

Public Involvement Workshop

Primary Care V1.1

Feb 2023



Recording

We are recording this session so that we can share the discussion with people who are unable to attend the meeting.

It will be available shortly on the Leeds Health and Care Partnership Website



Welcome and Introductions

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Director of Primary
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Response and chair
of the Primary Care
Board



Aim and objectives

Aim

To develop our approach to public involvement in the board

Objectives

- Introduce population health and the board
- Review and agree the findings of the insight report
- Review the aims of the board
- Begin planning involvement on the gaps in our knowledge
- Agree how we represent people at the board and provide public assurance

Outcomes of the workshop

By the end of the workshop participants should have had an opportunity to:

- Understand the role of the board
- Discuss the findings of the draft insight report
- Influence the draft insight report
- Discuss gaps in our knowledge
- Suggest other gaps
- Discuss our aims for primary care in Leeds
- Explore ways we can provide assurance that people's voices are heard at the board
- Influence our approach to public representation and assurance on the board

Agenda

- 1. Population Health** - What are population health boards and how do they link to the Primary Care Board
- 2. Experience of primary care** - What do we know about the experiences of people using primary care and their family? (our insight)
- 3. Aims of the board** - How do we want things to be different for using primary care and their families?
- 4. Public representation and assurance** – What does public representation look like on the board?
- 5. Next steps** - What happens next?

Ground rules

- Don't zoom and drive!
- Stick to the agenda
- Be honest
- Be open to new ideas
- Listen to others
- Respect confidentiality
- Don't judge
- Enjoy

Population health

Population health moves away from 'traditional' thinking about commissioning (planning and paying for) and providing services.

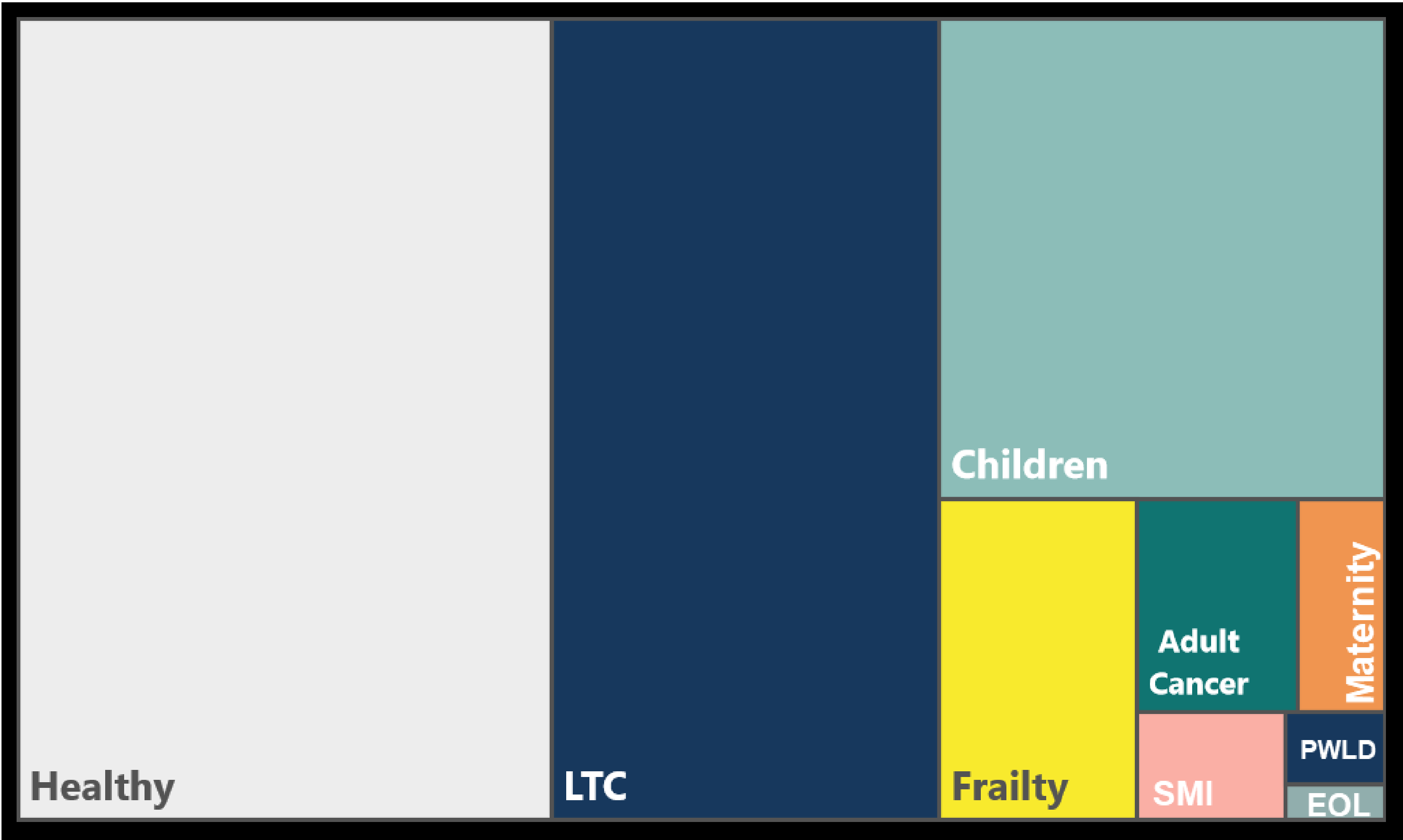
It thinks less about organisations and pathways and more about people, or 'populations'.

