



Engagement and Equality Report of findings

Ophthalmology services provided in a hospital and community setting

November 2016 and November 2017

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1. Purpose of the report

NHS Calderdale and Greater Huddersfield CCG wanted to engage with patients and carers currently using the existing ophthalmology services at Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI) to gain insight into patients' and carers experience of the current hospital ophthalmology service.

The information gathered will inform the CCGs future decision making.

2. Background

Right Care, Right Time, Right Place is a programme of work that will transform hospital services. This programme runs alongside two 'Care Closer to Home' programmes, one in Calderdale and one in Greater Huddersfield. Throughout all these programmes of work we have continued to engage staff, patients, and carers, members of the public and key stakeholders to ensure any views on proposed developments and improvements have been gathered and listened to.

From the conversations we have already had, we know people want to have services based locally, be cared for closer to home and to receive more support and education to look after themselves better, for longer.

For more than a year we have been improving the quality and range of health care services we provide closer to homes. By doing this, we are confident that we can reduce the need for people to travel to hospital for routine care. For example, we have introduced new technology which is already reducing the number of routine and outpatient hospital visits for people with certain types of respiratory (breathing) diseases. We have changed the way care is provided in care homes to reduce the number of times older people have to be admitted to hospital as an emergency.

However, we have to set our aspirations in context. Finances within health are in a precarious state and there is no large pot of money to pay for everything we may want to do. There are also significant issues around the availability of staff in key clinical specialties.

The Hospital Trust (CHFT) are required to develop a Strategic plan to demonstrate financial sustainability to the regulator. At the time of writing, commissioners have an indicative timeline from CHFT which suggests that this work will be completed by the end of 2015. It's true to say CHFT did express a preference for a single site for A&E and for that site to be Huddersfield, but there are increasing quality and financial challenges that mean the full range of proposals for change have to be looked at again. No decisions have been made about the future of local hospital services and it's important to emphasise that point.

Throughout all of this process we have continued to talk to people, gather views and engage on specific service areas. This report combines all our engagement activity so we can truly understand what people have been telling us over the last two years.

As part of our engagement process we wanted to ask additional questions relating to the use of other hospital services as part of the pre-engagement work for 'Right Care, Right Time, Right Place'. We wanted to know what services are best delivered in a hospital setting and what services are better placed in the community. We needed to ask additional questions on engagement to help us understand:

- Emergency and urgent care
- Planned care
- Therapies
- Travel and transport, and
- New technology

From this we wanted to further understand any impacts for service change, including what will work, how far people are prepared to travel to receive different types of service and any planned or unplanned care they may need.

3. Key drivers and considerations

Health and Social Care Act 2012

The White Paper, 'Equity and excellence: Liberating the NHS', and the subsequent Health and Social Care Act 2012, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the National Health Service (NHS) will:

- Put patients at the heart of everything it does
- Focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals

for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.
- The EQIAs will fulfil part of our consideration of our legal duty.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these is the right to be involved directly or through representatives:

- in the planning of healthcare services
- the development and consideration of proposals for changes in the way those services are provided, and
- in the decisions to be made affecting the operation of those services

4. Previous engagement

At the time of designing the optometry based services it was important that we obtained patient satisfaction so as to inform continual service development. To this end, patient satisfaction questionnaires were designed; these were handed to all patients entering the service, the content of which are included in this report.

Optometry patient experience

Over a period three years patients were asked to complete a short questionnaire about their experience of the Optometry service. 416 patients completed the survey and were asked the following;

- How they were referred into the service?
- Were they happy with where they had their treatment?
- Their experience of the service received?
- How they rated the service they received?

Those who completed the questionnaire were also asked some equality monitoring questions.

Of those who completed the survey;

- 70.6% of people who completed the survey referred themselves to the optometry service.
- 98% of people said that they were you happy to be treated by their optometrist. With 0.7% who said they would you have liked to have gone to hospital for their treatment.
- Almost all of the people said that the optometrist explained what the problem was in a way that they could understand.
- Almost all of the people who answered the survey also said they felt they were able to ask any questions regarding their treatment and that it was answered in a way that they could understand.
- 85% said that the service they received was excellent. 12.7% said the service they received was very good and 2.2% said that the service they received was good.

All patients who completed the survey are happy with the service they received.

Glaucoma Screening

Patients were asked about their experience of Glaucoma screening. 127 people completed a short questionnaire and were asked the following;

- How long did it take to get an appointment for your test?
- How long after your appointment time did you have to wait to be seen?
- How did you travel to your appointment?
- Did you experience any problems attending your appointment?
- How well did the person you saw explain everything to you, including any treatment that you might need?
- If you had any questions did you get answers that you could understand?
- Overall did the service meet your needs?
- Is there anything else that could improved?
- Have you any other comments?

Of those who completed the survey;

- 60.8% of people said it took less than seven days to get an appointment.
- 68.3% said they had been seen on time or earlier.

- 96.8% said no or not at all to experiencing any problems whilst attending their appointment. Only 0.8% said yes definitely they had experienced a problem whilst attending their appointment.
- 89.7% said that the person they saw explained everything very well, whilst 1.6% said not very well.
- 93.4% of people who answered the question 'did they get answers that they understood' said yes definitely. 1.6% of people said no they did not get answers they understood to everything
- 94.3% of people said they were the overall service met their needs completely. With 0.8% who wasn't sure and 0.8% who said no the overall service did not meet their needs.

An overwhelming majority of the people who completed this questionnaire think the Glaucoma screening service is an excellent service.

5. Engagement and equality process

The engagement in 2016 was specifically targeted to patients and carers who could provide us with information that will help us to understand a range of views from a number of protected groups and localities' across Calderdale and Greater Huddersfield.

A detailed plan for delivering communications, engagement and equality was developed (see appendix 1). A structured questionnaire was also developed (see appendix 2) asking for views on the current ophthalmology service and wider hospital services.

In Autumn 2017 a further engagement with service users took place through community ophthalmology services.

6. Engagement methods and approaches

The questionnaire circulated in 2016 (see appendix 2) was used as a tool to gather views and was broken down into sections;

- Ophthalmology service
- Planned care (including travel and transport & technology and rehabilitation)
- Urgent care (including travel and transport)
- Emergency care

Ranking questions were also used to identify importance and preferences (1 being the most important or preferred to 10 being the least) and to breakdown those preferences to identify the most important aspect of care to people.

2000 surveys were distributed evenly to the both eye clinics at Calderdale Royal Hospital and Huddersfield Royal Infirmary.

Online and paper surveys were distributed to each service area and all surveys had a contact telephone number, and Freepost address for return of the paper survey.

In 2017 a questionnaire circulated (see appendix 3) through local ophthalmology service providers was targeted at service users just using community optometry services commissioned by the CCG.

The findings from both engagements are reported separately in section 7 and 8 of this report.

7. Findings from the engagement process 2016

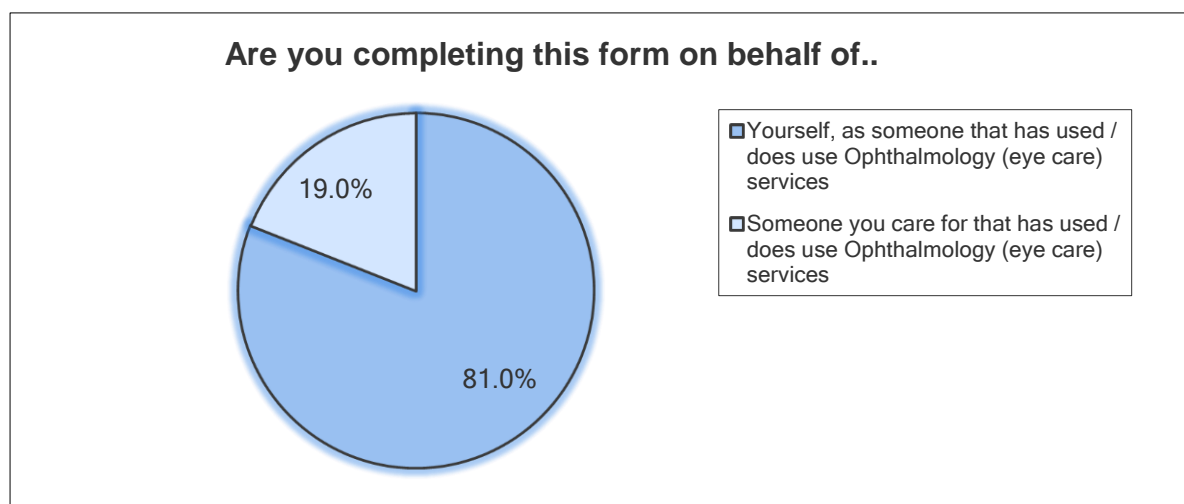
65 completed or partially completed surveys were received from a wide range of areas across Calderdale and Greater Huddersfield (see appendix 3) for breakdown of postcode areas).

Key findings from the survey results are below.

Section 1 - Ophthalmology

Are you completing this on behalf of..

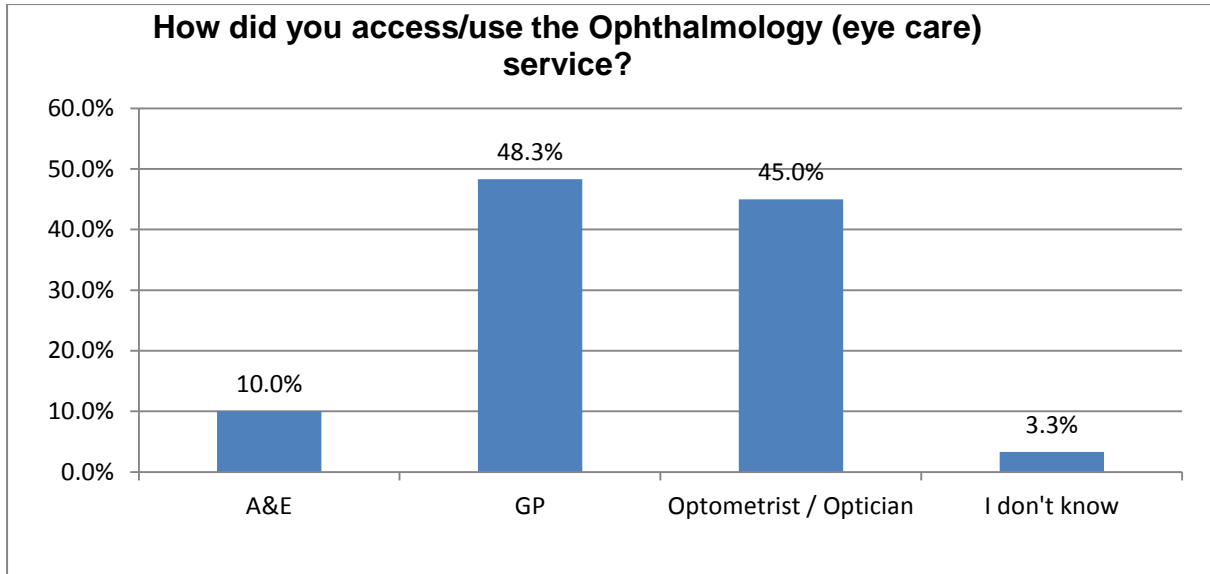
81% of people who answered this questionnaire completed it on behalf of themselves and 19% completed on behalf of someone they care for.



Answered question 58 Skipped question 7

How did you access/use the Ophthalmology (eye care) service?

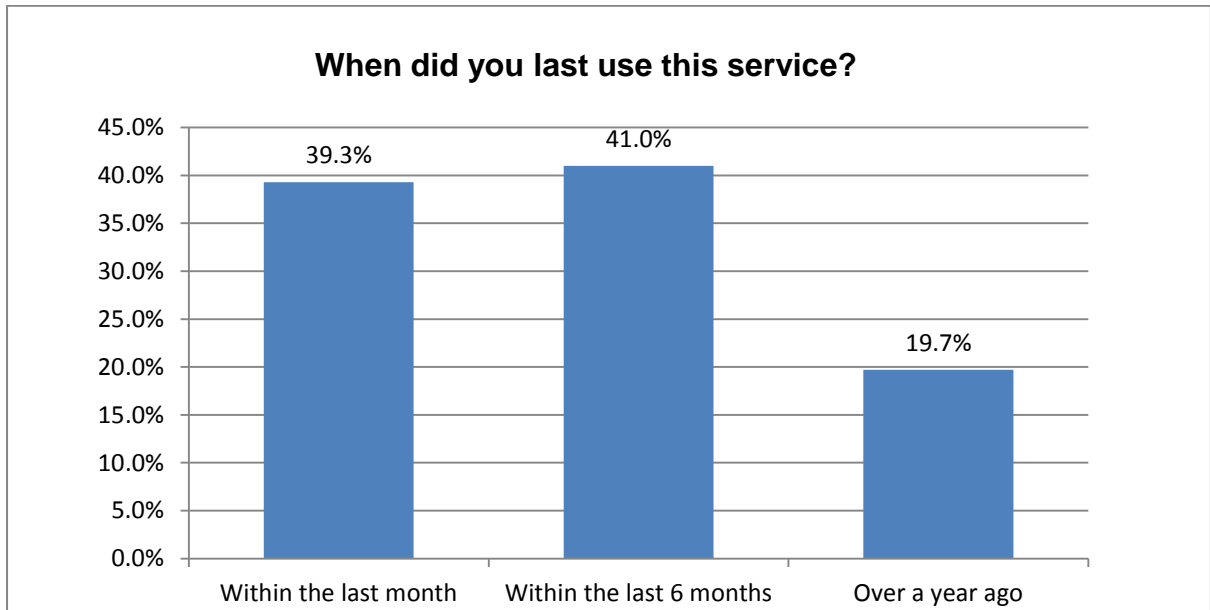
The majority of people were referred to the service by their GP (48.3%) or their Optometrist/Optician (45.0%).



Answered question 60 Skipped question 5

When did you last use this service?

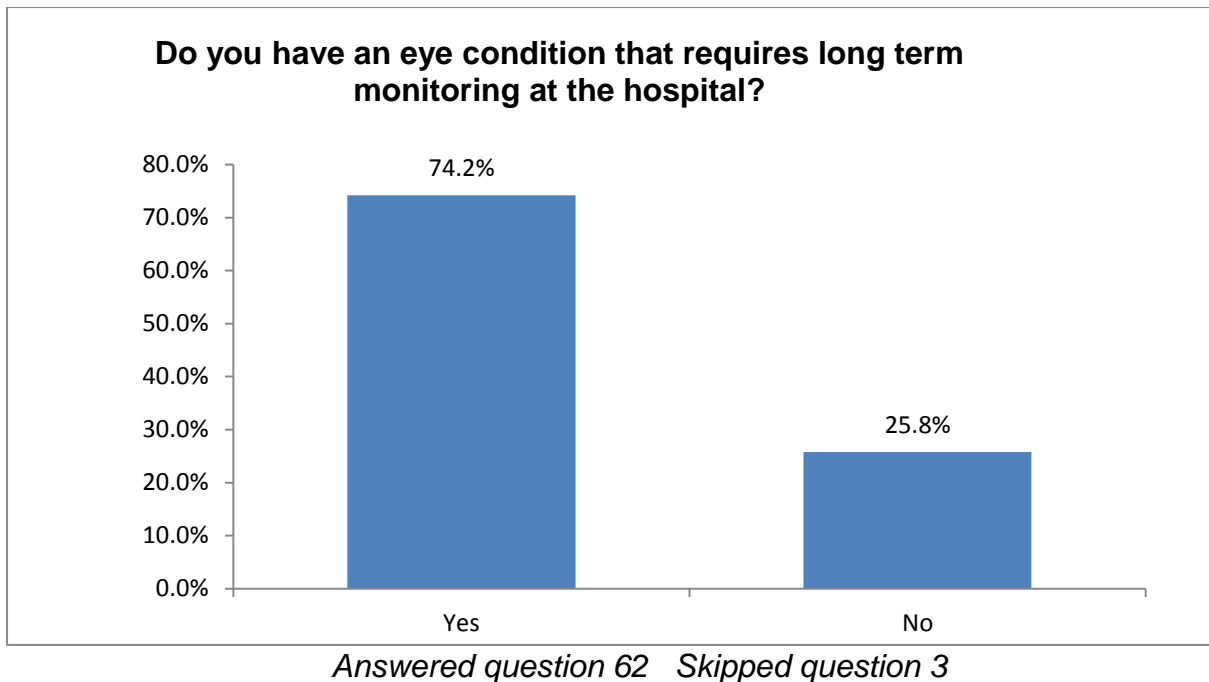
41% of people have used the service within the six months whilst 39.3% of people have used the service within the last month. 19.7% last attended the service over a year ago.



