria):</p> <ul style="list-style-type: none"> <li>• People struggling to access NHS dentistry.</li> <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> <p>Burnley:</p> <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> <li>• Dentists, GPs and pharmacists should have a space where they can talk to/liaise with each other</li> </ul> <p>Central Lancashire:</p> <ul style="list-style-type: none"> <li>• People struggling to access NHS dentistry.</li> <li>• Public perspective shared that more practices are going private and people can't afford it.</li> </ul> <p>North Lancashire:</p> <ul style="list-style-type: none"> <li>• Lack of NHS dentists is a key issue and the biggest source of complaints received by Healthwatch</li> <li>• Lack of NHS dentists and the cost of private treatment also has a big impact on breast cancer patients, who require dental checks prior to their chemotherapy</li> </ul>	<p>South Cumbria: 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.</p> <p>It has been agreed by the executive team that a patient story will be arranged for the November ICB and Quality Committee, and the engagement team are working to deliver this.</p>

	<ul style="list-style-type: none"> <li>• How is the ICB going to bring dentists back into the NHS?</li> </ul> <p>Disability Network:</p> <ul style="list-style-type: none"> <li>• Flags on records should be used both to identify people with disabilities and specific needs, and by staff to understand the patients they are dealing with</li> <li>• Written material is too full of jargon, difficult to understand and often not accessible to people with sensory impairments or learning difficulties (applies equally to secondary care/hospital services)</li> <li>• No thought is given to how people with sensory or learning disabilities are given information at clinics/appointments, even in services where the disability is the reason for their attendance</li> <li>• Staff need better training in caring for patients with sensory impairments, including BSL and other communication techniques</li> <li>• Staff need greater understanding of autism and should engage with these patients directly</li> <li>• Staff should never rely on friends/family reading correspondence/information for patients – it should always be in the format required by the patient</li> <li>• Any appointment that requires public transport can be extremely difficult for people with disabilities who do not have access to their own transport; even more so for those on low incomes and/or in rural areas</li> <li>• The NHS needs to adopt a fresh attitude to how it deals with patients with sensory impairments and other disabilities if further progress is ever to be made</li> </ul>	
<p>Children and Young People's THRIVE Emotional Wellbeing and</p>	<p>An engagement programme was launched on new provider principles which included a survey of parents, carers and young people. A total of 314 responses were received: 179 (57 per cent) were from a young person and 135 (43 per cent) from a parent/carer.</p>	<p>Additional mental health support services for young people are to be commissioned from the VCFSE sector and will soon be going out to procurement. This survey was intended to find out from young people and parents/carers the principles and values</p>



<p>Mental Health Framework</p>	<p>The survey was split into a section for parents/carers and a section for young people. Whilst the questions were broadly the same, they differed slightly in the language used.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>• Whilst young people want any group or activity they access for mental health support to be fun and/or interesting they are less bothered about being able to see the same support worker. It is, however, important that staff are friendly and don't judge but listen to the young person.</li> <li>• The young people don't want to be made to feel differently to anyone else, and that everybody is given the opportunity to have their voice heard.</li> <li>• The mental health support the young people say they would value the most is someone to talk to who will listen to them; this could be through either one on one sessions or in a group therapy session. They also want to be able to manage their stress and anxiety in addition to more help to deal with self-harm and eating disorders.</li> <li>• For parents/carers communication is crucial; both with them and with the young person. It is important that the family's expert knowledge of their child is listened to, and that services don't give up on their child but work with the family.</li> <li>• They want staff to be understanding with specialist skills and knowledge, and that support is person-centred flexible to the needs of the young person.</li> <li>• An important requirement is that support is timely when needed and easy to access, available at evenings and weekends and is outside of a clinical setting. They also want different types of support available such as counselling – both group and individual and play therapy.</li> <li>• Overall, it is important to recognise that one size does not fit all. Services have to be person-centred and tailored to the needs of the young person. Early intervention is key so it is</li> </ul>	<p>they wanted to see from such services and their staff so these could be fed into the procurement work.</p>
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	<p>important to have easy access to support when required and preferably to include evenings and weekends and be outside of a clinical setting.</p> <ul style="list-style-type: none"> <li>• Staff have to be understanding, friendly, welcoming, non-judgmental, skilled and qualified - preferably with lived experience. They need to actively listen to both the young person and their parent/carer and understand the needs of the young person.</li> </ul> <p>Full report here:  <a href="https://www.healthierlsc.co.uk/application/files/9616/9234/6164/20230626_THRIVE_provider_principles_survey_results.pdf">https://www.healthierlsc.co.uk/application/files/9616/9234/6164/20230626_THRIVE_provider_principles_survey_results.pdf</a></p>	
<p>Pendle View Medical Centre survey</p>	<p>The ICB has supported Pendle View Medical Centre in Brierfield, near Burnley with an online survey which will provide patient feedback for an estates-related business case the practice is developing.</p> <p>The survey received 354 responses, which is around four per cent of the total practice list size, and the full results have been provided back to the practice leadership team for analysis.</p> <p>At a glance results showed that of those who responded, the most important thing for them in terms of their GP practice was 'getting an appointment', followed by 'having a face-to-face appointment' and 'seeing an appropriate health professional for my needs'. Accessibility, car parking and an on-site pharmacy were the lowest priorities.</p> <p>The majority of patients said they would prefer to contact the surgery by telephone or text message.</p> <p>When asked what they would change about the surgery, patients suggested additional services such as a pharmacy, bloods, minor clinical procedures, physiotherapy and podiatry.</p> <p>A number of respondents asked for longer opening hours, more appointments to be made available and improved car parking facilities.</p>	<p>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.</p>