It focuses on:

- The needs of people – what is important to people
- Prevention – helping people stay well
- Outcomes – the difference care makes
- Reducing health inequalities
- Working as partners rather than as organisations (system working)
- The 'wider determinants of health' such as housing and transport

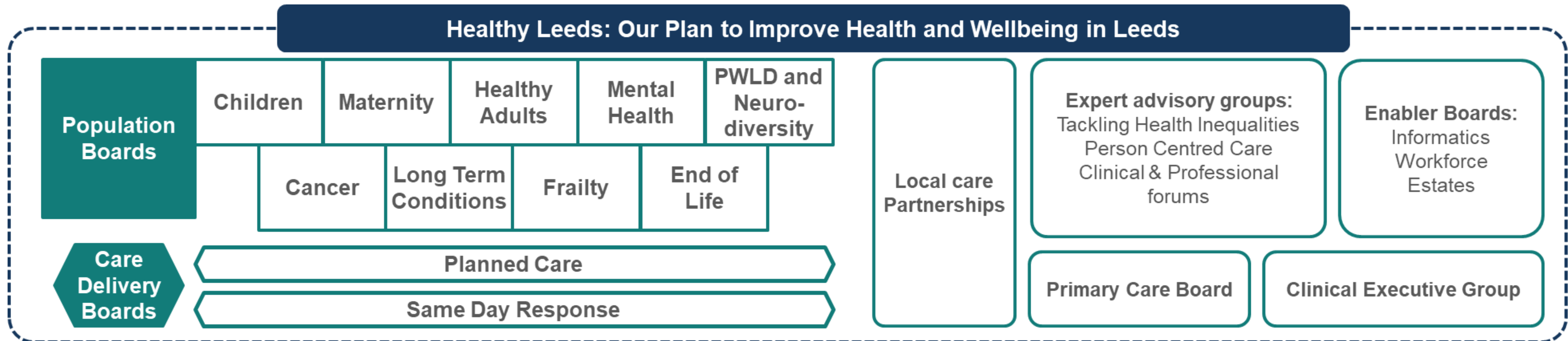
Population health (2)

How the Leeds population would look if we organised by need.



Population health (3)

How we will meet these needs in Leeds?



Population health (4)

Boards will be made up of senior representatives from across the health and care partnership.

The boards will be

- **Broad enough** (to represent all partners)
- **Senior enough** (to take critical decisions)
- **Small enough** (to make these decisions)



Population health (5)

The Primary Care Board

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

- Your local GP practice provides a wide range of health services, including medical advice, vaccinations, examinations and treatment, prescriptions for medicines, referrals to other health services and social services. In Leeds, there are 92 GP practices, which care for around 900,000 people. Every practice in Leeds is a member of a primary care network (PCN). This is a group of practices which works together and with community, mental health, social care, pharmacy, hospital and voluntary organisations in their local areas.
- Community pharmacists are highly trained healthcare professionals who play a key role in providing quality healthcare to patients. As well as ensuring the safe supply and use of medicines, pharmacists can advise on common problems such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking. They can also help you decide whether you need to see a doctor.
- Dentists work to prevent and treat dental and oral disease, correct dental irregularities (particularly in children) and treat dental and facial injuries.
- Opticians provide eye health services for patients.



