

Public and Patient Involvement Assurance Group (PPIAG)

Report from meeting of: 24 August 2022

Attendance: Evan Rees (Chair), Rasheed Cader, Brigitte Heller, Mathew Hulbert, Vaughan McLeod, Andy Murtha, Brian Rowlands, Janet Thompson, Sue Venables, Shanaz Pottinger, Kirstie Swinfield

Apologies: Nishita Andrea Ganatra

Area/topic for engagement:

- A) National GP Patient Survey
- B) Terms of Reference
- C) PPIAG Assurance Tracker

Presented by:

- A) Shanaz Pottinger, Interim Insight and Research Officer, NHS Leicester, Leicestershire and Rutland
- B) Sue Venables, Head of Engagement and Insights, NHS Leicester, Leicestershire and Rutland
- C) Sue Venables, Head of Engagement and Insights, NHS Leicester, Leicestershire and Rutland

Purpose of engagement:

National GP patient survey undertaken by IPSOS Mori. Available to view analysis <https://www.gp-patient.co.uk/>

Discussed by the PPIAG:

- A) To provide an opportunity to discuss analysis of findings of the GP Patient Survey. The PPIAG's comments will be included when presenting the findings to other groups within the system, including the System Quality Group and the Primary Care Transformation Board.

Engagement not applicable to following topics. They were discussed:

- B) To request comments on and the acceptance of the PPIAG Terms of Reference, which were updated following feedback from the Quality and Safety Committee.

	C) To request feedback on the first version of the PPIAG Assurance Tracker.
Geographical scope (GP patient survey only):	Leicester, Leicestershire and Rutland
Timescales (GP patient survey only):	Field work undertaken January to April 2022
Which LLR wide work stream does this impact:	A) Primary Care B) N/A C) N/A
Evidence of engagement activities is provided by:	N/A
Any (relevant) groups not engaged with:	N/A
Key themes emerging from the presentations	<p>A) <u>National GP Patient Survey</u> Potential for some quick wins.</p> <p>Data was, to an extent, subjective, but showed patients' opinions, which were important to consider when building confidence in the system.</p> <p>Need to see actions implemented quickly within the worst performing practices.</p> <p>Performance data has historically been used reactively rather than proactively to drive forward service improvements.</p> <p>In relation to the impact of the pandemic on the data, the public do not know what is currently available to them, e.g. additional roles within primary care, such as social prescribers.</p> <p>Negativity toward the positive sentiment around LLR practices that performed well.</p> <p>Despite discussing contextualising factors, a heavy focus on LLR performance being below the national average, decreasing over time, and being among poor performers regionally.</p>

	<p>B) <u>Terms of Reference</u> The PPIAG accepted the Terms of Reference with two minor adjustments (detailed in recommendations section below).</p> <p>C) <u>PPIAG Assurance Tracker</u> The PPIAG approved the format of the assurance tracker.</p> <p>Concerns over the length of time it has taken for some of the items to come back to the PPIAG.</p> <p>Item dating back to February 2020, relating to Age UK dementia day care services, required an update.</p> <p>To be added as a regular agenda item.</p>
<p>How will these insights and key themes be used to inform the draft strategy (GP patient survey only)</p>	<p>N/A</p>
<p>Are there any implications for consultation processes (if applicable)?</p>	<p>N/A</p>
<p>Areas of good practice:</p>	<p>A) <u>National GP Patient Survey</u> Information presented was technical, detailed, and useful. It was helpfully broken down into small sections. Confirmed a range of other data sets that the PPIAG had seen in relation to primary care.</p> <p>B) <u>Terms of Reference</u> Clearly described what the PPIAG have been doing.</p> <p>C) <u>PPIAG Assurance Tracker</u> Good format.</p> <p>Illustrated the depth of work the PPIAG has covered.</p> <p>RAG rating was useful.</p>
<p>Areas for improvement and recommendations:</p>	<p>A) <u>National GP Patient Survey</u> Triangulate data.</p> <p>Collect information on alternative pathways, including patients visiting urgent care centres instead of their GP surgery or accessing private GP care.</p>

	<p>Update the public on the services available to them.</p> <p>Manage patient perceptions and expectations, particularly relating to the role of receptionists.</p> <p>Investigate what is working well in best performing practices.</p> <p>Use intermediaries to understand improvements and good practice and share solutions.</p> <p>Implement quick wins.</p> <p>Consider how local solutions fit in with the national picture.</p> <p>B) <u>Terms of Reference</u> Revise the date that Evan was appointed, which should read December 2021.</p> <p>On page 1, under the assurance definition, 'what people have told us' should read 'what people in Leicester, Leicestershire and Rutland have told us'.</p> <p>Consider changing the length of time members are appointed for to retain expertise.</p> <p>C) <u>PPIAG Assurance Tracker</u> Provide updates more frequently.</p>
<p>These engagement activities have predominantly involved:</p> <ol style="list-style-type: none"> 1. Co-production 2. Co-design 3. Engagement 4. Formal consultation 5. Informing 6. Educating 	<p>N/A</p>
<p>Other business</p>	<p><u>Report from the last meeting</u> The report from the 27 July 2022 meeting was approved by the PPIAG.</p> <p><u>Horizon scanning</u></p> <ul style="list-style-type: none"> • Step up to Great Mental Health • 111 • Elective Care • Cancer • Linking in with the broader ICS agenda and design groups.

Next meeting

Wednesday 28 September 2022.

Face-to-face meeting, venue to be confirmed.