<p>Clinical services transformation survey results</p>	<p>To support clinical service transformation programmes in Lancashire and South Cumbria, surveys and engagement events were delivered during May and June with local people and staff to capture views on the principles of clinical service transformation,</p> <p>The engagement asked: Thinking about highly specialised care, it is quite often safer and provides better results for patients if this is provided from specialist centres rather than from every hospital. How do you feel about more services being delivered in this way if it means better results for you and your family?</p> <p>Key concerns were:</p> <ul style="list-style-type: none"> <li>• Travel - 42% wouldn't mind 35.6% somewhat agree with additional travel 14% do not agree with additional travel 8% not sure</li> <li>• Potential for multiple different locations for patient care</li> <li>• Long term conditions patients build relationship with their teams this could be lost</li> <li>• People not accessing treatments as too difficult</li> <li>• Transferring patients to centres of excellence affects timely care – safety</li> <li>• Feel this is an excuse to cut services</li> <li>• Reduces opportunity for holistic approach to patient care</li> <li>• Mental health impact of being away from family during illness – isolation and recovery impact</li> <li>• Accountability and patients won't know who is responsible for care</li> <li>• Disparity between speed at which you get seen for specialist treatment if you live near a city</li> </ul> <p>Asked: Our hospitals are facing many challenges, which we are working hard to overcome. These include: staffing levels and recruitment; access; waiting times; service quality; and finances. Are there any challenges you feel we have missed or overlooked?</p>	<p>The surveys were developed by members of the Communications and engagement teams across the ICB and Trusts in Lancashire and South Cumbria to collect soft intelligence from staff and patients/public about the future of clinical services. There was a focus on services being delivered in centres of excellence and the views of local people travelling further for high quality care.</p> <p>As part of the development of the NHS Lancashire and South Cumbria Joint Forward Plan, additional questions were added prior to the survey go live date. A programme of face-to-face engagement with targeted groups was delivered in May and June 2023 many key themes being captured in an engagement report to support the NHS Joint Forward Plan.</p> <p>About the survey: Two surveys were developed: one for NHS staff feedback* and one for patient and public feedback A supplementary toolkit to support promotion of the surveys was also developed The surveys were launched in June 2023 and concluded on 21 July 2023 Patient and public survey = 364 responses 66% of these had been a patient in the last 12 months Staff survey = 184 responses</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Detailed analysis of the qualitative data</li> <li>• Extract specific and actionable suggestions from the feedback (thematically)</li> <li>• Share with relevant programme leads</li> <li>• Programme leads add to workplans/action plans to implement</li> </ul>
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	<p>Feedback included other challenges such as:</p> <ul style="list-style-type: none"> <li>• Inefficiency/Waste</li> <li>• Communication</li> <li>• Cleanliness/Hygiene</li> <li>• Staff wellbeing/Pay/Morale</li> <li>• Transport/Travel</li> <li>• Waiting times</li> <li>• Access</li> <li>• Follow up advice</li> <li>• Estates/Facilities</li> <li>• Demand/Increase in population</li> <li>• Digital/IT</li> <li>• Primary Care/GPs</li> <li>• Recruitment/Retention/Workforce</li> <li>• Dental</li> <li>• NHS image</li> <li>• Skills/Training</li> <li>• Bureaucracy</li> <li>• Leadership/Culture</li> <li>• Mental Health/Social care/VCSE</li> <li>• Integration</li> <li>• Lived experience</li> <li>• Person centred</li> </ul>	<ul style="list-style-type: none"> <li>• Comms and engagement lead to gather case studies/good news</li> <li>• Comms and engagement lead to gather You Said, We Did or alternative responses</li> <li>• Public and staff facing report/communications</li> </ul>
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## 12. Reports, insights and outcomes from national patient surveys

This section of the report summarises recently published national surveys, key findings and next steps or action.