Population health (6)

The Primary Care Board - functions

NHS England has formally delegated specific duties relating to Primary Medical Services i.e. those services that are delivered through the national GP contract.



Areas that the Board will be responsible for include:

- Permanent practice closures
- Procurements
- Practice Mergers
- Local incentive schemes
- Contract Assurance and associated actions
- List closure applications
- Practice Boundary Changes
- Contract variations

In some cases, the final decision will rest with the Leeds Committee of the Integrated Care Board particularly practice closures or mergers.

The Primary Care Board – programme areas

The Primary Care Board has oversight and assurance of a number of key programme areas which includes:

- Primary Care Access
- Provider Relationships (the contracts we hold)
- Primary Care Network Development
- Increasing and developing the Workforce
- Estates and Digital
- Improving Outcomes
- Improving Quality and Patient Experience



Population health (8)

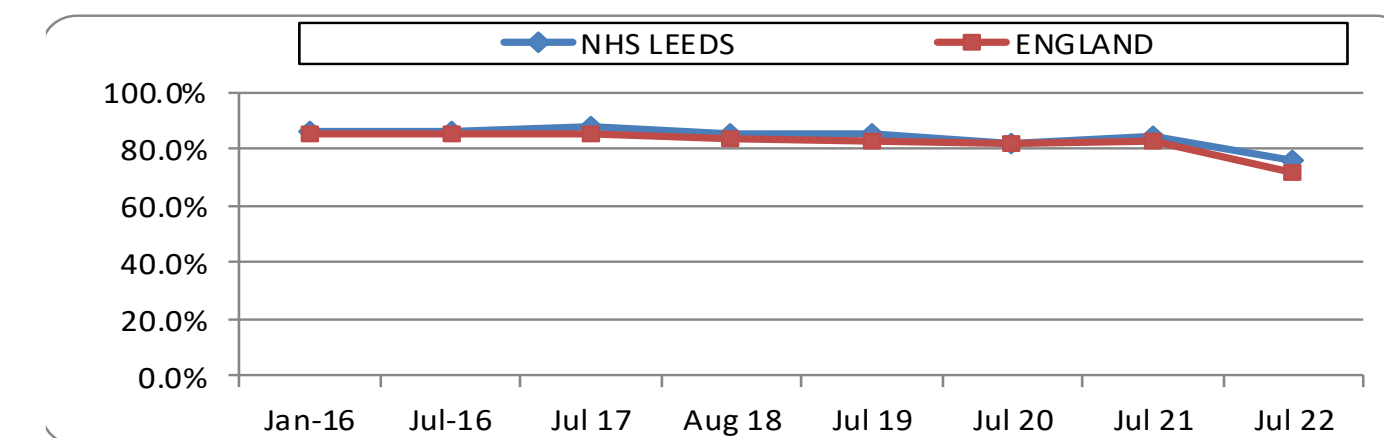
The Primary Care Board – involvement and experience

Engagement with patients regarding primary care can happen at a number of levels such as:

- Routine / ongoing engagement through practices
Patient Participation Groups
- due to a specific issues affecting an individual practice or Primary Care Network
- changes to a service affecting the whole City

We monitor patient experience through the annual patient survey and through other feedback mechanisms such as complaints, friends and family test, care opinion and nhs.uk

Overall experience of GP surgery (Good)							
Jan-16	Jul-16	Jul-17	Aug-18	Jul-19	Jul-20	Jul-21	Jul-22
87.5%	87.8%	86.5%					
87.4%	88.7%	89.6%					
81.9%	82.4%	84.7%					
85.6%	86.4%	87.3%	84.9%	84.8%	81.7%	84.7%	75.8%
84.9%	85.2%	84.8%	83.8%	82.9%	81.8%	83.0%	72.0%



After a very short wait on the phone at 8am I was given the option of either a face to face or telephone appointment. The admin staff were friendly and helpful. My telephone appointment went smoothly and I received appropriate treatment from the doctor who was professional and obviously cared

The telephone line is always engaged, no on line appointments available. I do not know what the answer to the problem is, but surely, if a system is not working you need to look for a solution to provide a better one. I don't like to complain as I appreciate that you do a wonderful job overall and been tested to your maximum over the past few years.