Answered question 61 Skipped question 4

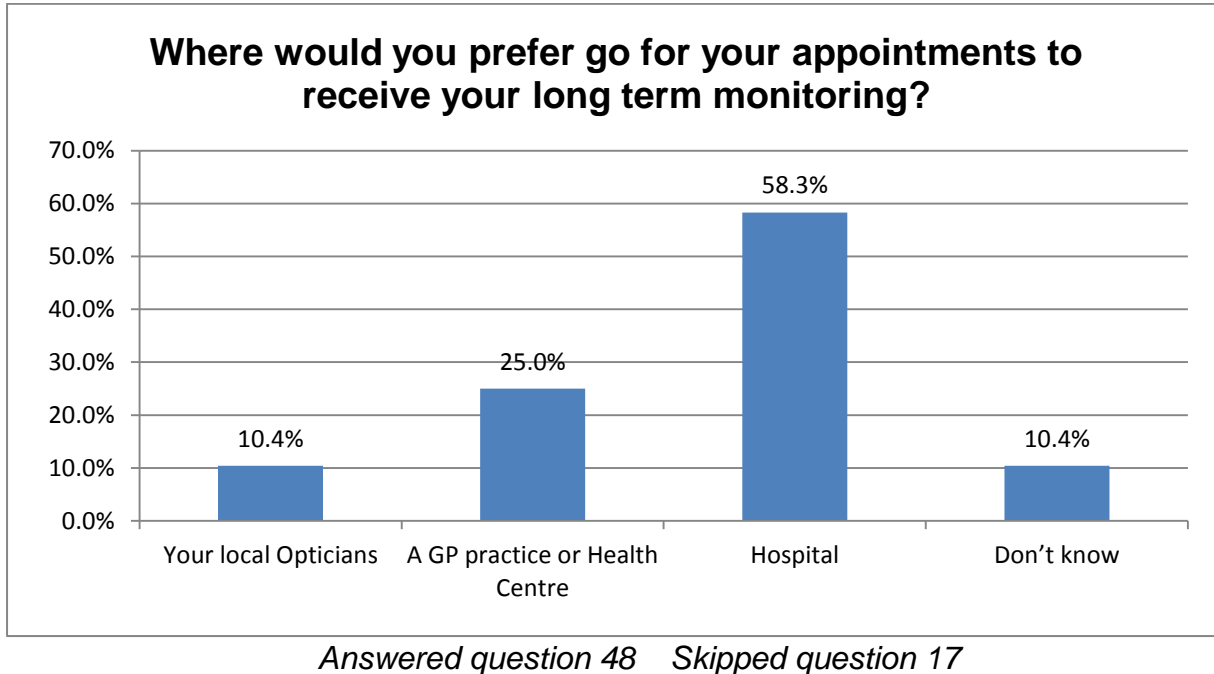
Do you have an eye condition that requires long term monitoring at the hospital?

74.2% of people who completed the survey told us they had an eye condition that requires long term monitoring at the hospital.



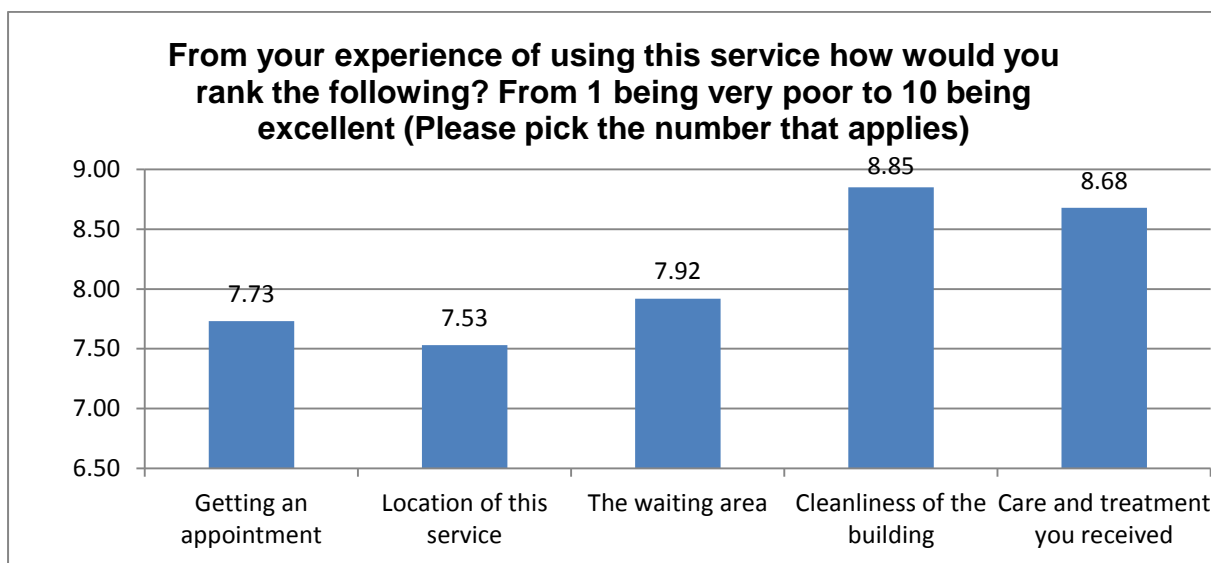
Where would you prefer to go for your appointments to receive your long term monitoring?

Out of the 74.2% of people who go to the hospital for long term monitoring 58.3% said they would prefer to go to the hospital to receive their long term monitoring.



From your experience of using the service how would you rate the following?

All services were rated above seven which suggests the current service provided meets the needs of patients. Both cleanliness of the building and care and treatment received were rated as excellent from what people said about their experience of the service



Answered question 62 Skipped question 3

Is there anything else you would like to tell us about your experience?

- Waiting times for an appointment too long
- The parking charge is too high. The parking ticket arrangement is unfriendly. I find it annoying; I have to make two trips to hospital. The hospital should print out a ticket to patients
- The cataract removal in my case failed to improve my vision and made it much worse
- Larger waiting room
- Poor checking in system nobody seems to know what they are doing
- Not getting any good result from treatment
- The system is too confusing. Annoying noise I don't think it is right your name is displayed all over. Consulting rooms are not clearly sign posted. There are too many small signs on doors makes you worry about where to go when you see your name on screen. Not enough large clear signs pointing to designated consulting rooms
- My assessment referred me to this new facility not the HRI eye department which I found overcrowded and inadequate as a building
- Everything efficient, although I did have to wait for ambulance

Section 2 - Planned Hospital Admissions

In the survey planned care was described as hospital services and treatment that are planned. For the majority of patients they would use the hospital in this way to have a planned procedure which could mean a short stay in hospital or day surgery.

We asked people what is most important to them when they may have a stay in hospital.

Overall the most important aspects for people when they may have a stay in hospital are

- To know I will get the treatment I need

- To be treated by staff who understand my condition
- To be treated by caring and helpful staff

Overall the least important aspects for people are

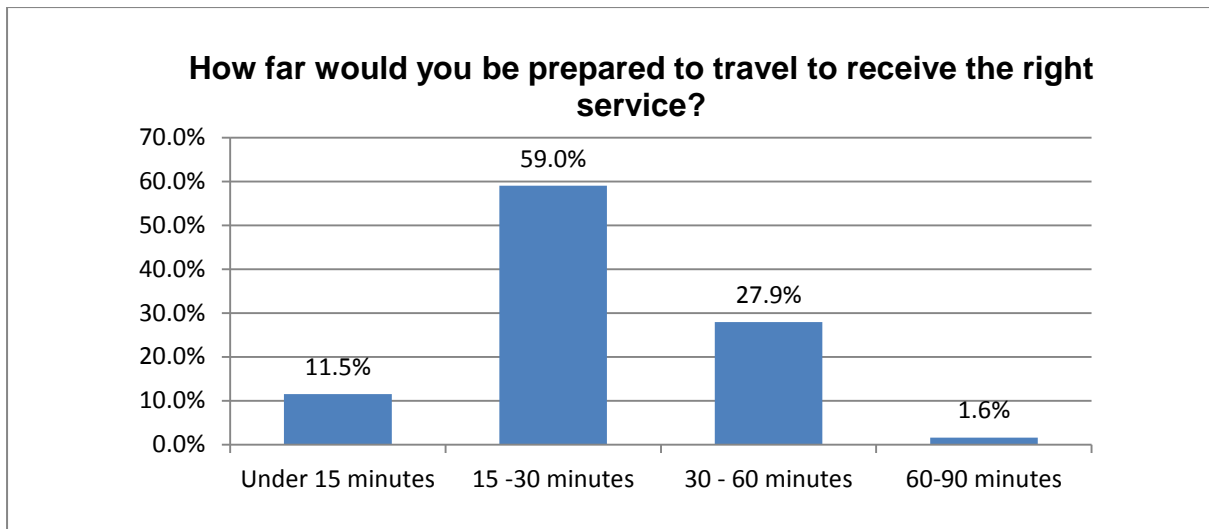
- To know it is easy for people to visit me
- To be seen closer to home
- To know that I can plan my life around my appointment

However, the responses for all the questions below are varied as the level of importance for each individual is subjective.

What aspect is most important to you for a stay in hospital? (Using 1 to 9 please rank in order of importance to you - 1 being the most important and 9 being the least important)											
Answer Options	1	2	3	4	5	6	7	8	9	Rating Average	Response Count
For my appointment to not be cancelled or changed at short notice	18	10	4	4	3	4	1	1	2	2.94	47
To know that it is easy for people to visit me.	14	2	1	2	3	3	7	6	5	4.74	43
To access a service straight away	21	5	4	2	3	6	1	2	2	3.11	46
To be treated by staff who understand my condition	28	6	3	2	0	2	1	2	5	2.80	49
To I know I will get the treatment I need	27	9	4	1	0	0	0	1	4	2.28	46
To know I can plan my life around my appointment - that it's at the time specified.	14	5	4	3	4	5	3	6	3	4.13	47
To be treated by caring and helpful staff	24	4	5	4	4	0	1	1	4	2.85	47
To be seen closer to home	14	4	1	2	6	2	7	5	4	4.44	45
Other (please state in box below)	2	0	0	0	0	0	0	0	0	1.00	2
Other (please specify)											3
<i>answered question</i>											54
<i>skipped question</i>											11

We asked people how far they would be prepared to travel to receive treatment in a planned care situation and how they would normally travel. The responses we received are as follows:

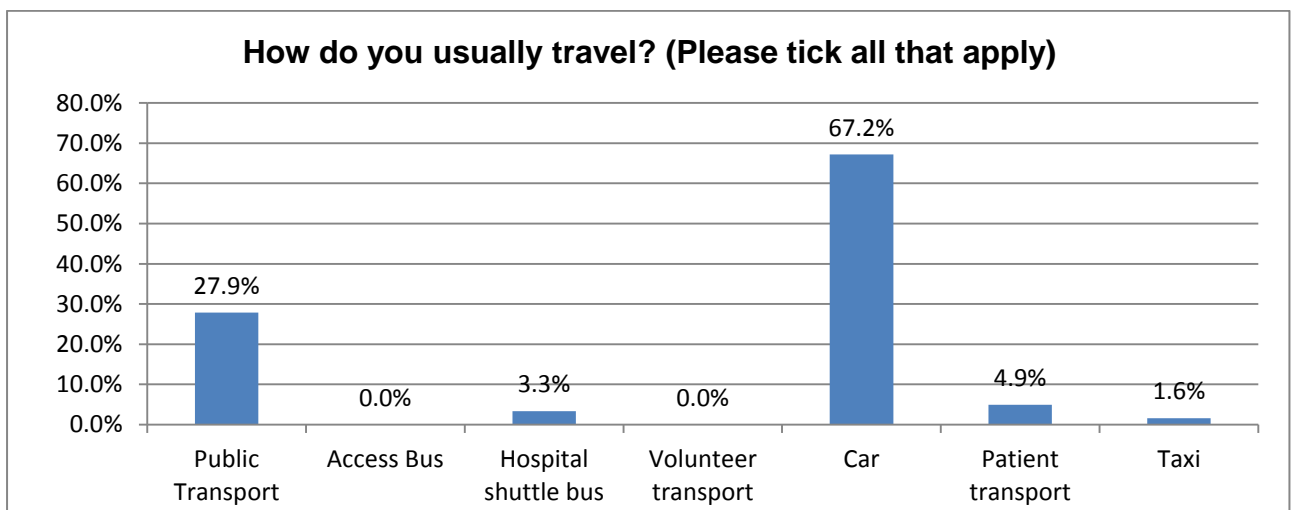
Out of the 61 people that answered this question 36 people (59%) said that they would be prepared to travel 15-30 minutes to receive the right service. 17 people (27.9%) said they would be prepared to travel 30-60 minutes, seven people (11.5%) said 15 minutes or less and only one person (1.6%) said they would be will to travel 60-90 minutes to receive the right service.



Answered question 61 Skipped question 4

The majority of people (67.2%) said they usually travel by car however of those 41 people who said they usually travel by car 25 said they would only be prepared to travel 15-30 minutes to receive the right service. Six people said 15 minutes or less and 9 people said 30-60 minutes. Only one person who usually travels by car said they would be willing to travel up to 60-90 minutes.

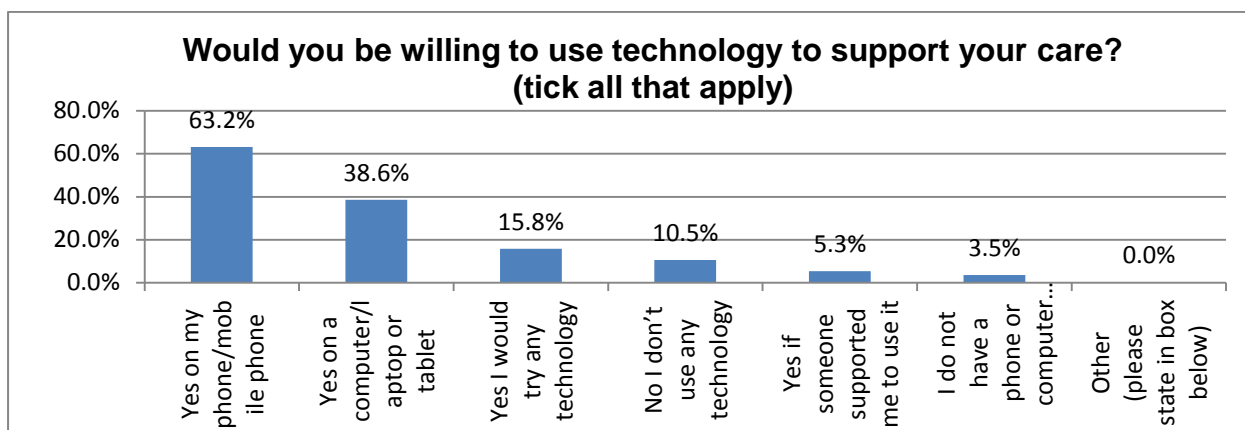
From the 17 people (27.9%) of people who said they usually travel by public transport eight people said they would be willing to travel 30-60 minutes, 8 people said 15-30 minutes and only one person travelling on public transport said they would only be willing to travel less than 15 minutes to receive the right care.



Answered question 61 Skipped question 4

We asked people to think about the advancements in the use of technology in the delivery of healthcare services for example Telehealth, Telemedicine and E-consultations and if they were willing to use technology to support their care. The responses are below.

The majority of people said they would be willing to use technology on their mobile phone, with some saying they would be willing to use their computer/laptop.