Report name	Description and key findings	Next steps / Actions
GP National Patient Survey 2023	The results of the 2023 GP Patient Survey (GPPS) have been published. The suite of materials available on the GPPS website includes national, integrated care system (ICS), primary care	The detailed, practice, PCN and findings along with the comparative data including longitudinal (over time) data will be

	<p>network (PCN) and GP practice level data. There is a headline infographic, as well as a more detailed national report, along with ICS and GP practice slide packs and an interactive PCN tool. The ICS data for Lancashire and South Cumbria is here: <a href="https://gp-patient.co.uk/icsslidepacks2023#region5">https://gp-patient.co.uk/icsslidepacks2023#region5</a>. In Lancashire and South Cumbria, 81,666 questionnaires were sent out, and 24,049 were returned completed. This represents a response rate of 29%. The survey covers a range of topics including:</p> <ul style="list-style-type: none"> <li>• Your local GP services</li> <li>• Making an appointment</li> <li>• Your last appointment</li> <li>• Overall experience</li> <li>• COVID-19</li> <li>• Your health</li> <li>• When your GP practice is closed</li> <li>• NHS Dentistry</li> <li>• Demographics</li> </ul> <p>The overall experience of GP practices in Lancashire and South Cumbria ICS was deemed “good” by 75% of respondents, compared with the national figure of 71%. The survey provides a vast amount of comparative (by practice, PCN and over time) data, on the topics highlighted. See next steps.</p>	<p>considered by the primary care commissioning team. An update on Primary Care Transformation, including detail from the national survey is anticipated at the October Primary Care Commissioning Committee. The detailed findings along with any ICS specific recommendations and action could be considered in a deepdive presentation at a future PIEAC.</p>
<p>National Cancer Patient Experience Survey 2022 results publication</p>	<p>The 2022 Cancer Patient Experience Survey results were published on Thursday 20 July. The survey was sent to 115,662 people, with 61,268 people responding so there was a response rate of 53%. You can visit the Cancer Patient Experience Survey website to see the full suite of National, Cancer Alliance, ICB and NHS Trust level results. For Lancashire and South Cumbria ICB the data can be found <a href="#">here</a>. For Lancashire and South Cumbria ICB, a total of 2,359 patients responded out of a total of 4,506 patients, resulting in a response rate of 52%. The survey covers a range of topics including:</p>	<p>The detailed findings along with the comparative data including longitudinal (over time) data will be considered by the cancer commissioning team. PIEAC committee members will recall that we held a ‘Deep Dive’ review of primary care during the meeting of the 20<sup>th</sup> October 2022. The detailed findings along with any ICS specific recommendations and</p>

	<ul style="list-style-type: none"> <li>• Support from your GP practice</li> <li>• Diagnostic tests</li> <li>• Finding out that you had cancer</li> <li>• Support from a main contact person</li> <li>• Deciding on the best treatment</li> <li>• Care planning</li> <li>• Support from hospital staff</li> <li>• Hospital care</li> <li>• Your treatment</li> <li>• Immediate and long term side effects</li> <li>• Support while at home</li> <li>• Care from your GP practice</li> <li>• Living with and beyond cancer</li> <li>• Your overall NHS care</li> </ul> <p>The overall experience of NHS care in Lancashire and South Cumbria ICS was deemed “good” by 48% of respondents, compared with the national figure of 45%. The survey provides a vast amount of comparative (by practice, PCN and over time) data, on the topics highlighted. See next steps.</p>	<p>action could be considered in a deepdive presentation at a future PIEAC.</p> <p>The Lancashire and South Cumbria Cancer Alliance have considered the findings and have agreed the following next steps:</p> <ul style="list-style-type: none"> <li>• Celebrate areas above the expected range (ie good results)</li> <li>• Recognise the alliance is above the national score for overall patient rating of care</li> <li>• Suggestion of local action plans to address areas below the expected range and other questions they identify as areas of concern</li> <li>• Share results widely internally and externally</li> <li>• Think about how do we encourage ethnic minorities to participate moving forward</li> <li>• Consider an alliance wide social media campaign</li> <li>• Explore if the results can be used with local task and finish groups or pathway improvement work</li> </ul>
CQC National Urgent and Emergency Care Survey 2022	<p>The <a href="#">CQC Urgent and Emergency Care Survey</a> was also published in July 2023. This survey looks at the experiences of people using type 1 and type 3 urgent and emergency care services. Two questionnaires were used, tailored to each service type. Results are reported for each service type at trust and overall England level. <a href="#">Type 1 services</a> include A&amp;E departments, and may also be known as casualty or emergency departments. <a href="#">Type 3 services</a> include</p>	<p>The detailed findings along with the comparative data including longitudinal (over time) data will be considered by the urgent and emergency care commissioning team. The detailed findings along with any ICS or provider specific recommendations and action</p>

