

## Public and Patient Involvement Assurance Group (PPIAG)

**Report from meeting of: Wednesday 30 July 2025**

**Attendance:** Brigitte Heller, Mary Smith, Mathew Hulbert, Nishita Ganatra, Rasheed Cader, Vaughan McLeod

**Integrated Care Board (ICB) representation:** Jo Ryder, Amit Sammi, Sian Deacon

**Apologies:** None

**Quoracy:** The meeting was quorate.

**Declaration of interest:** None

### First item

Topic presented	ICB Updates
<b>Presented by</b>	Jo Ryder, Senior Engagement and Insights Lead
<b>Purpose of presenting</b>	<ul style="list-style-type: none"> <li>To provide an update about the current status of the ICB changes</li> </ul>
<b>Key information presented to the Group</b>	<p>Jo provided an update on the ICB's direction of travel, proposed changes and priorities. Jo emphasized the importance of engagement and user involvement in the transition process.</p> <ul style="list-style-type: none"> <li><b>New Operating Model:</b> Jo explained the new operating model, which includes strategic commissioning to improve population health, tackle health inequalities, and build new neighbourhood health services. It is likely there will be 12 neighbourhoods across Leicester, Leicestershire, and Rutland: four in the city, seven in the county, and one in Rutland.</li> <li><b>Clustering:</b> Jo discussed clustering with Northamptonshire to improve efficiencies and reduce duplication where appropriate. This clustering aims to support better integration and coordination between health and social care organisations. Some work will be moved to other providers or local authorities, but the specifics are not clear yet.</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>Financial Plan:</b> The financial and operational plan, which focuses on improving access to timely care, increasing productivity, and living within allocated budgets. The aim is that systems will have greater control and flexibility over local funding to meet population needs. ICBs will need to make numerous difficult decisions about how to prioritise resources in a particularly challenging financial year; some decisions will require consultation and engagement with systems and LLR public and patients.</li> </ul>
<b>Feedback, comments and questions about the presentation and analysis as identified from the Group</b>	N/A
<b>Second Item</b>	
<b>Topic presented</b>	<b>10-Year Plan Updates</b>
<b>Presented by</b>	Amit Sammi, Head of Strategy and Planning
<b>Purpose of presenting</b>	<ul style="list-style-type: none"> <li>• To discuss the new 10-year plan with the group, as the latest update from NHS England was released on 3 July 2025.</li> </ul>
<b>Key information presented to the Group</b>	<p>Amit introduced the 10-year plan, which follows on from Lord Darzi’s independent review of the NHS in September 2024, and from the Change NHS campaign, a nationwide engagement exercise which explored the insights of public, patients and staff about what improvements the NHS requires moving forward.</p> <p>The plan is structured around three main shifts, outlined below:</p> <ul style="list-style-type: none"> <li>• <b>Shift 1 - Hospital to Community:</b> This shift focuses on reallocating funding from hospitals to community care. The goal is to establish neighbourhood health centres that serve as one-stop shops for primary care, diagnostics, mental health, and voluntary sector services. The plan aims to have 300 centres nationally by the end of the 10-year plan, with 40-50 centres established during the current parliamentary term. This shift is intended to reduce A&amp;E admissions and improve patient outcomes</li> <li>• <b>Shift 2 - Analogue to Digital:</b> This shift emphasises the role of the NHS app, which is expected to be perceived as the NHS’ primary access point, enabling patients to</li> </ul>

book appointments, access test results, and receive medical advice. Increased reliance on AI and technology is expected to reduce workforce size, and there are plans to reduce overseas recruitment. A new online 'Health store' will be available for patients, which will list NHS approved health apps for patient's needs.