Population health (9)

It is essential that we involve people in this decision-making process. This workshop builds on our involvement so far and gives us an opportunity to plan future involvement together.

Experience of primary care

In Leeds we want to commission (plan and pay for) and provide care that is:

- Safe
- Sustainable
- Patient-centred
- Value for money

We cannot do this without understanding the needs, preferences and experiences of people in our population.

We are committed to 'starting with what we know' about people's experiences and engaging on the gaps in our knowledge.

Experience of primary care (2)

Each board in Leeds is working with partners to review what we already know (an insight review). Our findings will be written into an insight report which will be used by the board to understand the needs of the population and make decisions.

The insight report will:

- Look at what we already know about people's needs, preferences and experiences
- Identify the key themes (the things people often tell us about their care)
- Highlight the gaps in our knowledge (the areas or communities we know least about)

Experience of primary care (3)

Our insight review for primary care suggest the following themes:

- The majority of people value and are **satisfied** with their use of general practice but numbers of people who are satisfied has reduced in the last three years
- People raise concerns about **timely care**, saying that they often struggle to get through on the phone to make an appointment and that they wait too long for an appointment
- Non-English speakers and people who are deaf or hard of hearing report difficulties booking and using translation services at the GP practice (**health inequalities**)
- A lack of **information** in alternative formats such as easy read, plain English, BSL and in different languages make it difficult for some communities to understand and make decisions about their health. (**health inequalities**)
- Increasing use of digital technology is making it difficult for some communities to access health services. (**health inequalities**)
- People report finding health services in Leeds complicated and difficult to understand and navigate. People often don't know where is the best place to access care or when services are open. (**joint working/information/choice**)
- People have a mixed experience of **person-centred** care at GP practices. Some communities are less likely to receive person-centred care (**health inequalities**)
- People with mental health difficulties find it particularly difficult to access primary care (**health inequalities**)

Experience of primary care (4)

Our insight review for primary care suggest the following gaps:

- **People not registered with a GP practice.** This insight was gathered from a range of sources which may include communities not currently registered with a GP practice. However, it may be useful to target communities less likely to be registered to understand their needs and preferences
- **Peoples' understanding of how and when services work together.** There is an assumption that services work together, and this approach is valued by patients. However, people are often unclear about when, why and where this happens
- **Peoples' views on opening times.** Insight suggests that many people value their GP practice being open outside traditional working hours. However, it is unclear what specific times they would like to access primary care and to what extent services would be used on evenings, weekends and bank holidays

Groupwork

- Do you agree with the themes and gaps?
- Have we missed any themes or gaps in our insight?
- How do we prioritise and plan involvement work on the gaps?



Key areas of work for Primary Care



The Leeds Primary Care Board brings together partners from across the city so that we can improve care, design more joined-up and sustainable primary care services and make better use of public resources. We have worked with our partners and local people to identify key areas to work on. These areas are:

- Improving access to primary care services
- Implementing the GP contract including any contractual changes i.e. mergers
- Supporting the development of Primary Care Networks
- Supporting the development and growth of the workforce
- Supporting the development of Estates and Digital
- Improving Outcomes for the population
- Improving Quality and Patient Experience

Groupwork

- Do these key areas reflect what matters to you/your family/the people you represent?
- How would you like us to demonstrate improvements against these key areas?



Public representation and assurance

We have a legal and a moral duty to involve people in the decisions we make.

We want patients, carers and the public to be assured that we are putting people at the heart of our decision-making. We call this approach 'public assurance'.

Public representation and assurance (2)

For the public to feel assured we need to demonstrate we have:

Listened

We have listened and understood people's needs by using existing insight or carrying out involvement activities.

Acted

We have acting on feedback and used it to shape local services and plans.

Fed back

We have fed back to people and proactively told people how we have used their feedback.