Answered question 57 Skipped question 8

We asked if there is anything stopping people from using technology to support and help manage their care? People told us;

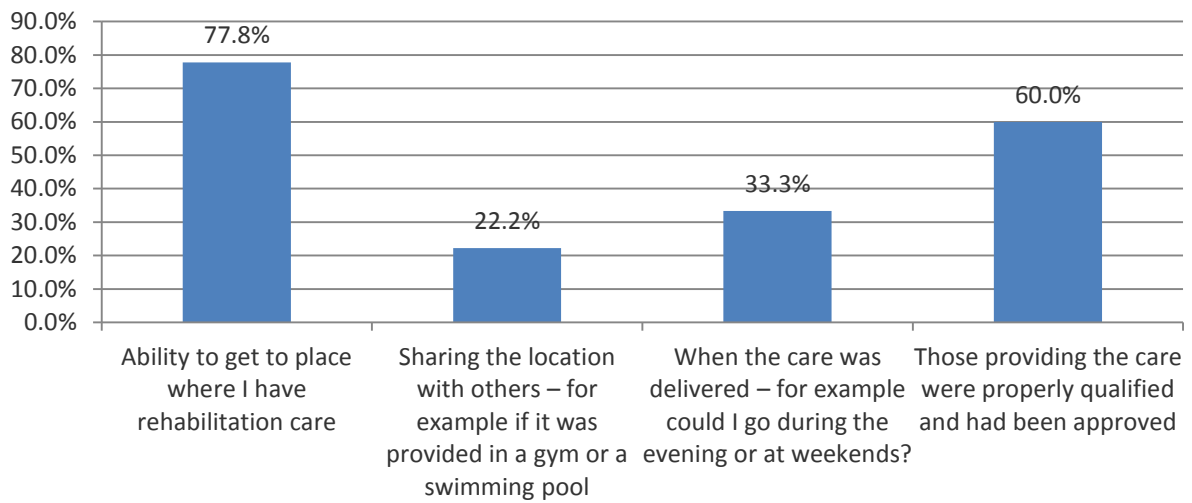
- Limited vision, macular degeneration
- Sometimes where I live reception is poor
- No mobile no computer
- Internet should be installed as a basic need in every home, paid for privately where possible, else by govt.
- Poor understanding of modern technology
- We made the technology but I am reluctant to learn to use it
- No money
- Do not own any technology

Following a period of illness or injury, patients may receive rehabilitation and therapy services in order to help them recover, for example learning how to walk, talk, move limbs again. Therapies can also be delivered as part of a child's development. Much of this currently happens within a hospital setting but we know that much it could be provided in other ways.

So we asked people if we were to change the way we deliver rehabilitation and therapy services what would we need to take into account and where should they be provided?

The majority of people (77.8%) felt that we need to take into account the ability for people to be able to get to the place where they need rehabilitation care. This was closely followed (60%) by those providing care were properly qualified and that they have been approved.

If we were to change the way we deliver rehabilitation and therapy services what would we need to take into account?

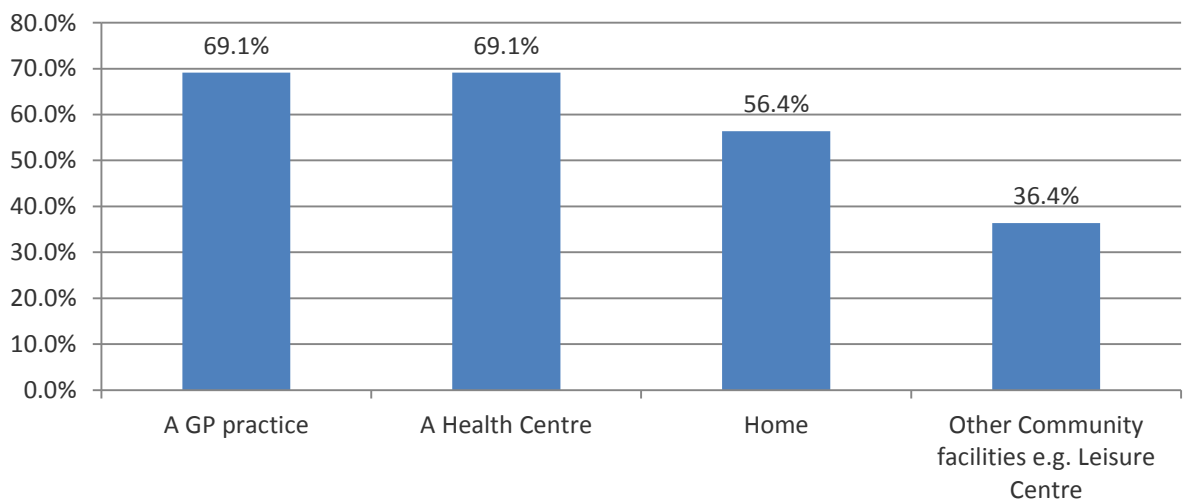


Answered question 45 Skipped question 20

There was a significant amount of people who answered this question that felt these services should be provided closer to home;

- GP Practice (69.1%)
- Health Centre (69.1%)
- At home (56.4%)

Where do you think these services should be provided; (Tick all that apply)



Answered question 55 Skipped question 10

Section 3 – Urgent Care, when you have a minor illness or injury

An urgent health care situation affects all of us at some point in our life. For some, we may experience more urgent situations than others. An urgent health care need is not life threatening and can be a minor illness or injury such as a suspected broken bone, a cut, suspected sprain, upset stomach or perhaps a child who has been tired for a few days and now has a persistently high temperature .

We asked people in a minor illness or injury situation who they would prefer to contact.

Out of the 60 people who answered this question 45 people said that they would prefer to contact their GP Practice when they needed urgent care, with a high percentage also preferring to use the chemist.

However, the responses for all the questions below are varied as the level of importance for each individual is subjective.

In a minor illness or injury situation who would you prefer to contact? (using 1 to 11) please rank in order of who you would contact - 1 being your first and 11 your last)													
Answer Options	1	2	3	4	5	6	7	8	9	10	11	Rating Average	Response Count
GP Practice	45	8	4	0	0	0	0	0	0	0	0	1.28	57
Chemist	8	13	2	6	2	1	1	1	0	1	0	3.00	35
Ring 111	3	5	5	3	3	2	2	1	2	2	3	5.16	31
A&E	4	5	6	2	4	2	6	3	0	3	2	5.14	37
Dial 999	1	0	1	1	2	4	2	3	4	1	4	7.39	23
Walk in centre	8	4	5	5	6	2	3	0	0	0	1	3.68	34
Family/friend	6	4	7	2	1	2	0	1	1	0	2	3.81	26
Police	0	1	0	0	0	0	3	3	3	5	7	9.14	22
I don't know	1	0	0	0	0	2	1	1	2	0	3	7.90	10
Dentist	5	2	2	2	4	0	4	1	2	2	1	5.12	25
Optician	4	1	1	2	3	4	2	1	1	2	1	5.36	22
Other (please specify)													0
<i>answered question</i>												60	
<i>skipped question</i>												5	

Some people told us more about their choices;

- General knowledge of first aid should be taught in school
- For a minor illness I would want somebody with some relevant A&E experience which is for emergencies. I don't know what 111 is
- Dependant on nature of illness or injury would determine who I would prefer to contact
- Self-treatment at home only if it needed expert attention would we go to our GP
- Practise nurse may be seen for minor illness rather than GP
- My preference depends on the injury or complaint
- Help is important when to be also taken
- Appalling access to help over weekend and evenings with poorly children

We also asked what the most important aspect of care to people is when they need urgent care for a minor injury or illness.

The most important aspects of care when needing urgent care were

- to be seen straight away
- to talk to someone straight away
- to know I will get the treatment I need

The least important aspect when needing emergency care for some people was

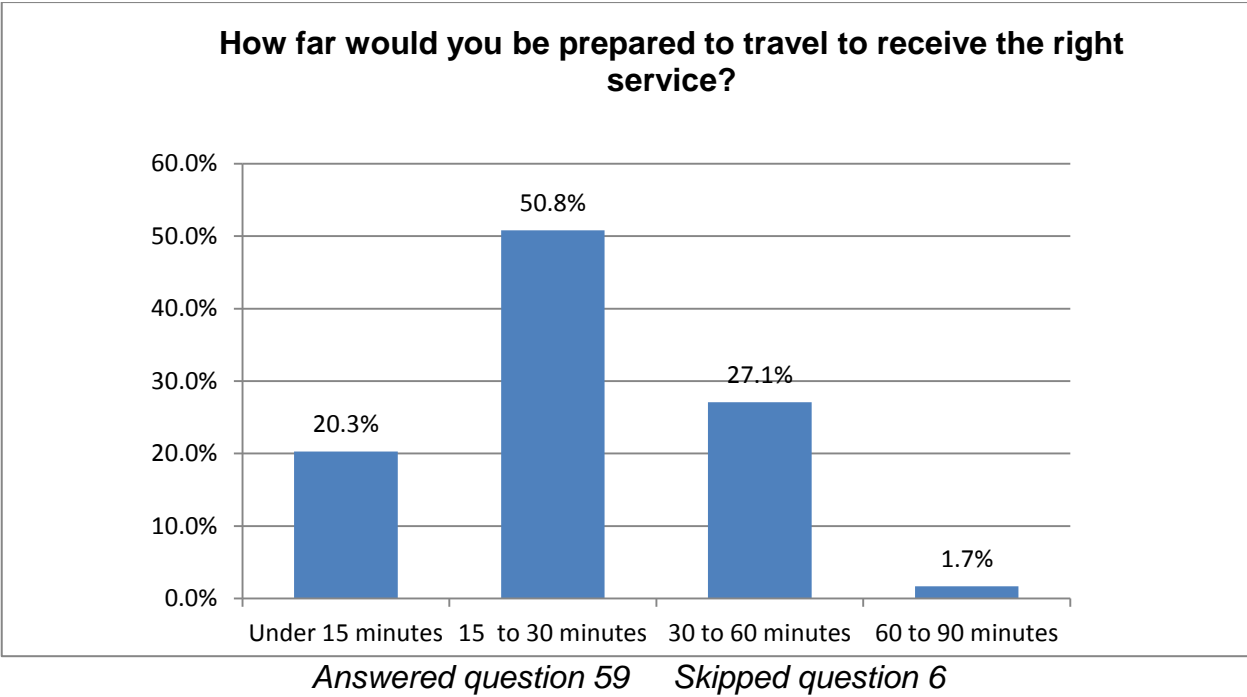
- to have an x-ray
- to be seen closer to home
- to know I don't need to wait too long to be seen

However, the responses for all the questions below are varied as the level of importance for each individual is subjective.

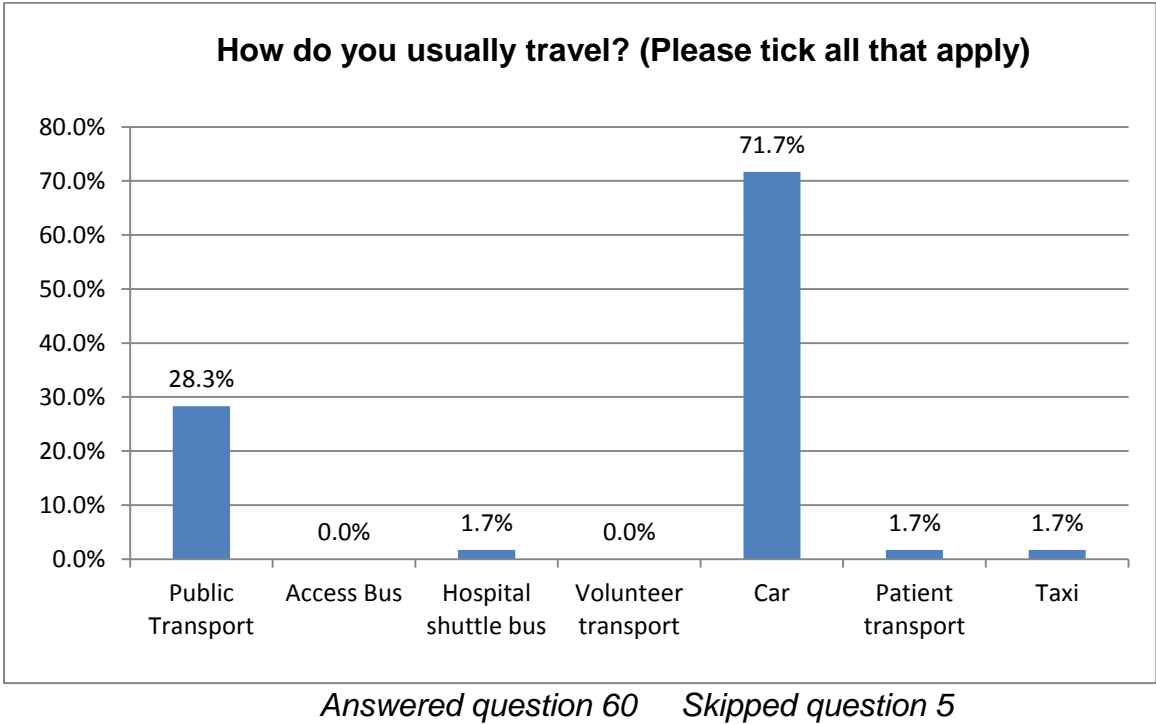
When you need urgent care for a minor injury or illness, what is the most important aspect of that care to you? (Using 1 to 10 please rank in order of importance to you - 1 being the most important and 10 being the least important).												
Answer Options	1	2	3	4	5	6	7	8	9	10	Rating Average	Response Count
To be seen straight away	22	9	6	1	1	0	4	0	0	0	2.21	43
To talk to someone straight away	22	7	3	2	1	4	1	0	0	0	2.23	40
To access a service straight away	14	7	8	3	7	1	1	0	1	0	2.88	42
To see/speak to the person I want to see	10	4	5	5	3	7	1	3	1	0	3.85	39
To know I will get the treatment I need	16	5	4	9	6	2	1	0	0	0	2.86	43
To know I don't need to wait too long to be seen	8	4	1	6	5	2	4	6	1	0	4.46	37
To be treated by caring and helpful staff	11	2	4	2	1	8	5	1	1	0	4.00	35
To be seen closer to home	4	1	3	1	1	1	6	8	3	1	5.97	29
To have an x-ray	6	0	0	0	1	0	2	7	10	1	6.70	27
Other (please specify)												7
											<i>answered question</i>	58
											<i>skipped question</i>	7

We also asked people when in an urgent care situation about travel and transport. The responses are below.

27.1% of people said they were prepared to travel 30 to 60 minutes and 20.3% were only prepared to travel less than 15 minutes. However, there were more people (50.8%) willing to travel between 15 to 30 minutes.



A significant amount of people (71.7%) said they would usually travel by car. The next most used form of transport was public transport (28.3%).



Section 4 – Emergency Care, when your condition is serious or life threatening

An emergency would be an occasion when someone might be taken to hospital by an emergency ambulance and would be life threatening or serious such as a heart attack or stroke or serious injury.

We asked people if they needed emergency care what would they most important aspect of care be to them.

