

Public and Patient Involvement Assurance Group (PPIAG)

Report from meeting of: Wednesday 1 October 2025

Attendance: Mary Smith, Mathew Hulbert, Rasheed Cader,

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

Apologies: Brigitte Heller, Nishita Ganatra, Vaughan McLeod

Quoracy: The meeting was not quorate. Further virtual assurance was requested after the meeting.

Declaration of interest: None

First item

Topic presented	End of Life and Palliative Care Strategy: Report of findings
Presented by	Alison Brooks-Hancock, Integration & Transformation Manager; Kirstie Swinfield, Insight and Market Research Officer
Purpose of presenting	<ul style="list-style-type: none"> The PPIAG were asked to assure that the approach taken for the communications, engagement and involvement methods, appropriately and sufficiently considered and involved the LLR public and patients. The PPIAG were asked to assure that the insights gathered from the engagement are sufficiently considered in any board decisions or future planning.
Key information presented to the Group	<ul style="list-style-type: none"> End of Life and Palliative Care Strategy Aims: Alison explained the strategy is a five-year plan for all-age end of life and palliative care, and all ICBs were required to have one. The strategy aims to ensure dignity, comfort, and choice at end of life, based on six national ambitions and ten local priorities developed with broad stakeholder input. Engagement Approach and Demographics: The engagement took place over a ten-week period involving distributing online and hard copy materials, easy-read questionnaires, and a short video to stakeholders, partners, GP surgeries, healthcare clinics, and presented at community events. The engagement yielded 720 responses, with significant input from organisations (19% of responses), voluntary sector groups, and a diverse demographic mix of respondents,

A proud partner in the:



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

	<p>including carers, people with disabilities, and various ethnic and religious backgrounds.</p> <ul style="list-style-type: none"> • Key Findings and Analysis: Eight key themes emerged from the engagement: holistic support and communication, resource availability, integrated care, dignity and compassion, personalised care, carer empowerment, equitable care, and staff support. High agreement was found with the strategy's ambitions and priorities, with minor variations by religion and ethnicity. • Next Steps for Implementation: Five key changes were made to the strategy based on feedback (e.g., changing numbered priorities to letters, clarifying ambiguous terms, adding notes on assisted dying, emphasizing choice/dignity/pain). The formal strategy sign off has been delayed due to organisational changes, however the board has reviewed the draft strategy, and have ensured there are six workstreams in place to deliver the strategy's ambitions and priorities through practical, focused actions. Each work stream has a dedicated lead and reports into the End of Life Task Force and Community Care Partnership for governance and decision-making.
<p>Feedback, comments and questions about the presentation and analysis as identified from the Group</p>	<ul style="list-style-type: none"> • The group expressed support for the strategy and the engagement approach taken, stating it was comprehensive and addressed sensitive areas like dignity and cultural differences in end of life care. • The group requested that they are informed when formal sign off for the strategy occurs. • The group stated that the workstreams would be useful to help address any challenges or complexities that may arise, especially due to the sensitive nature of the topic. The group were interested in receiving updates or presentations from the workstream leads in the future.
<p>Was the Group assured of the approach?</p>	<ul style="list-style-type: none"> • The group provided assurance that the approach taken for the communications, engagement and involvement methods, appropriately and sufficiently considered and involved LLR public and patients. • The group provided assurance that the insights gathered from the engagement are sufficiently considered in any board decisions or future planning. • As the meeting was not quorate, we asked members of the group who were unable to attend the meeting to provide their virtual assurance. Two members of the group provided their assurances virtually.
<p>Second Item</p>	

