

Public and Patient Involvement Assurance Group

Report from meeting of: Wednesday 23 March 2022	
Attendance: Evan Rees, Andy Murtha, Rasheed Cader, Vaughan McLeod, Brigitte Heller, Janet Thompson, Ruth Olugbenga, Mathew Hulbert, Ifeoma Obionu, Jo Ryder, John Edwards, Louise O'Reilly, Jay Mistry, Rekha Randerwala	
Apologies: Mary Smith, Brian Rowlands, Paul Akroyd, Sue Venables	
Area / topic for engagement:	Two presentations following on from the Step up to Great Mental Health Consultation May 2021 and General Practice Survey 2021
Presented by:	<p>A) <u>Development of integrated campaign to reduce inequalities and improve primary care services and urgent and emergency care services</u> Ifeoma Obionu, Insight and Research Officer Jo Ryder, Experience and Relationships Manager Jay Mistry, Senior Campaigns Behaviour Change Officer</p> <p>B) <u>Step up to Great Mental Health – post-consultation impact and actions</u> John Edwards, Associate Director of Transformation for Mental Health Louise O'Reilly, Communications Manager for Mental Health and ICS Team</p>
Purpose:	<p>A) Reminding group of Primary Care data from September 2020 and urgent and emergency care data. Both data sets used to develop campaign to describe to alternatives when people are injured or unwell.</p> <p>B) Update group on the impacts and actions undertaken to implement the improvements consulted on.</p>
Geographical scope:	<p>A) LLR</p> <p>B) LLR</p>
Demographic scope:	<p>A) Wider population and specifically those people who could have been treated more appropriately outside of A&E.</p> <p>B) N/A</p>
Timescales:	<p>A) N/A</p> <p>B) N/A</p>

Which LLR wide work stream does this impact:	<p>A) Primary Care and Urgent and Emergency Care B) Mental Health</p>
Evidence of engagement activities is provided by:	<p>A) Previously reported to group (Primary Care Survey and Urgent Care data review) B) Previously reported to group – Step up to Great Mental Health.</p>
Any (relevant) groups not engaged with:	<p>A) N/A B) Services for men and mental health didn't come across strongly in the findings. However, there is ongoing work – 'Suicide Prevention' – emphasis is on men.</p>
Key themes emerging from the presentations	<p><u>A) Hyperlocal work to reduce inequalities and improve primary care services and urgent and emergency care services</u></p> <ul style="list-style-type: none"> • Comments around combining 999/111/GP services as a single triage system. This could be simpler for patients to access the correct service but may cause resourcing issues for NHS • The presentation outlined about speaking to the GPS that have got the highest level of patients that went to ED when they could have been more appropriately treated elsewhere. The members would like more clarity in how the communication is being followed up with GP's - via phone, one to one, practice managers. What is the process in supporting the GP's? • An immediate response would be to update the pre-recorded messages when calling some of the GP surgeries. • Training for GP reception staff • Introduce a 'mystery shopper programme' for GP surgeries • Communication and Engagement campaigns to be shared with the public to gain public awareness. • Public to be aware and be confident in who to contact and the service provided for first point of contact. This needs to be clearly identified. • Clear identification and understanding between minor and major injury procedures • Online GP service is great. This needs to be offered a lot more. • Investing and igniting engagement with PPG's and VCS in working together • We need to be clear and understand what the public think and not what NHS/CCG want them to think • Appreciate the work in gathering the figures and report. Would like to see more work with delivering on the ground.

	<ul style="list-style-type: none"> • What does success look like? - What percentage is considered per year, the CCG hoping to achieve, when people are not going to the wrong place. <p>Summary</p> <ul style="list-style-type: none"> • Campaign to support and guide people • Individual perceptions are difficult to change • Focus on a triage service – one point of contact • Actions on what is been done now with PPGs and CCG’s • Pharmacy’s – due to lack of facilities how will pharmacies manage 1 to 1 consultation with the public • Digital Literacy – needs to be in the strategy. Should be system wide and not just local authority <p><u>B) Step up to Great Mental Health – post-consultation impact and actions</u></p> <ul style="list-style-type: none"> • Working on priorities – first quarter, up to end of June • Step Up To Great (SUTG) – relooking at the branding so it’s easier to understand <p>Progress Slide</p> <ul style="list-style-type: none"> • Neighbourhood grant scheme • Crisis Café - renaming and expansion • Focus on peer support workers • Recruitment plan to support the expanding services • Working with the VCS <p>Comments</p> <ul style="list-style-type: none"> • Offering online services for those who struggle to travel to a service • Felt that Crisis Cafes were replaced by the drop in services VCS used to provide – not a new service but going back to something that was already there. • Link in with some of the findings from Primary Care around GP services and consultations. • Need more support before someone is diagnosed with mental health
<p>How will these insights and key themes been used to inform the draft strategy?</p>	<p>A) Informed campaign approach B) Informed implementation of improvements</p>
<p>Are there any implications for consultation processes (if applicable)?</p>	<p>N/A</p>
<p>Areas of good practice:</p>	<p>The work in gathering the figures and report and plans to deliver.</p>

Areas for improvement and recommendations:	To see more work with delivering on the ground.
These engagement activities have predominantly involved: <ol style="list-style-type: none">1. Co-production2. Co-design3. Engagement4. Formal consultation5. Informing6. Educating	Information and educating.