

Primary care Public Workshop

Thursday 28 February 2023 – 17:00 – 19:00 on Microsoft Teams (online)

On Thursday 28 February 2023, the [Leeds Health and Care Partnership](https://www.healthandcareleeds.org) held a public workshop discuss primary care in Leeds. The aim of the workshop was to ‘develop our approach to public involvement in the population board’. The presentation and a recording of the session is available on our website here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/primary-care/>

The objectives of the session were to:

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

The outcomes of the session were

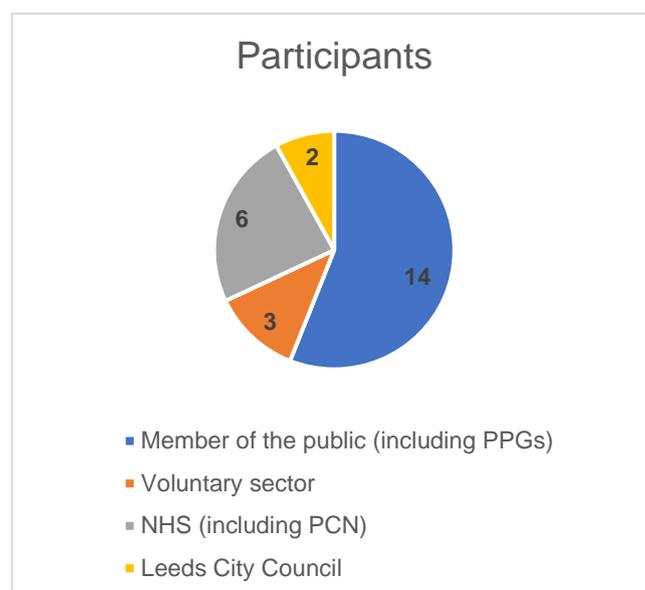
- Understand the role of the board
- Discuss the findings of the draft insight report
- Influence the draft insight report
- Discuss gaps in our knowledge
- Suggest other gaps
- Discuss the aims for primary care
- Explore ways we can provide assurance that people's voices are heard at the board
- Influence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

The agenda for the session was:

- Population Health - What are population health boards and what is their role?
- Experience of primary care - What do we know about the experiences of people at end-of-life care and their family? (Our insight)
- Aims of the board - How do we want things to be different for people using primary care and their families? (Our outcomes)
- Public representation and assurance – What does public representation look like on the board?
- Next steps - What happens next?

The session was attended by 25 public and voluntary sector staff and members of the public with an interest in primary care. Organisations represented included:

- The Integrated Care Board (ICB) in Leeds
- Patient Participation Groups (PPGs)
- Primary Care Networks
- Different Strokes
- Adult Social Care
- Healthwatch Leeds
- Forum Central
- Leeds City Council – Adults and Health
- Primary Care Networks



Workshop feedback

The chair of the board, Gaynor Connor, introduced the population health approach and the role of the Primary Care Board in Leeds.

Adam Stewart at the ICB in Leeds outlined our approach to starting with what we already know about the needs and preferences of people in Leeds. He shared the findings of the insight report and asked for feedback on the themes and gaps. There was very good engagement and discussion, including:

- Some people raised concerns that there were not enough staff to deliver primary care services and that staff did not receive enough support with their mental health. There may be a need to better understand the needs and experiences of staff working in primary care (workforce).
- Can be frustrating for PPGs when suggestions and ideas are not acted on by the practice.
- Some people raised concern about delays in treatment and diagnosis in primary care.
- Some people felt that primary care service was often not proactive in the care they provide and that actions relies on patients and carers chasing up concerns.
- People raised concerns that it was often very difficult to get through on the phone to make an appointment. People reported phoning every morning for several weeks and being unable to make an appointment.
- People report trying to make an appointment in person and being told that they need to use the telephone service.
- There was some sympathy for staff on reception and concerns about the way they are sometimes spoken to by patients.
- Some people felt that the layout and structure of websites, information and procedures differed between practices, and this made it difficult to navigate and use.
- General concerns were raised around communication from the practice. People told us that this was inconsistent and varied in quality and frequency and made it difficult for people to understand what was available and how it can be accessed. Information needs to be available in different formats.

- Some people report having to exaggerate their symptoms or access urgent care to get support for their health problems.
- Some people say that being in a queue on the phone is more reassuring than simply not getting through.
- Some people experienced problems with NHS service not communicating with each other. This included hospitals, GPs, and pharmacies. This was particularly difficult for people with multiple long-term conditions. The lack of communications between services often causes anxiety and practice problems for people.
- People reported wanting a range of appointments to be available to meet different needs and preferences. This includes face-to-face, telephone and video calls.
- Some people felt that GP practices really do feel like businesses now, with more focus on finance than patient care. Some people felt that practices owned by doctors rather than businesses provided better, more patient centred care.
- People report being happy to use alternatives to the GP such as pharmacies when this is appropriate.
- People said that it was frustrating to be told that there were not appointments available on the day and that it was not possible to book ahead. It is inconvenient for many people to keep calling every morning.
- There are lots of opportunities for PPGs to support the practice to get information out to registered patients. There are good examples of how PPGs are already doing this.
- There was acknowledgement that practices are under a lot of pressure and many people welcomed the wider workforce and community services taking on some of the responsibilities of GPs.
- Some people felt that primary care mental health services could be difficult to access.
- Reports that non-English speakers can usually access interpretation during consultations but find it difficult to access appointments because interpretation is not provided at point-of-access.
- Some people report not being able to answer the call when they receive a call back from a practitioner because they are at work, picking up the children from school. It can be frustrating to miss these calls. Evening appointments would help with this.
- Some people felt that many people still want to see the same GP and this impacted on extended access appointment which were often at another surgery with a different GP.
- Some people felt that technology did make it difficult for some people (especially older people) to access services.

The chair of the board, Gaynor Connor, outlined the key areas of work for primary care in Leeds. These areas outline how we want to improve care, design more joined up and sustainable primary care services and make better use of public resources. Gaynor asked for feedback on the outcomes.

- There was general agreement with the key areas of work for primary care and this was reflected in the discussion during the first session.
- People felt it was important to measure how involved people felt about being involved in their care.

Adam Stewart outlined the importance of public representation and assurance. He explained this this would be our approach to ensuring that all our partners and the public were confident that the board has put people at the heart of its decision-making. The group discussed our approach to representation and assurance.

The group discussion focussed on developing an involvement subgroup to support the board. Participants discussed having a group of public representatives who meet regularly and work with the board on areas of public involvement. People thought that the PPG could support this and that it would be good if each of the Primary Care Networks was represented. There were some concerns that one group might not be able to represent the views of diverse communities and practices across Leeds. People felt that to secure long-term engagement that it was important that the group could see what difference it was making to primary care decision-making and that people could be realistic about what was achievable. People also felt that the group needed clear boundaries and objectives and that the group knows what they can influence. There was general support for this approach but agreement that it needed developing.

- Listened** We have listened to people 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 telling people how we have used their feedback

Transparent & accountable

Next steps

The group discussed the next steps for developing an approach to public involvement in the board.

- We will share figures that outline the recent trends in primary care access so that people can see how things are changing.
- The feedback will be used to update the insight report
- An evaluation survey will be shared with participants
- Participants will be invited to join a PPG Network working group to
 - Develop an approach to representation and assurance
 - Explore the gaps in our insight and prioritise involvement

Stay in touch

Stay involved in our work to improve health and care services in Leeds by joining our citywide public network here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/join-our-network/>

For more information about this work please email chris.bridle@nhs.net