The most important aspect of care when needing emergency care was

- knowing they can be seen straight away by a healthcare professional
- knowing that they will get the treatment they need
- Knowing that I don't need to wait too long to be seen
- Knowing I will see the right health care professional who understands my condition

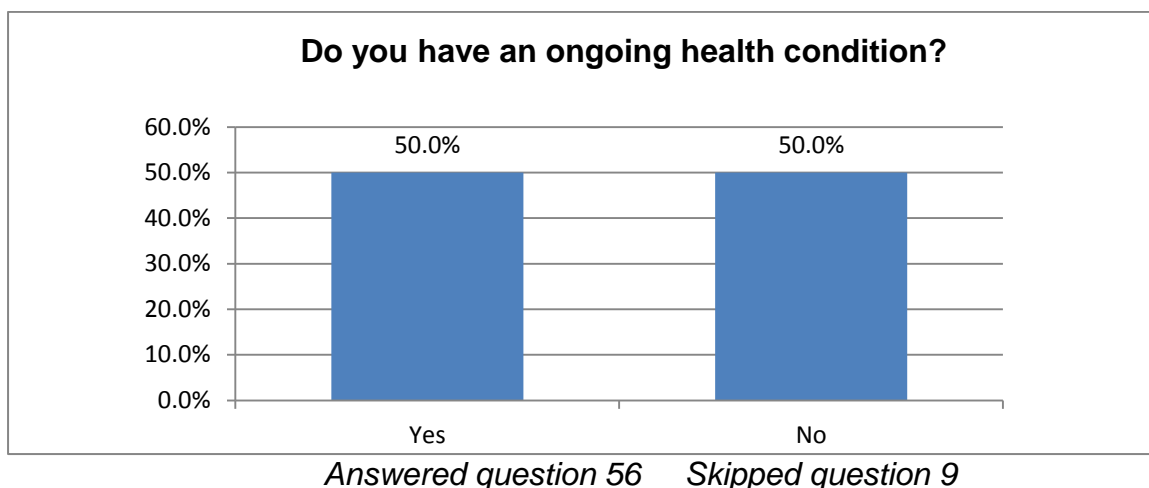
The least important aspect when needing emergency care for some people was

- being closer to home, even if they need to be transferred for further treatment
- feeling safe, and
- being further away from home but in the right place for treatment

However, the responses for all the questions below are varied as the level of importance for each individual is subjective.

If you were to need emergency care, what would be the most important aspect of that care to you? (using 1 to 9 please rank - 1 being the most important and 9 being the least important)											
Answer Options	1	2	3	4	5	6	7	8	9	Rating Average	Response Count
Knowing I can be seen straight away by a healthcare professional	37	3	3	2	3	0	0	0	0	1.56	48
Knowing that I don't need to wait too long to be seen	11	13	8	5	2	1	0	1	0	2.56	41
Knowing I will get the treatment I need	20	8	9	1	3	4	1	0	0	2.46	46
Knowing I will see the right health care professional who understands my condition	14	10	4	8	5	0	0	0	0	2.51	41
Being closer to home, even if I need to be transferred for further treatment	7	1	3	8	2	7	3	6	0	4.62	37
Being further away from home but in the right place for treatment	7	2	0	0	7	3	10	5	1	5.23	35
Feeling safe	12	3	4	0	3	3	6	6	0	4.14	37
Being treated by a specialist who regularly deals with life threatening conditions	9	4	3	6	6	6	1	3	0	3.87	38
Other (please specify)											2
										<i>answered question</i>	55
										<i>skipped question</i>	10

Half (50%) of the 56 people that answered the question below said they had an ongoing health condition.



Out of those 28 people who said that they had an ongoing health condition 21 people said that they would be happy to tell us their condition(s); please see below

- Macular Degeneration
- Eye, Heart, Arthritis
- Thyroid problems,
- Eyes, Heart, Legs
- Blood pressure, Prostate
- Back injury, Arthritis,
- Critical Fibrillation pressure,
- Pacemaker irregular heartbeat, diabetes, cataract in one eye
- Glaucoma and the after effects of glaucoma surgery
- Type 2 diabetes
- Throat and neck cancer eye problems
- Difficulties
- Asthma,
- Vison eye
- Eye issues and mild periphraisis
- Diabetes

8. Findings from the engagement process 2017

A survey was circulated to all ophthalmology services in Calderdale and Greater Huddersfield who are providing services on behalf of both Calderdale and Greater Huddersfield CCGs. These services are provided by optometrists based in the community.

The CCG received 44 responses to the survey from patients living in Huddersfield only. In addition the majority of patients responding to the survey had used the ophthalmology service for 'Pears' 86% (38 responses), with 'Glaucoma' and 'Cataract' providing 7% of responses each (3 people per service).

There were no responses for OHT or any other conditions referenced. The tables below set out these results:

1. To be completed by the optometrist: Reason for visit						Response Percent	Response Total	
1	Cataract					6.82%	3	
2	Pears					86.36%	38	
3	Glaucoma					6.82%	3	
4	OHT					0.00%	0	
5	Other (please specify):					0.00%	0	
Analysis	Mean:	2	Std. Deviation:	0.37	Satisfaction Rate:	25	answered	44
	Variance:	0.14	Std. Error:	0.06			skipped	0

All the respondents came from Greater Huddersfield only, including 3 responses for patients living in North Kirklees. See table below:

Postcode	HD1	HD2	HD3	HD4	HD5	HD7	HD8	HD9	WF14
Total	3	9	6	3	6	4	5	3	3

Patients were asked to tell us why they use the service today. Only 37 respondents answered this question and people told us the following. These are ranked in order of most to least reported:




- Puffy sore eyes, redness, itchy, watering (9)
- General eye problem/ referral by GP/optician - not specific (8)
- Blurred vision, vision problems (5)
- Post Cataract/cataract appointment (3)
- Pressure (3)
- Dry eyes (2)
- Floaters (2)
- Squinting (1), Aching eye (1), Heamorrhage (1), Trauma to eye (1) Left meibomium gland (1)

4. Are you completing this on behalf of						Response Percent	Response Total
1	Yourself, as someone that has used / does use Ophthalmology (eye care) services					90.24%	37
2	Someone you care for that has used / does use Ophthalmology (eye care) services					0.00%	0
3	Other (please specify):					9.76%	4
						answered	41
						skipped	3



The other surveys were completed:

- Via a phone survey (2)
- By the pears Service (1)
- On behalf a child (1)





In addition most people completing the survey had recent experience of using the service. 66% of those responding had used the service in the last year.

5. When did you last use this service?					
				Response Percent	Response Total
1	Within the last month			36.36%	12
2	Within the last 6 months			39.39%	13
3	Over a year ago			24.24%	8
				answered	33
				skipped	11

From those responding 40% of patients had a condition that required long term monitoring at the hospital and 59.5% did not.

6. Do you have an eye condition that requires long term monitoring at the hospital?								
						Response Percent	Response Total	
1	Yes					40.48%	17	
2	No					59.52%	25	
Analysis	Mean:	1.6	Std. Deviation:	0.49	Satisfaction Rate:	59.52	answered	42
	Variance:	0.24	Std. Error:	0.08			skipped	2

From those patients responding 71% were happy to receive the monitoring with a local optician with 21.4% stating they would prefer to still be seen at hospital.

7. Where would you prefer go for your appointments to receive your long term monitoring?					
				Response Percent	Response Total
1	Your local Opticians			71.43%	30
2	A GP practice or Health Centre			2.38%	1
3	Hospital			21.43%	9
4	Other (please specify):			4.76%	2
				answered	42

7. Where would you prefer go for your appointments to receive your long term monitoring?

	Response Percent	Response Total
	skipped	2

The GP practice was a preference for two respondents with two people stating other. The other were stated as:

- Opticians who are more qualified
- Depends on situation as to who I would want to see

We asked respondents to tell us how they would rank the services provided by the opticians. The ranking was from a score of 1-10 with 1 being poor and 10 being excellent. These scores have been ranked as red (scores 1-3) amber (scores 4-7) and green (scores 8-10).

The following scores were reported:

8. From your experience of using this service how would you rate the following? From 1 being very poor to 10 meaning excellent (Please circle the number that applies)											
	1	2	3	4	5	6	7	8	9	10	Response Total
Score											
Getting an appointment	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	9.5% (4)	7.1% (3)	83.3% (35)	42
Location of the service	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	9.5% (4)	4.8% (2)	85.7% (36)	42
The waiting area	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	2.4% (1)	7.1% (3)	11.9% (5)	4.8% (2)	73.8% (31)	42
The cleanliness of the building	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	9.5% (4)	14.3% (6)	76.2% (32)	42
The care and treatment you received	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	2.4% (1)	2.4% (1)	2.4% (1)	7.1% (3)	85.7% (36)	42
										answered	42
										skipped	2

You can see from the table that the majority of scores were green with only two amber scores highlighted for;


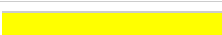

- The waiting area (4 patients) 9.5%
- The care and treatment you received (2 patients) 5%

These scores show a high satisfaction in all aspects of the service for the majority of patients.

Q9. We then ask patients if there is anything else they would like to tell us? 14 People told us:


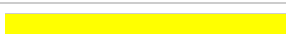
- Very professional visit
- Great
- The Ophthalmologist was great and offered a solution
- Very happy with service, unhappy about the long the wait at hospital
- Very helpful and satisfied with the service. Quickly referred and sorted out.
- Very good customer service, Richard was very helpful and very clearly explained issues to customer
- Very satisfied
- Very Helpful
- All staff were very professional also waiting time is good well informed all the time
- Very satisfied with the attention I have received
- Friendly and helpful staff
- Very happy with service received in store. Disappointed in the waiting time to see consultant

Thinking about how far people may be able to travel to an appointment and how they would travel, the following people told us:



10. Thinking about how and the distance you would travel to receive a service; please could you answer the following questions: How far would you be prepared to travel to receive the service that you require?							Response Percent	Response Total
1	Under 15 minutes						23.81%	10
2	15-30 minutes						47.62%	20
3	30-60 minutes						28.57%	12
4	60-90 minutes						0.00%	0
Analysis	Mean:	2.05	Std. Deviation:	0.72	Satisfaction Rate:	34.92	answered	42
	Variance:	0.52	Std. Error:	0.11			skipped	2

Whilst 24% stated they wanted to travel under 30 minutes, a good majority of people 48% would travel up to 30 minutes to be treated, with a good number (29%) stating they would travel up to 60 minutes if necessary.

A greater number of respondents travel by car 56% which may account for a willingness to travel a greater distance. See the table below:

11. How do you usually travel?							Response Percent	Response Total
1	Public transport						34.15%	14
2	Car						56.10%	23

11. How do you usually travel?

			Response Percent	Response Total
3	Hospital shuttle bus		0.00%	0
4	Volunteer transport		0.00%	0
5	Access bus		4.88%	2
6	Patient transport		0.00%	0
7	Taxi		4.88%	2
			answered	41
			skipped	3

Q12. We asked, is there anything else you would like to tell us about this service? 3 people responded with positive comments

- All was a great service
- Very satisfied
- Helpful staff quick service

9. Overall findings and common themes

The findings from the engagement in 2016 highlighted a number of key themes. Whilst there is no data to determine why patients prefer to continue attending the hospital; it would suggest that patients may not be aware they may be able to go elsewhere or it could simply just be that they are used to attending the hospital for their appointments and prefer to continue to do so.

The key themes are;

- 80% of patients who completed the survey all have a recent experience of the **Ophthalmology service** and had used it within the last month.
- Overall patients are happy with the current service and rated the experience of using the service as above average to excellent.
- A significant amount of people said they had an **ongoing eye condition** which **requires long term monitoring** by the hospital. Over half of the people completing the survey said they would prefer to go to hospital for their appointment to receive their long term monitoring care rather than their GP or local optician.
- Responses from people who completed the questions on **planned care** told us that the following were the most important to them;
 - being treated by staff who understand their condition
 - being treated by caring and helpful staff, and
 - knowing that they will get the treatment that the need

- Preferred locations to receive **therapy services** and **rehabilitation support** are;
 - GP Practice
 - Health Centre
 - At home
 Both GP Practice and Health centre scored equally followed closely by home suggesting that services would be preferred closer to home.
- The majority of people are happy to use **technology** to support their care either using their mobile phones or laptops. There is also a willingness to try new technology with support. However, there needs to be consideration to;
 - poor Wi-Fi connection
 - no access to technology
 - affordability
 - knowledge of technology
- It is clear that the majority of people prefer to contact their GP in a minor illness or injury situation when needing **urgent care also chemist was rated highly**.
- A large number of people felt that knowing that they could be seen straight away by a health professional was the most important aspect of care when they needed **emergency care**. Followed closely by knowing that they will get the treatment they need.
- The majority of people who **travel by car** who answered both planned and urgent care questions said they would be prepared to travel between 15 to 30 minutes and substantially less were prepared to travel 30 to 60 minutes for both planned and urgent. However, of those people who said they usually **travel by public transport** (albeit substantially less than those who travel by car) equal numbers were prepared to travel between 15 to 30 minutes and/or 30 to 60 minutes for both planned and urgent care.

The findings from 2017 suggest that patients

Were happy to receive the monitoring with a local optician (71%) with 21.4% stating they would prefer to still be seen at hospital.

Whilst 24% stated they wanted to travel under 30 minutes, a good majority of people 48% would travel up to 30 minutes to be treated, with a good number (29%) stating they would travel up to 60 minutes if necessary A greater number of respondents travel by car 56% which may account for a willingness to travel a greater distance. This concurs with the findings from 2016.

Overall it appears that patients who use both hospital and community ophthalmology services are highly satisfied with the service.

10. Equality

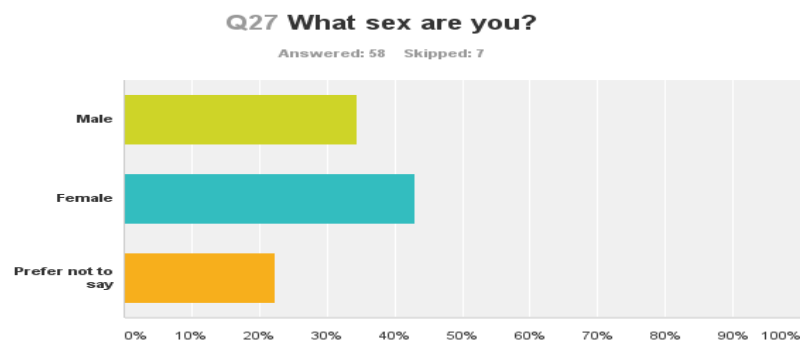
To assess if the survey respondents were representative of the women likely to access the service an equality monitoring form (see appendix 3) was attached to the survey and this has been used to consider if a representative sample was reached.

The data was then analysed to establish if there were any trends in relation to the protected groups, to see if one group reported a different experience than another, due to the low sample there were no statistically significant responses but some trends will be noted, but are to be considered with caution.

Sex

Men were more likely to have accessed the ophthalmology service through their optician than their GP. They also stated they would like to have their regular monitoring there, but no women chose this option.

If changing rehabilitation or therapy services women were more concerned than men that they had properly qualified staff, men were concerned more about venue.



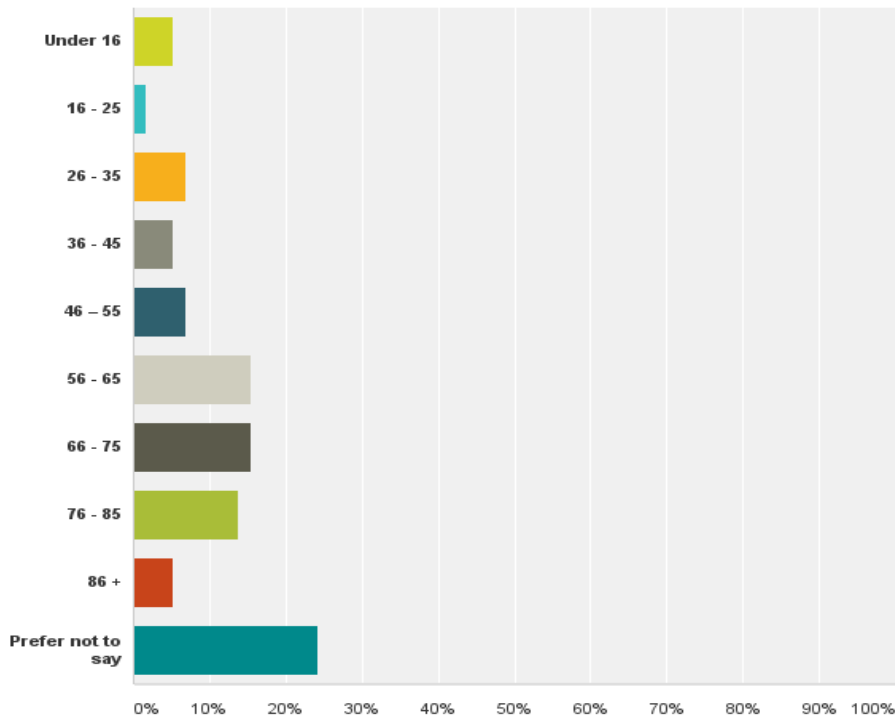
Age

There are 1.86 million people in the UK living with sight loss. By 2020 this number is predicted to increase by 22 per cent and will double to almost four million people by the year 2050. The increase can be attributed chiefly to an ageing population; over 80 per cent of sight loss occurs in people aged over 60 years (Eye health and sight loss; statistics and information for developing a Joint Strategic Needs Assessment – UK Vision Strategy Dec 2013)

As expected there were more older people responding to the survey in line with the trend of more people experiencing eye issues later in age.