	<p>urgent treatment centres, and may also be known as minor injury units. The survey only includes services directly run by an acute NHS trust. The 2022 survey received feedback from 29,357 people, nationally, who attended a type 1 service in September 2022 and 7,418 people who attended a Type 3 service.</p> <p>The CQC found that people’s experiences of Urgent and Emergency Care are worse than in previous years. This applies more so to results for Type 1 services, where results have declined for all questions evaluating care. For some aspects of care in Type 3 services, results have remained positive, such as being listened to by health professionals. Younger people, people whose attendance lasted more than four hours, people identified as frail, disabled people and people who had recently visited the same A&amp;E consistently reported poorer experiences of Type 1 services. For Type 3 services, people whose attendance lasted more than four hours reported poorer experiences. The <a href="#">full published results</a> are now available, including trust level results.</p> <p>There is no overall data set for Lancashire and South Cumbria ICS, rather the data is presented for each of the hospital providers urgent and emergency care services. The survey provides a vast amount of comparative data by provider, on key aspects of urgent and emergency care. See next steps.</p>	<p>could be considered in a deepdive presentation at a future PIEAC.</p>
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### 13. Published reports with patient and public insight from partner organisation

This section of the report summarises recently published key findings and insights in relation to patient, public and communities insight and next steps or actions by the ICB in response.

Report name	Description and key findings	Next steps / Actions
Healthwatch published reports:	<p><b>Blackburn</b></p> <p>Child Poverty - young people’s views</p>	<p>These three reports (child poverty, priority wards and smoking cessation) have been shared with the place</p>

	<p><a href="https://healthwatchblackburnwithdarwen.co.uk/wp-content/uploads/2023/08/Child-Poverty-Report-young-peoples-views.pdf">https://healthwatchblackburnwithdarwen.co.uk/wp-content/uploads/2023/08/Child-Poverty-Report-young-peoples-views.pdf</a></p> <p>Priority wards <a href="https://healthwatchblackburnwithdarwen.co.uk/wp-content/uploads/2023/07/Priority-Wards-Engagement-Report.pdf">https://healthwatchblackburnwithdarwen.co.uk/wp-content/uploads/2023/07/Priority-Wards-Engagement-Report.pdf</a></p> <p>Smoking cessation <a href="https://healthwatchblackburnwithdarwen.co.uk/wp-content/uploads/2023/07/Smoking-Cessation-report.pdf">https://healthwatchblackburnwithdarwen.co.uk/wp-content/uploads/2023/07/Smoking-Cessation-report.pdf</a></p> <p><b>Blackpool:</b> Exploring Mental Health and Young People in Blackpool <a href="https://healthwatchblackpool.co.uk/wp-content/uploads/2023/07/Activist-in-Residence-Report-1st-draft-9.pdf">https://healthwatchblackpool.co.uk/wp-content/uploads/2023/07/Activist-in-Residence-Report-1st-draft-9.pdf</a></p> <p><b>Lancashire:</b> 'Emergency Care': One year review' <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/08/ED-1-year-on-final-report.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/08/ED-1-year-on-final-report.pdf</a></p> <p><b>Enter and view reports:</b> Abbey Wood Lodge, Ormskirk. Published 12th June 2023. <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/06/Abbey-Wood-Lodge-final-report-1.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/06/Abbey-Wood-Lodge-final-report-1.pdf</a> <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/06/Abbey-Wood-Lodge-final-report-1.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/06/Abbey-Wood-Lodge-final-report-1.pdf</a></p> <p>Age UK Day Club, Ormskirk. Published 3rd July 2023. <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/07/Age-UK-Moorgate-Final-report-with-revisit.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/07/Age-UK-Moorgate-Final-report-with-revisit.pdf</a></p>	<p>based leads, and population health team, at place and at system level. In addition it has been shared with the children and young people's team.</p> <p>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> <p>This report has been shared with the urgent care commissioning team and in readiness for winter planning, with the communication teams across Lancashire and South Cumbria.</p> <p>These are shared with the service visited, and are publicly available. Within the ICB they are shared with commissioning leads for information and where indicated, action.</p> <p>Shared with the regulated care team</p> <p>Shared with population health team, older people commissioners.</p>
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	<p>Parbold Surgery, Wigan. Published 24th July 2023.  <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/07/parbold-surgery-final-report-2.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/07/parbold-surgery-final-report-2.pdf</a></p> <p>Barrowford Surgery, Nelson. Published 31st July 2023.  <a href="https://healthwatchlancashire.co.uk/wp-content/uploads/2023/07/Barrowford-Surgery-Enter-and-View-Report-1.pdf">https://healthwatchlancashire.co.uk/wp-content/uploads/2023/07/Barrowford-Surgery-Enter-and-View-Report-1.pdf</a></p>	<p>Shared with the GP commissioning leads.</p> <p>Shared with the GP commissioning leads.</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>