- **Shift 3 - Sickness to Prevention:** This shift aims to target major causes of premature mortality such as cancer, cardiovascular and respiratory diseases. It will also focus tobacco and alcohol control, and obesity management. Vaccinations and screening programs remain a priority, especially with ongoing challenges in uptake for childhood immunizations and flu vaccines. There is an emphasis to use genomics and DNA sequencing to improve prediction and prevention of illnesses, aiming for earlier interventions.
- **New operating model:** NHS England and the Department of Health and Social Care will merge by 2027, reducing duplication and focusing on strategic commissioning. ICBs will be reduced in headcount and focus strategic work over operational tasks. Commissioning Support Units will no longer exist, with their functions absorbed or discontinued. Healthwatch will be discontinued, replaced by a national director of patient experience within the Department of Health and Social Care. The model emphasizes local flexibility, with systems having greater control over funding to meet population needs.
- **Criticism from Independent groups:** In response, independent groups expressed concern about the lack of dedicated funding, unclear implementation details, and long timelines for the 10-year plan. They warned that the digital shift could emphasise the digital divide. There were also doubts about whether lessons from past reforms have been learned and whether moving care closer to home or digitalizing services will save money.

Amit noted the plan includes a new focus on linking patient feedback directly to the payments providers receive, stating the plan lacks details on how this payment mechanism will work in practice.

**Feedback, comments and questions about the presentation and analysis as identified from the Group**

- **Logistics of Implementing Shifts:** The group raised concerns about long GP appointment wait times leading patients to use A&E for issues that could have been managed by a GP. Amit acknowledged the shift is in the right direction but noted the lack of clear implementation plans due to limited primary care capacity and funding. He acknowledged that the plan does not yet address the resource challenges. The group commented that they had seen many plans before and hoped that this one comes to fruition.
- **Impact of Strikes on the 10-Year Plan:** The group queried how ongoing strikes by resident doctors and healthcare staff would affect the delivery of the 10-year plan. Amit responded that strikes, consultations, and ICB staff reductions would impact morale and workforce, which will likely affect the plan's deliverability.
- **Risks of AI-Enabled Healthcare Systems:** The group questioned whether risks of inaccuracy or wrong advice had been considered in the transition to AI-enabled healthcare systems. Amit acknowledged the risks and assured that multiple safeguards would be required, with patient safety always being considered. He noted that AI is already being trialled, and that there is a small local pilot using RapidHealth AI tool to help triage patients when accessing GP services. The group noted that not everyone trusts the capabilities of AI, and patient choice should be considered.
- **Housing Increases and GP Practices:** The group raised concerns about large planned increases in housing and whether the 10-year NHS plan would include expanding GP practices to meet the needs of a growing population. Amit responded that this is not specified in the plan and would be handled through policy mechanisms like Section 106 developer contributions.
- **Role of HealthWatch:** The group expressed concerns about removing HealthWatch, which acts as a critical friend and provides an independent platform to share the patient voice.
- **Investment in Adult Social Care:** The group believed that more investment is needed in adult social care and better communication between adult social care and healthcare services.

	<ul style="list-style-type: none"> <li>• <b>Hospital to Community Shift:</b> The group expressed concerns about the hospital to community shift, noting that some districts lack resources such as an A&amp;E closer to home. Amit responded that the shift includes urgent and emergency care as part of new neighbourhood health centres, though these will not be A&amp;E departments, and each neighbourhood health centre should be tailored to local needs. The specifics of services in each neighbourhood are still being developed.</li> <li>• <b>Impact on Urgent Care and Walk-In Centres:</b> The group wondered if the new neighbourhood health centres would impact urgent care and walk-in centres. Amit replied that urgent treatment centres would remain unchanged for now, with any future changes based on local planning, engagement, and patient/community feedback.</li> </ul> <p>The group requested that they are regularly updated on the direction of travel of the 10-year plan when new information and updates are available.</p>
<b>Was the Group assured of the approach to the engagement?</b>	N/A
<b>Third Item</b>	
<b>Topic presented</b>	<b>Same Day Access</b>
<b>Presented by</b>	Jo Ryder, Senior Engagement and Insights Lead
<b>Purpose of presenting</b>	<ul style="list-style-type: none"> <li>• To present an update to the group about changes to the same day access project, now focused on educating the public about accessing the right care in the right place across Leicester, Leicestershire, and Rutland.</li> </ul>
<b>Key information presented to the Group</b>	<ul style="list-style-type: none"> <li>• <b>Changes to Same Day Access:</b> Jo explained that the same day access project is now focused on educating the public about accessing the right service for their needs (GP, NHS 111, pharmacy) and reducing unnecessary A&amp;E visits in a campaign called “Right care, right place”. The approach includes targeted education, collaboration with the voluntary sector, and production of simplified materials to inform patients of their options for support. There will be a targeted focus on communities closest to A&amp;E to help reduce unnecessary attendances. Engagement is planned to start in September through a multi-channel approach of</li> </ul>