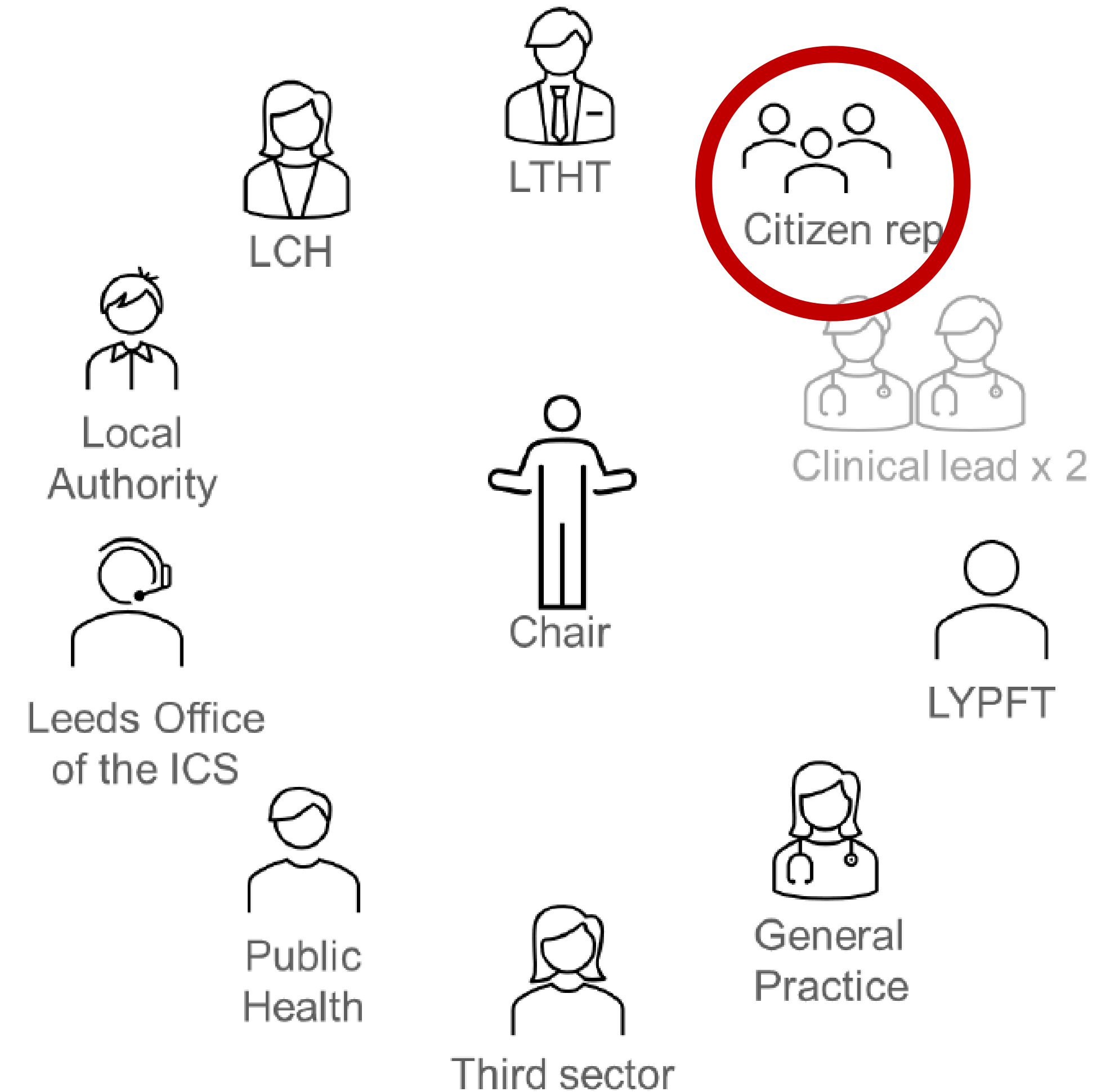
**Transparent &
accountable**

Public representation and assurance (3)

There are lots of ways we provide assurance that we have involved people in our work:

- Insight reviews
- Insight reports
- Workshops

We want to continue and build on our public assurance work. This will involve working with our partners and local people to create new ways to represent the views of patients, their families and staff on our boards.



Groupwork

- What do you think of the ways we are already involving people (insight reviews/workshops)?
- What does public representation look like for you?
- What would make you feel confident that we are listening, acting and feeding back?



Next steps

- Evaluation of the session
- Update insight report based on today's feedback
- Use feedback to develop an approach to representation
- Begin planning involvement on the gaps in our knowledge

Thank you