Q29 What is your age?

Answered: 58 Skipped: 7



Ethnicity

Minority ethnic communities with type 2 diabetes in the UK are more prone to diabetic retinopathy, including sight-threatening retinopathy and macular disease compared to white Europeans (PKC-DRS Study Group).

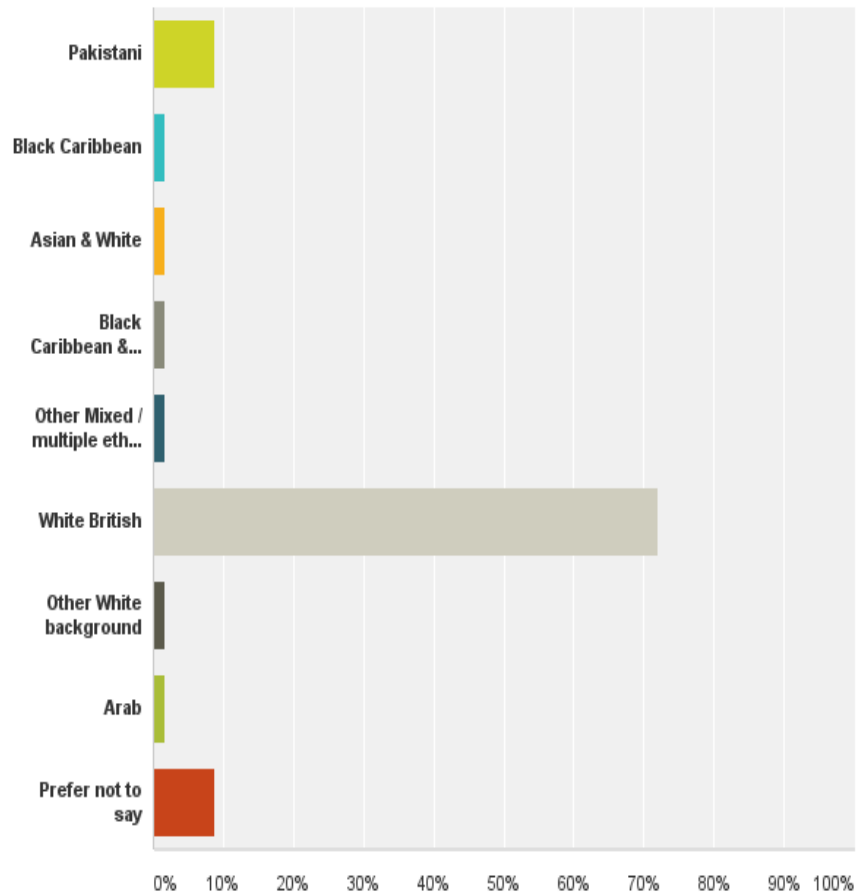
The cause of cataracts is multifactorial and a number of risk factors have been identified including Diabetes Mellitus. Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common among people of African and African- Caribbean heritage.

http://www.diabetes.org.uk/Documents/Reports/Diabetes_in_the_UK_2010.pdf and <http://www.rnib.org.uk/eyehealth/eyeconditions/eyeconditionsdn/Pages/diabetes.aspx> .

There was insufficient data to do a valid comparison on trends for ethnicity. However when considered against the population of Calderdale and Greater Huddersfield the survey was quite representative of the local population, in terms of the majority of backgrounds disclosed.

Q31 What is your ethnic background?

Answered: 57 Skipped: 8



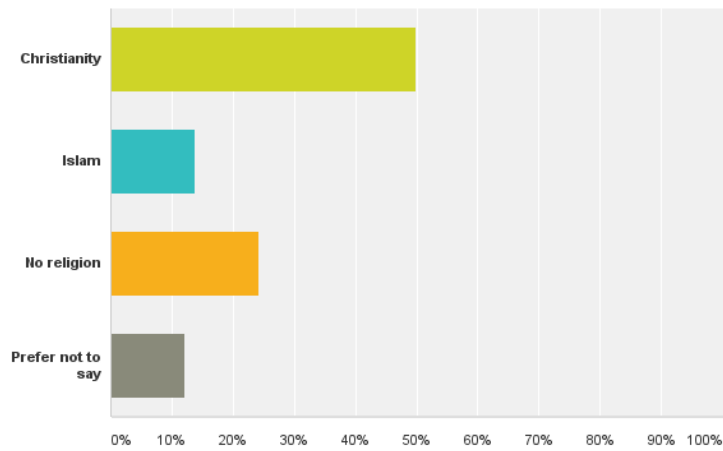
Religion

The respondents were similar to the local religion demographics, but with slightly fewer Christians and non-religious people responding.

the 2011 census found 10.5% (Calderdale) and 10.4% (Kirklees)
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Q32 Do you consider yourself to belong to any religion?

Answered: 58 Skipped: 7

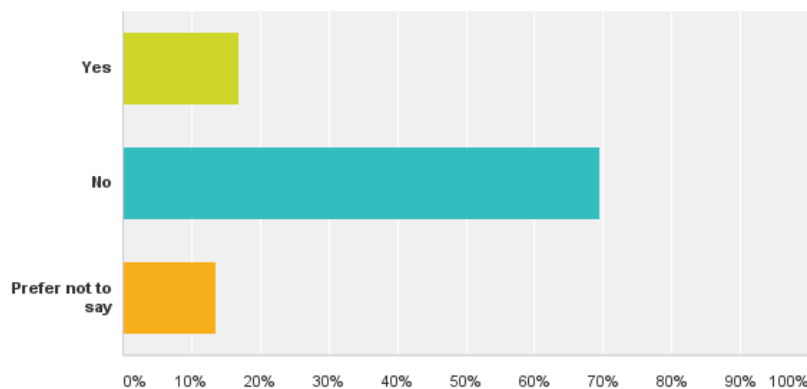


Carers

17% of survey respondents provided care for someone. This compares to the 2011 census which found 10.5% (Calderdale) and 10.4% (Kirklees)

Q33 Do you provide care for someone? (Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.)

Answered: 59 Skipped: 6



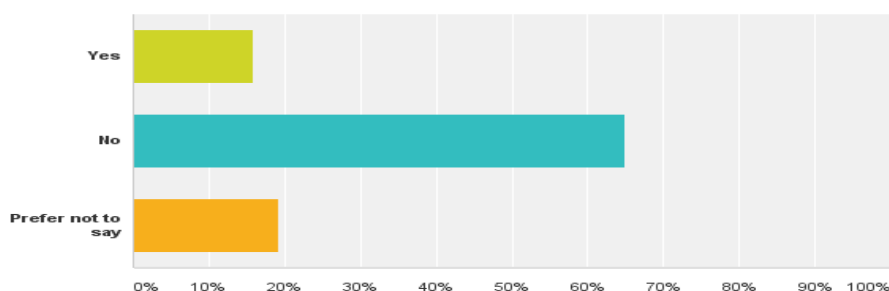
Disability

There were 15.8% disabled respondents in the survey, this compares to the local data taken from the census which does not directly ask if people are disabled. Given the number of eye related conditions which could be considered a disability and the numbers of older people completing the survey this is not unexpected.

	Day-to-day activities limited a lot	Day-to-day activities limited a little
Calderdale	8.2	9.7
Kirklees	8.4	9.3

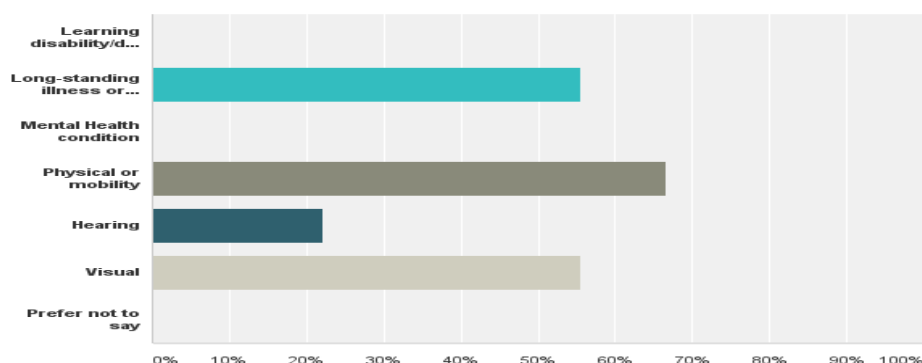
Q34 Do you consider yourself to be disabled? The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

Answered: 57 Skipped: 8



Q35 What type of disability do you have? (Tick all that apply)

Answered: 9 Skipped: 56



The relatively low number of respondents means that there are limited conclusions that can be drawn when considering the responses in relation to equality, so it would be important that if any service changes were considered that due consideration was given to other local and national research and feedback to other engagement and consultation activities.

11. How the findings will be used and next steps

The findings from this report will be used to further inform the Right Care, Right Time, Right Place and Care Closer to Home Composite Engagement report.

The findings from this report will also be shared with the Eye Care Network and help shape future service design.

It is also recommended that the next steps will be to engage further with patients using hospital services to understand their preferences' for long term monitoring.



Calderdale and Greater Huddersfield Hospital Care and Care Closer to Home

Communications, engagement and equality pre-engagement plan 2016

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1. Introduction

The purpose of the Communication, Engagement and Equality Pre-Engagement Plan is to describe our proposals for engaging with staff, the public, patient and carers on hospital services and care closer to home in Calderdale and Greater Huddersfield.

The plan does this by describing an overview of both hospital and care closer to home, and our plans for delivering targeted engagement activity which includes a brief summary of what people have already told us. This plan covers the scoping, pre-engagement and equality analysis elements of which will lead to a formal consultation process.

2. Background

In 2014, a strategic review was undertaken which aimed to begin to describe the challenges facing the health and social care system in Calderdale and Greater Huddersfield. It started to look to how services could be delivered now and in the future to deliver a sustainable NHS and continue to provide the right care to local people.

The review included some high level proposals from NHS provider organisations in Calderdale and Greater Huddersfield which described their vision for a preferred model of hospital service configuration. These were described at the time as the strategic outline case (SOC) and the outline business case (OBC).

A major engagement programme, Right Time, Right Care, Right Place was launched with over 40,000 people contacted for their views. Over 2500 people responded to the engagement activity which included an independent engagement by the 'Peoples Commission'; a clear message that came back from the public was the need to address community services first, before beginning to look at the way that services in hospital were delivered.

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups have worked with their respective provider organisations and local authorities to establish a structured and phased approach to transformational change.

There are three interlinked pieces of work: Calderdale Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes are developing proposals for what the future community services in Calderdale and Kirklees and the future Hospital services in Calderdale and Greater Huddersfield could look like. These proposals will be implemented in three separate phases over the next five years:

- Phase 1 – Strengthen community services in line with the new model of care.
- Phase 2 – Enhance community services.
- Phase 3 – Hospital changes.

3. Care closer to home

Both NHS Calderdale and NHS Greater Huddersfield CCGs signed up to a single high level, phased approach to deliver their Care Closer to Home programmes. The CCGs worked together to develop a generic high level service specification which has been localised to take into consideration the varying needs of the different populations served.

3.1 Care Closer to Home in Calderdale

The Calderdale Care Closer to Home programme is working to strengthen community services with its existing community services provider – NHS Calderdale and Huddersfield Foundation Trust and other providers such as South West Yorkshire Partnership Foundation Trust (SWYPFT) and Locala who provide services in the local community.

Having agreed the scope of the new model the organisations are working together with other partners to develop new ways of working, starting in the Upper Valley.

The work in the Upper Valley will look at the development of new ways of providing services in the community and is now part of a national New Care Models programme making it a “vanguard” site. This means there will be further support nationally to help Calderdale deliver its plans at pace.

3.2 Care Closer to Home in Greater Huddersfield

The Greater Huddersfield Care Closer to Home programme is a joint piece of work with NHS North Kirklees Clinical Commissioning Group and has focused on reviewing existing community services including respiratory, MSK, dermatology and diabetes.

The CCGS have been working with local people through engagement to develop a new service specification, which will provide enhanced services. The current contracts to provide community services are coming to an end and organisations have been invited to tender for the contract under the new specification. The successful service provider will be appointed to begin providing services against a new, enhanced service specification from October 2015.

4. Hospital care

The hospital services programme covers Calderdale and Greater Huddersfield. Both CCGs are clear that transformational change is needed in our hospital services to meet current and future healthcare needs, but that they need to be confident that the work to strengthen community services has begun to indicate that it will meet the needs of the local population before we can start to make changes.

This hospital programme has focused on working with clinicians and service leads to scope the possible models of care that could be developed to deliver planned care and urgent and emergency care, maternity care and paediatric care. The feasibility of these models needs to be tested, and patient and public views will be used to further inform the

development of more detailed models. We expect to demonstrate readiness for consultation during 2015.

5. The purpose of the plan

The purpose of the plan is to provide information on our approach to engage, communicate and inform the following target audiences:

- Key stakeholders including partner organisations
- Staff
- Public, patients, carers and their representatives
- Local Councillors and MPs

The plan sets out why we need to engage with the key stakeholders, including the legislation we must follow and our approach to equality and communication. We want to involve as many people as possible, including diverse local communities, in the development of any proposals which will be formally consulted upon in the autumn.

The CCGs are clear that transformational change needs to happen in Calderdale and Greater Huddersfield to create a sustainable NHS now and for the future. We already know from previous engagement activity what this could look like but we need to engage further to ensure we are ready for formal consultation in the autumn.

There is a high likelihood of significant service change in hospital services and therefore a formal 12 week public consultation process will be required. It is anticipated that that the approach would be delivered through a large-scale public consultation supported by a communications campaign and Equality Impact Assessment (EQIA), with activity taking place in various locations across Calderdale and Greater Huddersfield.

The consultation plan will be developed separately to this plan to ensure that the approach for communications and engagement activity is informed by what people have said during the pre-engagement process. We will ensure that the consultation plan is tailored to meet any particular needs or differential impact on protected groups identified through the engagement process.

6. Scoping

6.1 What have public, patients and carers already told us?

We have been talking to staff, public, patient's carers and their representatives for over three years on hospital care and in the last 12 months on care closer to home. The engagement activity delivered as part of the Calderdale and Huddersfield Strategic Health and Social Care Review took place from October 2012 to February 2013. With further engagement on Right Care, Right Time, Right Place in the spring and summer of 2014, the findings were:

- People wanted to see more care closer to home and in a variety of community settings
- The public in Calderdale do not want to lose their A&E as part of services changing
- Travel and transport needed further consideration as people could neither afford the time to travel; the cost, or find suitable parking on premises. People want services to be based locally
- Access to services in the community needed to be 24/7 including bank holidays and there was a strong message that GP access in particular needed to be addressed if the system was to change. People also wanted services they could drop in to
- People wanted more focus on prevention and innovative opportunities to keep themselves well or be educated, particularly at a young age
- Appropriate staff are needed in the community and this included more GP's, district nursing staff and those with a particular focus on a specialism or to meet the needs of diverse communities
- There were concerns that the model looked good on paper but would it work in practice, this included comments relating to capacity to deliver including social care, how information is shared and how services are coordinated
- People did not understand the detail of any of the plans and wanted to understand this further
- People wanted the community to be part of the solution including design, delivery and estates with greater community participation being the key to delivering services for each community
- Mental health services were not working and there was a need to look at services further in both primary and community care
- Hospital services were poor on waiting times and needed to improve in addition there were a number of comments that people are discharged too early
- There needs to be more consideration for vulnerable groups, protected groups, carers and those with a disability

Both care closer to home programmes have used this information to inform local proposals and specifications. Stakeholder events have also been delivered to further support the commissioners thinking and strengthen any future plans.