Topic presented	Improving Access to Same Day Health Services in Rutland: Report of Findings
Presented by	Jo Ryder, Senior Engagement and Insights Lead
Purpose of presenting	<ul style="list-style-type: none"> To assure that the consultation approach taken, and the communications, engagement and involvement methods appropriately and sufficiently considered and involved LLR public and patients.
Key information presented to the Group	<ul style="list-style-type: none"> Engagement Approach and Activities: A multi-channel engagement plan was implemented, which included promoting the online questionnaire and printed copies of the questionnaires in scheduled drop-in sessions and community events in and around the county of Rutland. The team also targeted outreach to specific groups (e.g., veterans, farmers, and young people). A dedicated engagement officer visited rural locations, voluntary and community groups and schools to boost participation. Throughout the engagement, the engagement team monitored the demographics of respondents and adjusted the outreach plan accordingly to close any gaps in demographics that arose, (e.g. targeting schools to reach more younger respondents). The engagement strategy was supported by involvement from local stakeholders and a task and finish group. Consultation Proposals: Proposals included combining two services at Rutland Memorial Hospital into one minor illness service, setting opening hours (1pm–9pm, 7 days/week), maintaining current X-ray service days, and booking appointments via GP or NHS 111 rather than using a walk-in service. Participation & Demographics: 1,334 responses were received, with most responses completed online. The demographic profile of respondents closely matched the Rutland population, including good representation from carers, people with disabilities, and some from the farming and armed services communities. Key Findings and Analysis: Most respondents agreed with the proposed changes for Rutland same day access, but many requested longer opening hours, especially in the mornings, and a walk-in option. Key themes included access, appointment logistics, and a desire for more X-ray service days. The Pharmacy First service was viewed positively by those who used it, but some concerns were raised about pharmacists' expertise.

	<ul style="list-style-type: none"> • Next Steps for Implementation: The findings will be used to refine the current service. Reviews and discussions on determining how to best address the feedback and request for longer opening hours and more X-ray provision are ongoing. The aim is to finalise and implement the new combined service by the end of March 2026, with further updates to be provided once decisions are made.
Feedback, comments and questions about the presentation and analysis as identified from the Group	<ul style="list-style-type: none"> • The group were supportive of the engagement and outreach that was conducted to promote the consultation, and noted that there was a good number of responses from seldom-heard groups such as young people. • The group commented that the feedback was quite balanced, with a significant number of participants agreeing and disagreeing.
Was the Group assured of the approach to the engagement?	<ul style="list-style-type: none"> • The group provided assurance that the approach taken for the consultation, and the communications, engagement and involvement methods, appropriately and sufficiently considered and involved LLR public and patients.
Third Item	
Topic presented	Same Day Access across LLR
Presented by	Jo Ryder, Senior Engagement and Insights Lead
Purpose of presenting	<ul style="list-style-type: none"> • To provide an update on the ongoing same day access engagement for LLR to the group.
Key information presented to the Group	<ul style="list-style-type: none"> • Target population: Jo noted the engagement will prioritise reaching populations near A&E, families with young children, marginalised groups, and those facing barriers to healthcare access. • Promotional Materials and Outreach: A range of materials, including business cards, reference guides, posters, and banners, have been distributed to GP practices, pharmacies, and community groups. Jo presented these materials to the group. GP practices are also encouraged to send texts about the engagement and survey to their patients. The engagement team have drop-by events planned at supermarkets and attendances at community events, specifically health and well-being ones and university fresher's events, to promote the engagement and the questionnaire. Jo presented to the group the informational content that the engagement team are promoting to public and patients of LLR, which includes

	highlighting the benefits of the NHS App, what to include in an at-home medicine box to encourage self-care, and how pharmacies can offer support.
Feedback, comments and questions about the presentation and analysis as identified from the Group	<ul style="list-style-type: none"> • N/A
Standing agenda items	
Report from the previous meeting	The reports from the PPIAG meetings on 11 June 2025 were approved.
Feedback from the Quality and Safety Committee Meeting	N/A
Horizon scanning	<ul style="list-style-type: none"> • Request for development session: The group thought it would be useful to receive an overview of the status of the local hospitals, and discuss any current projects regarding them, such as development of different departments within the hospital.
Other business	The next meeting is scheduled for 29 October 2025 and will be online.