	<p>face-to-face engagement, online and radio promotion, and working with partners. A mid-way review will be hosted to explore areas and communities that require more engagement, and the report will be independently analysed.</p> <ul style="list-style-type: none"> <li>• <b>Locally Agreed Plans:</b> Jo noted that each area (city, county, Rutland) currently has its own locally agreed plan: the city is moving to a PCN and GP-led model, Rutland has a focus on their minor injury and illness centre, and the county has urgent care centres. Efforts are being made to align contracts and approaches in the future.</li> <li>• <b>Virtual Review of Materials:</b> Jo noted that materials are to be reviewed by the group, but due to the timeline changes, it may be that the group is asked to assure relevant materials virtually. The group will be promptly updated on this when necessary.</li> </ul>
<p><b>Feedback, comments and questions about the presentation and analysis as identified from the Group</b></p>	<ul style="list-style-type: none"> <li>• <b>Workforce Availability:</b> The group raised concerns about workforce availability for same day access appointments. Jo responded that it will be staffed and managed by the primary care network and it will be a GP-led service.</li> <li>• <b>Actions When GP Practice is Closed:</b> The group asked what actions to take when the GP practice is closed. Jo responded that if support is urgent, then patients should use NHS 111 unless it is an emergency. The group raised concerns about the potential of an increased volume of calls to the GP practice. Jo understood the concern and emphasised the need to gather people’s insights on this.</li> </ul>
<p><b>Was the Group assured of the approach?</b></p>	<p>N/A</p>
<p><b>Fourth Item</b></p>	
<p><b>Topic presented</b></p>	<p><b>Oral Nutritional Supplements</b></p>
<p><b>Presented by</b></p>	<p>Jo Ryder, Senior Engagement and Insights Lead</p>
<p><b>Purpose of presenting</b></p>	<p>To inform the group about upcoming changes in the provision of oral nutritional supplements in care homes.</p>
<p><b>Key information presented to the Group</b></p>	<ul style="list-style-type: none"> <li>• <b>Changes to provision:</b> The NHS is replacing packaged oral nutritional supplements in care homes with homemade shakes for better health, less waste, and improved patient experience. Recipes are tailored for various dietary and religious needs, and care homes are</li> </ul>

	involved are in testing. The change is currently for care homes, with plans to expand to hospital discharge patients. Special dietary needs and tube feeding will still be provided for those who require them.
<b>Feedback, comments and questions about the presentation and analysis as identified from the Group</b>	<ul style="list-style-type: none"> <li>The group supported the initiative, highlighting health benefits, better taste, and a more caring and social approach. The group were interested in seeing the recipes.</li> </ul>
<b>Was the Group assured of the approach?</b>	N/A
<b>Standing agenda items</b>	
<b>Report from the previous meeting</b>	The reports from the PPIAG meetings on 28 May 2025 and 30 July 2025 were approved.
<b>Feedback from the Quality and Safety Committee Meeting</b>	N/A
<b>Horizon scanning</b>	<ul style="list-style-type: none"> <li><b>Request for development session:</b> The group raised that they would like to cover and explore discrimination in the NHS, and referenced an example where a local patient felt discriminated against in their GP surgery. The group wanted to explore what the NHS LLR ICB have in place to safeguard against discrimination and how they raise awareness of it.</li> <li>Jo thought this would be beneficial, and stated the organisation does have programmes in place such as the Active Bystander programme, that helps to raise awareness of how to challenge discrimination, and work on a zero-tolerance policy. Jo suggested inviting Alice McGee to present in a future development session about current training, policies, and staff networks.</li> </ul>
<b>Other business</b>	The next meeting is scheduled for 27 August 2025 and will be online.