6.2 What else do we need to know?

We need to ask more questions on hospital care, what services are best delivered in a hospital setting and what services are better placed in the community. We need to do more engagement to help us understand:

- Emergency and urgent care
- Hospital services

- Services as part of the Care Closer to home model for Calderdale and Greater Huddersfield, and
- Maternity and paediatrics

From this we want to further understand any impacts for service change, including what will work. How far people are prepared to travel to receive different types of service, including any planned or unplanned care they may need.

7. Aim and objectives of the engagement activity

The aim of the engagement exercise will be to engage with key stakeholders on both the services received in hospital and the care they may receive closer to home in a community setting. We need to understand the demographics of our local communities and how this relates to service use, access and patient experience, drawing out any potential differential impact on any protected groups.

The target audiences will include staff, public, patients, carers and their representatives and we will use a number of mechanisms and key activities to deliver this. We want to share what people have already told us, continue to listen to people's views and ensure we have captured all the information we can to develop some future options for consultation.

As part of the engagement process we will build into our approach a joint process involving key stakeholders who can support us in deliberating on the findings from all the intelligence we have, including giving 'due consideration' to the information we gather as part of the engagement process. We need to ensure we can evidence how the intelligence and equality analysis (EQIA) will inform options for changes to the way services are currently provided and delivered.

Using this aim, the objectives will be to:

- Use evidence-based techniques including an equality impact assessment to identify groups who require further support to have their say;
- Support partner organisations to clearly and effectively communicate the background, progress to date and next steps for these programmes of work;
- Support people to gain a better understanding of hospital services so expectations can be better managed in future;
- Gather views from specific sample groups that will support plans to further develop care closer to home and hospital services.
- Gather the views of key stakeholders and ensure we have a representative sample of views.
- Deliver two stakeholder events to further analyse the feedback we receive.
- Use the information we gather to deliberate on our options for formal consultation.
- Be in a position to progress to formal consultation in the autumn.

8. Principles for Engagement

NHS Calderdale Greater Huddersfield CCGs both have 'Patient Engagement and Experience Strategies'. These strategies set the commissioners' approach to engagement and what the public can expect when we deliver any engagement activity. The principles in both strategies state that we will;

- Ensure that we engage with our public, patients and carers early enough throughout this process
- Be inclusive in our engagement activity and consider the needs of our local population
- Ensure that engagement is based on the right information and good communication so people feel fully informed
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence our thinking and challenge our decisions
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.
- We are clear about our plans and what the public can and can't influence and why
- We make sure we engage with the right target audience and consider equality and the impact on diverse groups
- We can demonstrate that we have listened to people's views in all of our plans
- We will provide feedback on our website, through newsletters and local media of any outcomes from engagement activity.

The strategy sets out what the public can reasonably expect us to do as part of any engagement activity and the process we need to deliver needs to preserve these principles to ensure public expectations are met.

9. Legislation

9.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

9.2 The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so the partners will need to be assured that "due regard" has been paid through the delivery of this strategy and in the review as a whole.

9.3 The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- *In the planning of healthcare services*
- *The development and consideration of proposals for changes in the way those services are provided, and*
- *In the decisions to be made affecting the operation of those services.*

10. Engagement

The engagement process will be delivered using a combination of gathering views through focus group activity and the circulation of a short questionnaire. Each of the service areas subject to engagement will be delivered differently to ensure we can capture a broad range of service user views. We will use the 'Care Close to Home' service areas to gather views on both the service, planned and unplanned care.

10.1 Services in scope

The services in scope for Care Closer to Home phase 1 and 2 for each CCG have been identified. Using the list of identified services the engagement team have worked with commissioners to understand if the services in scope have been discussed with those staff, public, patients, carers and their representatives as part of any previous engagement activity.

Services that have already been subject to sufficient engagement have not been included in this plan as they do not require any additional engagement to understand the views of the people who would be directly affected. The information gathered as part of this approach will be included in the pre-engagement report of findings.

The services still requiring engagement have now been identified and are tabled below (see table 1). This list of services includes the hospital services as a cross cutting theme.

The engagement conversations for each will contain questions and narrative on the service, emergency and urgent care and planned care. As the mapping suggests we do not have enough service users to contribute to the conversation on paediatrics and maternity it is suggested that we adopt a separate engagement approach for these two services.

Table 1 – services in scope			Engagement conversations – questions and narrative				
Service	Calderdale	Greater Huddersfield	Service specific	Emergency/ Urgent Care – the models	Paediatrics – the models	Maternity	Planned Care
Cancer	✓	✓	✓	✓		✓	✓
Minor day surgery	✓	✓		✓	✓		✓
Respiratory		✓	✓	✓			✓
CVD		✓	✓	✓			✓
Therapies	✓		✓	✓			✓
Rehab		✓	✓	✓			✓
Ophthalmology	✓	✓	✓	✓			✓
DVT - unplanned	✓	✓	✓	✓			
End of life care	✓		✓	✓			✓
Colposcopy – upper valley only	✓		✓	✓	✓	✓	✓

10.1.1 The people we will be engaging with

We will be engaging with a representative sample group of people who will be directly affected by service change. This will include:

- Those directly affected by the services identified in phase 2 of ‘Care Closer to Home’ model for Greater Huddersfield.
- Those directly affected by the services identified in phase 1 and 2 of ‘Care Closer to Home’ model for Calderdale.

- People who represent the protected characteristics as set out in the Equality Act to support the development of an EQIA.
- People from a sample group of local areas who can provide a local perspective to service change.
- People who use maternity services – separate plan to be developed.
- Children and young people on paediatric services – separate plan to be developed.

A list of the groups we intend to engage can be found in appendix 1, maternity and paediatrics will have a separate plan, which will be an appendix to this plan.

10.2 Narrative and questions for service users, carers and key stakeholders

The narrative for each of the engagement approaches will provide an overarching explanation of the NHS and why it needs to change as part of the local case for change. This narrative will be accompanied by a local explanation of the specific service area and any plans to change the way services are currently provided. The urgent and emergency and planned care questions will be added again with a local context.

The questions for each service will be service specific with additional questions on travel, transport and parking, emergency and urgent care and planned care. We will be equality monitoring all engagement activity to ensure the views gathered are representative of the local population.

10.2.1 Engaging protected groups and those representing local areas

In addition we want to ask a sample group of people their views on unplanned and planned care; from previous engagement activity we already know people do not want to lose A&E services, but we also know people prefer to use services closer to home in a number of urgent unplanned situations. We need to understand the reasons for this response by asking specific groups to provide more information. In addition we need to understand in more detail the impact of changing current services so we can consider specific needs further.

For planned care we want to engage in a more meaningful conversation. People have not adequately responded to the plans for planned care and we want to take into consideration the needs of different groups and so require more information.

By delivering this engagement we want to further understand if there are particular issues for specific groups of people living in Calderdale and Greater that we may not have considered before we progress to formal consultation.

10.2.2 Maternity and Paediatrics

We will provide a separate engagement plan which will focus on service users and their families to gather a sample group of views which will inform the future of maternity and paediatric services. By identifying who these people are, where they live, and their diversity we can engage further and fully understand the impact of service change and

any other considerations we may need to make. This approach would include all protected characteristics to ensure we were upholding our equality duties.

Again we will engage service users and carers in focus group discussions using community assets and relationships to reach our target audience and questions to prompt conversations.

10.2.3 More about the engagement approach:

Focus group activity during pre-engagement will be delivered using the appreciative inquiry model – a model for analysis, decision-making and the creation of strategic change which focuses on enabling people to imagine the desired future state of our health and social care system.

Appreciative inquiry is the most appropriate model because it is highly collaborative and engages not only organisations but individual staff, service users and patients, and carers. The model can be adapted to account for people of all ages, backgrounds and health and social care needs. By focusing on the positives rather than issues or barriers, the model facilitates greater understanding of the potential for change and fosters the creation of a “can do” attitude among stakeholders.

The model has already been used to engage with health and social care staff, and third sector partners within the Calderdale Care Closer to Home programme and has proven to be a highly successful method of supporting a co-production approach.

Using this approach we will:

- provide further platforms for discussion by supporting third sector partner organisations to host conversations in their local communities or through established networks;
- directly target those groups who we need specific feedback from, respecting the potential differences in these groups between the two CCG geographies and the care closer to home models;
- use equality monitoring and impact assessment tools to identify the effectiveness of activities, potential impact on protected groups and how well they are reaching representative samples of the community;
- hold two large deliberative events in each local area supported by clear and consistent narrative to further deliberate on the findings.

The appreciative inquiry will be supported by a traditional questionnaire – available in paper form and online - for those not able to join a regular group. Using a combination of quantitative and qualitative questions that reflect the broad themes and approaches of the inquiry, the questionnaire will help the partners in this strategy to understand views of care in hospital, including specialist care and views of care in the community, as part of care closer to home.

10.3 What we already have in place

We currently have a number of mechanisms in place to capture the views of the public. These mechanisms will continue to be utilised throughout this process. The current engagement mechanisms are:

- **Staff, professionals and clinicians** are already engaged in our plans through a number of working groups.
- **Local councillors and MPs** have been kept up to date with briefings and a log of all conversations and contact has been established.
- **Overview and Scrutiny Committees and Health and Well Being Boards** are being kept up to date with our plans through presentations and briefings.
- **A dedicated website** and partner websites which will contain information on how to contact us and also opportunities to post comments. This includes the use of social media such as Twitter and Facebook.
- **PALS and complaints** services have been fully briefed and they will capture public views as part of their customer facing role.
- We are working closely with **Healthwatch** colleagues to ensure we provide consistent messages to the public and capture views on a day to day basis.
- We are briefing **staff and member practices**, including Patient Reference Groups so local staff can respond to public questions and comments.
- We will trawl **existing consumer websites** including those attached to the local media, patient opinion and NHS Choices to gather feedback.

10.4 What else do we need to do?

In order to enable the public to engage with us we will need to provide further platforms for discussion, offer stakeholders the chance to host conversations and directly target those groups who we need specific feedback from.

The engagement activity will be delivered using a number of mechanisms and will need full commitment from all partners to provide staffing and appropriate key speakers if and when they may be required. The engagement approach will be to develop a questionnaire that can be used to facilitate written responses or in a focus group setting.

The questionnaire will include a set of questions that help commissioners understand the stakeholders' view of care in hospital and care in the community as part of care closer to home.

We will need to identify key stakeholders who may be directly affected by any plans to change the way services are currently provided and delivered to ensure we have good sample groups for care closer to home. Some of these groups may be different in Calderdale and Greater Huddersfield so we will ensure each local area has a targeted action plan.

10.4.1 Deliberative events for stakeholders

The deliberative events in each local area will be delivered to ensure that the pre-engagement stage has concluded and the information gathered has been carefully

considered. There will be three deliberative events; initially two events will be delivered, one in Calderdale and one in Greater Huddersfield. The first events will have a clear purpose. The purpose is set out below:

Deliberative event - 1: The purpose of this event will be to deliberate over the findings from all the engagement activity, and give due consideration to the findings including due regard to equality and diversity intelligence. The event will also provide a final opportunity to further inform any plans. The event will be delivered using appreciative enquiry techniques and approaches.

One to two weeks later there will be a second joint event which will be delivered in a central location where possible to accommodate a joint conversation between representatives from Calderdale and Greater Huddersfield. The purpose of this event is set out below:

Deliberative event - 2: The purpose of this event will be to provide an initial conversation on the emerging options, provide an evidence base to the option development and identify collectively which options have been adequately considered and could be consulted upon in formal consultation.

A detailed plan for each of these events will be developed. The plan will set out the target audience, approach, content and outcomes.

11 Communications

Communications during the pre-engagement stage will be targeted at current service users (including patients, families, carers and staff/support services). This will ensure that there is a proportionate response from current users in pre-engagement compared to future/prospective service users in the wider consultation phase.

Evidence shows that people who are already using services are more likely to respond to requests to be involved and therefore a larger proportion of resources will focus on the second phase to encourage the wider public to have their say on future plans.

11.1 Patients, carers and other service users

We will work with partner organisations to identify and maximise opportunities to direct mail the engagement documents to current patients, using a randomised representative sample. This will ensure that people, who can't access events such as those in full-time work, can still have an opportunity to have their say. Information will also be made available online as targeted conversations held via mechanisms such as Facebook and Twitter to enable community groups and individuals to engage in the process. This activity will support the traditional face-to-face engagement activity delivered by, and on behalf of, the CCGs and support contact with protected groups or individuals who may want to respond in confidence.

11.2 Existing networks

We will use third sector organisations, community assets and partnerships, Healthwatch and membership networks to deliver this. All our engagement activity will be informed by local data and equality monitored to ensure we capture a representative sample of community views. This approach will enable us to ensure we reach protected groups who may have different experiences of health and social care services. Where we do not reach these groups we will deliver appropriate targeted engagement to reach them.

11.3 Staff Engagement

We will prepare core information for provider organisations to brief staff on the hospital services and Care Closer to Home, ensuring that all staff have a broad view of the approach and how each programme fits together to deliver the vision of more proactive, joined-up, safe and effective care.

Staff will be offered opportunities to have their say as member of the public using the survey and through ongoing work-streams and events, which may include a tailored survey to ensure they can give their views on how the changes might affect their service directly.

11.4 Political stakeholders

Maintaining political relationships is key and the timing of the General Election in May 2015 has a significant impact on the delivery of this activity.

Relationships with statutory groups including the health and wellbeing boards and overview and scrutiny committees will be maintained throughout but new members will be offered additional support to be brought up to speed on the programme's progress to date. This will be likely to take the form of a closed session with members to enable them to facilitate frank and honest discussions in a supportive environment.

New local MPs and councillors elected to seats in Calderdale and Greater Huddersfield will also be invited to find out more through a number of channels including a written briefing, and audio-visual solutions. Existing members will also receive this information to ensure consistency of message across all wards in our areas.

11.5 Media

As this will be a targeted approach, work with the media will be more low-key than in the consultation phase. Proactive press releases will be issued to ensure the public are aware that engagement activity has taken place. This will create a public record of the proposals for hospital and community services taking shape through the year, prior to the formal consultation process.

11.6 Online community

There will be no dedicated social media presence but CCGs and partner organisations will be asked to use pre-defined messages to keep followers up to date on the latest progress. The Right, Care, Right Time, Right Place website – www.rightcaretimeplace.co.uk – will be refreshed to provide a clearer picture of the “story to date” and next steps in the process.

12. Equality

All engagement activity will be informed by local data to ensure that we are engaging with the right people, and equality monitored (see appendix 5) to assess the representativeness of the views gathered during the pre-engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed prior to formal consultation.

The supporting EQIA will be prepared for each of the affected services. This will require consideration of protected groups access, experience and outcomes through evaluation of engagement and experience data and evidence of the user profiles and any research available.

This will be gathered from relevant services and other local health information. His data will not include all the equality protected characteristics as these are not recorded in all services, therefore we collect information as part of the engagement, and research other proxy data that can be utilised to give a profile of the local area.

The engagement activity is required to identify trends in opinion and these will form part of the engagement process with findings feeding directly into the Equality Impact Assessment.

Once analysed all data will be used to develop the EQIA and consideration given to the potential impact of any change to the commissioning of services which could have a differential impact on any protected groups. Where this is identified consideration will be given to any mitigation of the potential impact.

The completed EQIA will be used to support the relevant decision making body to be assured that they have given due consideration to any potential impacts on protected groups.

13. Budget

Engagement Phase Non Pay Budget	
<i>Calderdale and Huddersfield Health and Social Care Strategic Review</i>	
Item	Estimated Cost
Community Champions/Community Assets - Calderdale	£10,000.00
Children and Young People – Greater Huddersfield engagement	£ 2,000.00
Children and Young People – Calderdale engagement	Core funding
Communities in Greater Huddersfield - including staff	£5,000.00
Engagement materials (low key) – Leaflet, summary document, questionnaire, design, printing, electronic format.	£5,000.00

Accessible formats – language, large print, Braille and easy read	£1,000.00
Deliberative stakeholder events	£6,000.00
Analysis of data and composite reports	£10,000.00
Equality expert advice	£10,000.00
Maximum total budget required	£49,000.000

14. Analysis of data and presentation of findings

We will fully utilise all existing engagement and equality intelligence and ensure that we have gathered and considered previous information to inform the process.

Once the proposed engagement activity has taken place we will ensure that all recent and existing intelligence is captured into one report. This report will provide an overview of the views of all key stakeholders including the EQIA as a supporting document.

15. How the findings will be used

We have already used the views of the staff, public, patients, carers and stakeholders to inform our plans. This information identified in section 6, ‘What have public, patients and carers already told us?’ has been used in the development of our proposals to date.

The next stage of engagement will be to help us to understand if what people have already told us is all we need to consider when developing our options for consultation and that we have engaged with a representative sample of patients and the public. We need to ensure that we provide platforms for further engagement to test out our thinking and identify if there is anything else we should consider. The process for ensuring we intelligently consider views will be in stages, the stages are listed below:

- **Stage 1** – Gather views from key stakeholders (1st June – 27th July 2015)
- **Stage 2** – Analyse the findings and produce a report (end of July 2015)
- **Stage 2** – Share these findings and other evidence further with staff, public, patients carers and key stakeholders to understand if we have considered everything at a stakeholder event. (August 2015)
- **Stage 3** – Decide on the options for consultation and check back with staff, public, patients and carers to ensure the views and considerations we have gathered are captured and have been considered. (August/September 2015)
- **Stage 4** – Proceed to formal consultation (Autumn 2015)

16.High level time line for delivery

What	By When
Preparation and planning for engagement	April 2015
Delivery of Pre- engagement	1 st June- 27 th July 2015
Consultation Institute Assurance	June 2015
Analysis and report	end of July 2015
Stakeholder event - deliberation	August 2015
Stakeholder event – test options	August/September 2015
Governance and approvals	August/September 2015
Formal Consultation (12 Weeks) Post consultation feedback (4-8 Weeks) Potential Sec of State Review (3months)	Commence Autumn 2015

Health services in Calderdale and Huddersfield

Some time ago we talked to you about changes in local health services in the Calderdale and Huddersfield area. We now need to talk to you about how we want to bring some health services closer to where you live and how you feel about services you get from your local hospital.

We know that hospital services need to change to provide improved, high quality and affordable services for you and future generations. Last year when we talked to people living in Calderdale and Greater Huddersfield about plans to change how hospital services are provided people said they could not comment on the plans until they better understood what services might be provided closer to home.

We do know however that people said they want as many services as possible closer to home and that they want to keep local accident and emergency services. Since that time there has been lots of work done to develop what services might look like in local communities to treat people closer to home and reduce the need to travel to hospital. We now need to think more about what services our hospital could provide.

Knowing all of this, we want you to tell us what is important to you, we need to make sure we have considered the views of people who are not always heard so that we have the right information to help us make our decisions.

As a patient who uses the hospital ophthalmology service we would like you to tell us your views on local eye care services as well as how you access and use urgent and emergency care services and planned care. We also know we need to think carefully about travel and transport.

If you or someone you care for has used or is using the ophthalmology service we would like to take this opportunity to ask you your views on the following:

- Ophthalmology
- Planned care (including technology and rehabilitation)
- Urgent care
- Emergency care

Thank you for taking the time to complete this questionnaire. Please complete it today if you can and hand it back to reception or you can return it to us using the freepost address on the back page.

If you would like more information visit www.greaterhuddersfieldccg.nhs.uk or www.calderdaleccg.nhs.uk or contact 01422 307519.

What does Ophthalmology (eye care) mean?

If you have an eye condition such as Glaucoma, Macular degeneration, have been diagnosed with a cataract or use low vision aides and require long term monitoring.

Please tell us the first part of your postcode (e.g. HD3, HX3)

Please enter here		Prefer not to say	
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1. Are you completing this on behalf of

<input type="checkbox"/>	Yourself, as someone that has used / does use Ophthalmology (eye care) services
<input type="checkbox"/>	Someone you care for that has used / does use Ophthalmology (eye care) services
<input type="checkbox"/>	Other (please specify)

2. How did you access/use the Ophthalmology (eye care) service?

<input type="checkbox"/>	A&E
<input type="checkbox"/>	GP
<input type="checkbox"/>	Optometrist / Optician
<input type="checkbox"/>	I don't know
<input type="checkbox"/>	Other (please specify)

3. When did you last use this service?

<input type="checkbox"/>	Within the last month
<input type="checkbox"/>	Within the last 6 months
<input type="checkbox"/>	Over a year ago

4. Do you have an eye condition that requires long term monitoring at the hospital?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – please go straight to question 6.

5. Where would you prefer go for your appointments to receive your long term monitoring?

<input type="checkbox"/>	Your local Opticians
<input type="checkbox"/>	A GP practice or Health Centre
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Don't know

6. From your experience of using the service how would you rate the following? From 1 being very poor to 10 meaning excellent (Please circle the number that applies)

Getting an appointment	1	2	3	4	5	6	7	8	9	10
Location of the service	1	2	3	4	5	6	7	8	9	10
The waiting area	1	2	3	4	5	6	7	8	9	10
The cleanliness of the building	1	2	3	4	5	6	7	8	9	10
The care and treatment you received	1	2	3	4	5	6	7	8	9	10

Is there anything else you would like to tell us about your experience?

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Planned hospital admissions

For the majority of patients, the hospital provides services and treatment that are planned. This means a pre-arranged time to have a procedure which could mean a short stay in hospital or for day surgery. For these patients we want to know what we should consider when looking at how planned services are delivered.

We want to know what is important to you when you receive a service that is planned so your stay in hospital is comfortable.

1. What aspect is most important to you for a stay in hospital?

(Using 1 to 9 please rank in order of importance to you – 1 being the most important and 9 being the least important)

For my appointment to not be cancelled or changed at short notice		To know that it is easy for people to visit me.		To access a service straight away		To be treated by staff who understand my condition	
To I know I will get the treatment I need		To know I can plan my life around my appointment – that it's at the time specified.		To be treated by caring and helpful staff		To be seen closer to home	
Other, please state							

Travel and transport

Thinking about how and the distance you would travel to be an in-patient, to receive planned care; please could you answer the following questions:

2a. How far would you be prepared to travel to receive the service that you require?

Under 15 minutes	<input type="checkbox"/>	15 – 30 minutes	<input type="checkbox"/>	30 – 60 minutes	<input type="checkbox"/>
60 – 90 minutes	<input type="checkbox"/>				

2b. How do you usually travel?

Public transport	<input type="checkbox"/>	Car	<input type="checkbox"/>	Hospital shuttle bus	<input type="checkbox"/>
Volunteer transport	<input type="checkbox"/>	Access bus	<input type="checkbox"/>	Patient transport	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	Other – please state			

Although technology is moving on at pace, we have not, to date, embraced the opportunities fully in our health care services. Remote consultations, alarms and sensors to assist in supporting people at home, electronic records and appointment booking and many other developments all bring possibilities and need to be explored particularly in rural settings. We are interested in innovative approaches to the use of technology to improve home based and local care.

Thinking about the advancements in the use of technology in the delivery of healthcare services e.g. Telehealth, Telemedicine and E-consultations

Please could you answer the following the questions:

3. Would you be willing to use technology to support your care? (tick all that apply)

Yes on my phone/mobile phone	<input type="checkbox"/>	Yes on a computer/laptop or tablet	<input type="checkbox"/>	Yes I would try any technology	<input type="checkbox"/>
No I don't use any technology	<input type="checkbox"/>	Yes if someone supported me to use it	<input type="checkbox"/>	I do not have a phone or computer I could use	<input type="checkbox"/>

Sometimes, following a period of illness or injury, patients may receive rehabilitation and therapy services in order to help them recover – learning how to walk, talk, move limbs again for example. Therapies can also be delivered as part of a child’s development. Much of this currently happens within a hospital setting but we know that much of it could be provided in other ways.

6. If we were to change the way we deliver rehabilitation and therapy services what would we need to take into account?

Ability to get to place where I have rehabilitation care		Sharing the location with others – for example if it was provided in a gym or a swimming pool		When the care was delivered – for example could I go during the evening or at weekends?	
Those providing the care were properly qualified and had been approved					

7. Where do you think these services should be provided; (Tick all that apply)

A GP practice	
A Health Centre	
Home	
Other Community facilities e.g. Leisure Centre	
Other please state:	

Urgent Care – when you have a minor illness or injury

An urgent health care situation affects all of us at some point in our life. For some, we may experience more urgent situations than others. An urgent health care need is not life threatening and can be a minor illness or injury such as a suspected broken bone, a cut, suspected sprain, upset stomach or perhaps a child who has been tired for a few days and now has a persistently high temperature .

In an urgent health care situation we need to make sure services are available when you need it. This means you are seen by the right person, as quickly as possible, to receive the treatment you need.

Of the people who currently go to our Accident and Emergency departments we know that 45 – 50% attend with a minor injury or illness. Most of these people could be seen and managed closer to home in an alternative setting such as a walk in centre, or by a pharmacist for example. An urgent care situation would require some professional advice and/or help.

1a. In a minor illness or injury situation who would you prefer to contact?

(Using 1 to 12) please rank in order of preference who you would contact – 1 being your first choice, 12 your last.)

GP Practice		Chemist		Ring 111		A&E	
Dial 999		Walk in centre		Family/friend		Police	
I don't know		Dentist		Optician		Other, please state	

1b. Please tell us more about your choices if you would like to do so.

2. When you need urgent care for a minor injury or illness, what is the most important aspect of that care to you?

(Using 1 to 10 please rank in order of importance to you – 1 being the most important and 10 being the least important)

To be seen straight away		To talk to someone straight away		To access a service straight away		To see/speak the person I want to see	
To know I will get the treatment I need		To know I don't need to wait too long to be seen		To be treated by caring and helpful staff		To be seen closer to home	
To have an x-ray		Other, please state					

Travel and Transport

Thinking about how and the distance you would travel to receive treatment for a minor illness or injury please could you answer the following questions:

1a. How far would you be prepared to travel to receive the service that you require?

Under 15 minutes		15 – 30 minutes		30 – 60 minutes	
60 – 90 minutes					

1b. How do you usually travel?

Public transport	<input type="checkbox"/>	Car	<input type="checkbox"/>	Hospital shuttle bus	<input type="checkbox"/>
Volunteer transport	<input type="checkbox"/>	Access bus	<input type="checkbox"/>	Patient transport	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>		

1c. Thinking about how often you may have a minor illness or injury, what else should we consider?

Emergency Care – when your condition is serious or life threatening

The care you receive in an emergency.

Of the people who currently attend go to our Accident and Emergency departments we know that about 50% require emergency care. An emergency would be an occasion when you might be taken to hospital by an emergency ambulance and would be life threatening or serious such as a heart attack or stroke or serious injury.

1a. If you were to need emergency care, what would be the most important aspect of that care to you

(Using 1 to 9 please rank – 1 being the most important and 9 being the least important)

Knowing I can be seen straight away by a healthcare professional		Knowing that I don't need to wait too long to be seen	
Knowing I will get the treatment I need		Knowing I will see the right health care professional who understands my condition	
Being closer to home, even if I need to be transferred for further treatment		Being further away from home but in the right place for treatment	
Feeling safe		Being treated by a specialist who regularly deals with life threatening conditions	
Other, please state			
1b. Please tell us more about your choices if you wish			
2. Do you have an ongoing health condition?	Yes		No
2a. If you answered yes, would you be happy to tell us your condition.			

Ophthalmology services in Calderdale and Huddersfield

We know that community ophthalmology services support local people to receive treatment outside a hospital setting. This means that we can provide services close to peoples' home. We also know that people want as many services as possible closer to home.

Since that time there has been lots of work done to develop what services might look like in local communities so we can treat more people closer to home and reduce the need to travel to hospital.

As a patient who uses the local ophthalmology service we would like to gather your views on local eye care services .

If you or someone you care for has used or is using the ophthalmology service we would like to take this opportunity to ask you your views on the services you receive.

Thank you for taking the time to complete this questionnaire. Please complete it today if you can and hand it back to reception or you can return it to us using the freepost address on the back page.

If you would like more information visit www.greaterhuddersfieldccg.nhs.uk or www.calderdaleccg.nhs.uk or contact 01422 307519.

What does Ophthalmology (eye care) mean?

If you have an eye condition such as Glaucoma, Macular degeneration, have been diagnosed with a cataract or use low vision aides and require long term monitoring.

Please tell us the first part of your postcode (e.g. HD3, HX3)

Please enter here		Prefer not to say	
-------------------	--	-------------------	--

1. Are you completing this on behalf of

	Yourself, as someone that has used / does use Ophthalmology (eye care) services
	Someone you care for that has used / does use Ophthalmology (eye care) services
	Other (please specify)

2. When did you last use this service?	
<input type="checkbox"/>	Within the last month
<input type="checkbox"/>	Within the last 6 months
<input type="checkbox"/>	Over a year ago

3. Do you have an eye condition that requires long term monitoring at the hospital?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

4. Where would you prefer go for your appointments to receive your long term monitoring?	
<input type="checkbox"/>	Your local Opticians
<input type="checkbox"/>	A GP practice or Health Centre
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Other, please tell us

5. From your experience of using this service how would you rate the following? From 1 being very poor to 10 meaning excellent (Please circle the number that applies)										
Getting an appointment	1	2	3	4	5	6	7	8	9	10
Location of the service	1	2	3	4	5	6	7	8	9	10
The waiting area	1	2	3	4	5	6	7	8	9	10
The cleanliness of the building	1	2	3	4	5	6	7	8	9	10
The care and treatment you received	1	2	3	4	5	6	7	8	9	10

Is there anything else you would like to tell us about your experience?	

Travel and transport

Thinking about how and the distance you would travel to receive a service; please could you answer the following questions:

6a. How far would you be prepared to travel to receive the service that you require?

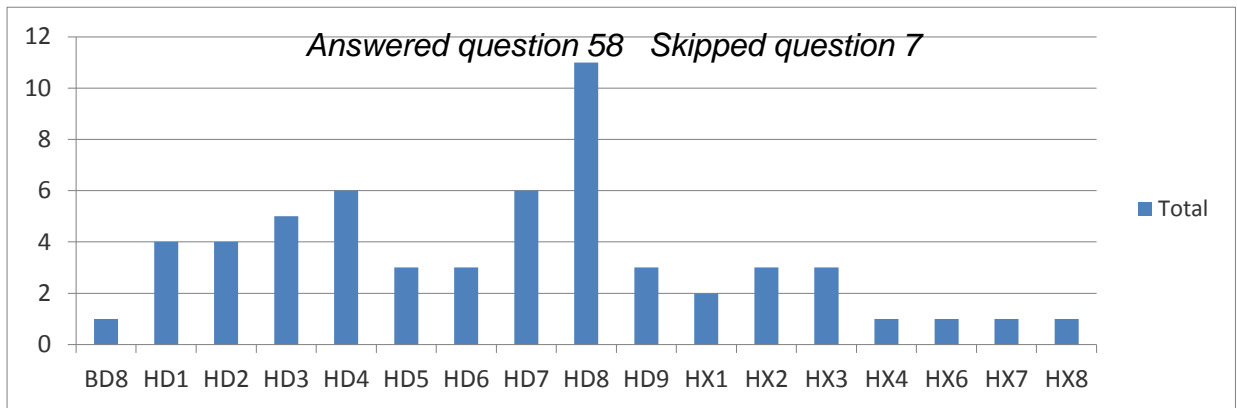
Under 15 minutes	<input type="checkbox"/>	15 – 30 minutes	<input type="checkbox"/>	30 – 60 minutes	<input type="checkbox"/>
60 – 90 minutes	<input type="checkbox"/>				

6b. How do you usually travel?

Public transport	<input type="checkbox"/>	Car	<input type="checkbox"/>	Hospital shuttle bus	<input type="checkbox"/>
Volunteer transport	<input type="checkbox"/>	Access bus	<input type="checkbox"/>	Patient transport	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	Other – please state			

7. Is there anything else you would like to tell us about this service?

Appendix 4 – Breakdown of post code area



Please tell us the first part of your postcode (e.g. HD3/HX3)	Total
BD8	1
HD1	4
HD2	4
HD3	5
HD4	6
HD5	3
HD6	3
HD7	6
HD8	11
HD9	3
HX1	2
HX2	3
HX3	3
HX4	1
AHX6	1
HX7	1
HX8	1
(blank)	
Grand Total	58

Appendix 5 – Equality monitoring form

Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. HD1, HD7)

Please enter here	Prefer not to say
-------------------	-------------------

What sex are you?

Female	Male	Prefer not to say
--------	------	-------------------

Transgender

Is your gender identity different to the sex you were assumed to be at birth?

Yes	No	Prefer not to say
-----	----	-------------------

What is your age?

Under 16	16 - 25	26 - 35	36 - 45	46 – 55	56 - 65
66 - 75	76 - 85	86 +	Prefer not to say		

What is your sexual orientation?

Bisexual (both sexes)	Lesbian (same sex)	Gay man (same sex)	Heterosexual/ Straight (opposite sex)
Other	Please specify		Prefer not to say

What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed / multiple ethnic group	White	Other
Chinese	African	Asian & White	British	Arab
Indian	Caribbean	Black African & White	Gypsy/Traveller	
Pakistani		Black Caribbean & White	Irish	
Other Asian background	Other Black background	Other Mixed / multiple ethnic background	Other White background	

Prefer not to say		Other:	Please specify any other ethnic group here
-------------------	--	--------	--

Do you consider yourself to belong to any religion?			
Buddhism		Christianity	Hinduism
Islam		Judaism	Sikhism
No religion		Prefer not to say	Other : Please specify

Do you consider yourself to be disabled? The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'		
Yes	No	Prefer not to say

If yes above, what type of disability do you have? (Tick all that apply)			
Learning disability/difficulty	Long-standing illness or health condition	Mental Health condition	
Physical or mobility	Hearing	Visual	
Prefer not to say	Other:	Please specify	

Do you provide care for someone? Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.		
Yes	No	Prefer not to say

Thank you for taking the time to complete this form.

Please hand this questionnaire to reception or return to the freepost address below: (No stamp is required)

**Freepost - RLTG-JAYY-ZSRX
RC, RT, RP (Ophthalmology)
NHS Calderdale CCG
5th Floor, F Mill, Dean Clough
Halifax, HX3 5AX**

Please return this form by **Monday 10 August 2015**

Appendix 6 – Patient experience survey

Practice	Qty
-	6
Andrew Lomas, Elland, HX5 0BW	5
Angela Barraclough Optometrist, Marsh, Hudds, HD1 4LF	104
Auckland Opticians, Skelmanthorpe, HD8 9AE	1
Beaumont Opticians, Kingsgate Shopping Centre, HD1 2QB	1
Boots Opticians	1
Bradley & Smith, 17 Greenhead Road, HD1 4EN	2
Dilesh, Gohil, John William Street, Hudds, HD1 1BL	1
Eye Pharmacy, Ravensthorpe, WF13 3HN	6
Hampshire Opticians, Holmfirth, HD9 6AA	8
Hanson Opticians, Mirfield, WF14 8AA	2
Intergrated Optical Ltd c/o The Cotler Practice, Heckmondwike, WF16 0HX	3
Mark Hurst Optometrist, Hebden Bridge	2
N A Kaye Optometrist, Holmfirth, HD9 2DN	184
Openshaw Opticians, Cleckheaton, BD19 5DN	22
Premier Vision Opticians, Hudds, HD1 2TW	3
S D Haigh Opticians, Almondbury, HD5 8LR	26
Smith & Huges, Cleckheaton, BD19 3HS	21
Specsavers Opticians, Dewsbury	13
Thornton & Wright Opticians, Hipperholme, HX9 8LT	1
Whaley Opticians, Batley, WF17 5EP	4
(blank)	
Grand Total	416

1. How were you referred to the service?

Answer Choice	Response Percent	Response Total
1 Self-refer	70.6%	288
2 GP	20.3%	83
3 Another optometrist	6.6%	27
4 Other (please specify):	2.5%	10
	answered	408
	skipped	8

2. Where would you like to have gone for your appointment?

Answer Choice	Response Percent	Response Total
1 Were you happy to be treated by your optometrists?	98.0%	393
2 Would you have liked to have gone to hospital for your treatment?	0.7%	3
3 Were you bothered?	1.2%	5
4 If you would have liked to have to hospital, please say why	0.0%	0
If you would have liked to have to hospital, please say why		6
	answered	401
	skipped	15

3. About your treatment, please tick one box

Answer Choice	Yes	No	Response Total
1 Did the optometrist explain what the problem was in a way that you could understand?	411	0	411
2 Did you feel able to ask any questions regarding your treatment?	407	1	408
3 If so, were your questions answered in a way you could understand?	400	1	401
4 Did your optometrist need to refer you to an ophthalmologist?	120	269	389
5 If yes, did you feel that your optometrist explained why you needed to be referred?	121	18	139
6 If you need to attend for a further appointment were you given a choice of times?	140	26	166
7 Did your optometrist advise a sight test?	171	148	319
	answered		415
	skipped		1

4. Overall, how would you rate the service you received?

Answer Choice	Response Percent	Response Total
1 Excellent	85.0%	341
2 Very good	12.7%	51
3 Good	2.2%	9
4 Fair	0.0%	0
5 Poor	0.0%	0
6 Very poor	0.0%	0
	answered	401
	skipped	15

5.1 Age, are you			
Answer Choice		Response Percent	Response Total
1	18 - 24	2.0%	8
2	25 - 34	3.2%	13
3	35 - 44	4.6%	19
4	45 - 54	11.7%	48
5	55 - 64	17.3%	71
6	65 - 74	32.9%	135
7	75 plus	26.6%	109
8	I do not wish to disclose this	1.7%	7
answered			410
skipped			6

5.2 Gender			
Answer Choice		Response Percent	Response Total
1	Female	60.3%	241
2	Male	39.3%	157
3	Other	0.0%	0
4	I do not wish to disclose this	0.5%	2
answered			400
skipped			16

5.3 How would you describe your ethnic origin?			
Answer Choice		Response Percent	Response Total
1	Asian or Asian British - Bangladeshi	0.0%	0
2	Asian or Asian British - Indian	0.7%	3
3	Asian or Asian British - Pakistani	1.5%	6
4	Asian or Asian British - Any other Asian background	0.2%	1
5	Black or Black British - African	0.0%	0
6	Black or Black British - Caribbean	0.2%	1
7	Black or Black British - Any other African background	0.0%	0
8	Mixed - White & Asian	0.2%	1
9	Mixed - White & Black African	0.2%	1
10	Mixed - White & Black Caribbean	0.0%	0
11	Mixed - Any other mixed background	0.0%	0
12	White - British	92.6%	377
13	White - Irish	1.2%	5

14	White - Any other white background	0.5%	2
15	Other ethnic group - Chinese	0.2%	1
16	Other ethnic group - any other ethnic group	0.0%	0
17	I do not wish to disclose this	2.2%	9
		answered	407
		skipped	9

5.4 Do you consider yourself to have a disability?			
Answer Choice		Response Percent	Response Total
1	Yes	10.0%	41
2	No	89.1%	366
3	I do not wish to disclose this	1.0%	4
		answered	411
		skipped	5

6. Do you have any other comments that you would like to make?			
Answer Choice	Response Percent		Response Total
1	100.0%		116
		answered	116
		skipped	300

Of the people who completed the survey there were 116 people who made further comments, below;

Eye problems discovered on 2 yearly eye test. Not noticed any problems so felt rather socked when told and really had difficulty in taking in what I was being told. They did their best to be helpful - leaflets to takeaway perhaps?
Received prompt efficient treatment
I attend with my 15 year old son who was the one with the eye problem. I found the service fast and efficient. Saved a lot of time than fitting in A&E. The optometrist and her staff were very friendly and I and my son felt very reassured.
As usual it is difficult to fault the NHS dealing with an emergency
Excellent service
Angela Barraclough and her staff were excellent. I was asked to come straight in for an appointment - thank you
I rang optician Friday was seen Saturday morning by optometrist and attended eye clinic at HRI Monday pm. Very quickly seen by all concerned very pleased with the service and care
Had full eye test including visual fields drops in and close inspection of eye - excellent
Happy with service
I was pleased to be able to see the optometrist immediately to diagnose the problem

Could not have been seen any quicker and the examination was so thorough
Very helpful, prompt excellent service
I thought the way I was treated and listened to couldn't have been better delighted overall
I think this is a very good service
Excellent service
First class treatment
I found the service excellent and very professional
For people with eye sight problems this form is poor to say the least. I am more than satisfied with Angela Barraclough and have always found her extremely professional, friendly and helpful
I have now received by post a hospital appointment
Appointment was booked same day as call
Very happy with the examination, advice and future care
Felt very reassured
This is an excellent service and as a result I did not have to go to HRI
Very efficient - seen day of enquiry thank you
Excellent service to receive the care and treatment at the right time and to be given good advice to avoid complications developing
My daughter who is ten but there was no option on age
Happy with the appointment - everything clear
Excellent service - warn reception very helpful
Excellent reassuring service
It was much to be preferred than a visit to the A&E
Very friendly
I was pleased to be able to get a quick appointment, to be able to be seen locally by my own optometrist and have a quick diagnosis after a thorough examination
I was very impressed by the detailed eye examination and resulting information given to me
I have always been very pleased with the care I have received
Excellent
The staff are always pleasant and helpful
Very satisfied
I would like to thank you for seeing me so quickly after I rang
Fast and excellent service
Received appointment from hospital the same day he went to opticians
Excellent helpful and friendly service
Fantastic service very reassuring
Friendly and professional service
Details explained and fully understood. Mr Kaye took time to show me the scan of the back of my eye this method of referral by my doctor is much preferred to a hospital appointment far more convenient and personal treatment given
I turned up on Saturday morning without an appointment and was impressed by the way both the receptionist and optometrist reacted promptly, positively and sensitively to my concerns
My problem was dealt with immediately and efficiently- friendly and helpful
As ever - professional and friendly, treatments and appointments
Very satisfied with service provided
The care and advice I receive past and present from Smith and Hughes is simply the best
Excellent service thank you

Very reassuring
Very patient and professional
An excellent service, I was not aware that this was available outside of the hospital
During the interval between my routine eye test and collecting my new spectacles, I developed a painful eye condition, Mrs Barraclough checked this and has referred me to HRI
It was a prompt and excellent service that reassured me
I was seen extremely quickly as I was having problems with my sight
Optician's excellent service. Had a detached retina last September still awaiting for cataract operation 8 months later had pre op Jan 2nd 2014
I have been advised by my glaucoma specialist that if my eyes start giving me concern it would be better to see my optometrist than see my GP service as she knows more about eyes
I think that this service is really good, it was certainly quicker than a visit to hospital
Very impressed and reassured by the care and attention received
Excellent care, got an appointment quickly when I explained the problem very impressed
I received immediate attention from the optometrist and rapid attention at the eye clinic very satisfied with treatment
Excellent service, I felt more comfortable seeing my optician than having to go to A&E / alternative, knowing that my optician knew previous history etc.
Excellent service no complaints
Was given appointment next day after contacting optometrist. This seems like an excellent service and hopefully will continue
Being able to go to Angela Barraclough optician with my eye problem was quick and convenient, which probably wouldn't have been the case at the a hospital appointment
Treatment excellent professional at this opticians. I went to Specsavers (Huddersfield) 2004 they were unprofessional and charged me £300 for glasses I did not need for a stigma I do not have. When I complained they just shrugged and said eyes change.
Excellent service
I have attended the Westbourne road practice for a number of years now and have always had 1st class service from optometrist and staff
Excellent efficient saw GP 8.20am and opticians at 10.20am
I have received prompt professional kind courteous treatment as Angela Barraclough opticians and would recommend them to anyone
Prompt and efficient
I appreciated being seen at short notice for a foreign body in my eye
Dealt with speedily and efficiently
A very good service throughout
I received very good attention
Was advised to attend A&E if a "curtain" appeared over the eye
I was very pleased with the service and in fact preferred to be seen by the optician I felt the assessment carried out was fantastic much better than what my GP could have done as the optician is a specialist in eyes couldn't have asked for better
I am waiting for the removal of a cataract on my right eye left eye done a few years ago
All these who work or assist at this practice always show one great kindness and demonstrate impeccable efficiency
I was referred to my GP who in turn referred me to the eye clinic at HRI - all in one day which I thought was excellent service
I would use the service again I feel it decrease pressures on GP surgeries and A&E
First class treatment in every aspect

I found Angela Barraclough optometrist very good and helpful
Everything excellent and reception and shop
I used the new pears service and was very pleased with the service I received considering I am not a patient there. The optometrist was very friendly and explained things clearly and reassuringly so impressed I'm considering making this my new optometrist. Very positive experience
The treatment/service I received from Mr Lomas optometrist was first class especially as it was at short notice he took the time out to explain everything to me putting me at ease
I was surprised and please with this service I didn't know such a service was available
I have a hearing problem, wearing hearing aids and found myself having to ask the optometrist to speak up. Although the service in this instance was suitable I would like to state my objections as what I see as further privatisation of the NHS
I have always had excellent service from Cotlers and would not go to any other optician
I felt relieved to have my symptoms diagnosed and to know they were not serious
Dr Hurst saw me at very short notice he was able to reassure me about my eye problem extremely good service
Thank you
Very grateful for prompt attention and examination
I was treated very courteously and pleasantly
This was a most wonderful service and has allowed me to have a worry free Christmas - sudden trauma to one eye in the weekend before a bank holiday - courteous an professional service and very clear help about what to do next - please make sure it continues
Mr Thornton and Mr Wright gave service of quality as usual
I regard my eye problem (cataract) urgent feeling tired all the time and blurring very unpleasant
Direct referral by the optometrist seems much more efficient than referral via my GP which was necessary for a previous cataract operation in Feb 2010 - the optometrist appointments gives me more time for discussion
I felt very happy to have a reason for my eye sight deterioration
I have used this service for many years and always had most excellent treatment and consideration
First class service
Very helpful articulate and knowledgeable optician. Did not feel like a number as I often feel within the NHS nowadays
What an excellent idea to be an optician than que in A&E I received first class service thank you
They saw me straight away and were very good
My problem was quickly dealt with
Excellent service
The appointment was for my son, age10
Made me feel relaxed and explained everything very nice man and would gladly go back if any more problems
Very quick to be seen a good idea to be seen there rather than at doctors makes more sense he did a very thorough check
Well pleased with the service
I was treated very promptly and professionally and was glad I went to see optician
I would recommend my optometrist to anyone
I have always received excellent services from smith and Hughes opticians for many years
Excellent service a very competent reliable optometrist my husband and I have Dr Griffiths clients for many years and given the utmost care and attention to detail
Q2 misleading as the examination was undertaken by optometrist but not treated, due to nature of problem

Appendix 6 – Glaucoma Screening

1. How long did it take to get an appointment for your test?			
Answer Choice		Response Percent	Response Total
1	Less than seven days	60.8%	76
2	One to two weeks	27.2%	34
3	Three to four weeks	8.8%	11
4	More than four weeks	3.2%	4
<i>answered</i>			125
<i>skipped</i>			2

2. How long after your appointment time did you have to wait to be see?			
Answer Choice		Response Percent	Response Total
1	Seen on time or earlier	68.3%	84
2	Waited up to 15 minutes	27.6%	34
3	Waited up to 16 - 30 minutes	2.4%	3
4	Waited up to 31 minutes - one hour	0.0%	0
5	Waited more than one hour	1.6%	2
6	Not sure	0.0%	0
<i>answered</i>			123
<i>skipped</i>			4

3. How did you travel to your appointment?			
Answer Choice		Response Percent	Response Total
1	Car	62.7%	79
2	Bus	11.9%	15
3	Walked	22.2%	28
4	Taxi	2.4%	3
5	Other	0.8%	1
<i>answered</i>			126
<i>skipped</i>			1

4. Did you experience any problems attending your appointment?			
Answer Choice		Response Percent	Response Total
1	Yes definitely	0.8%	1

2	Yes to some extent	0.0%	0
3	Not sure	0.0%	0
4	No	48.0%	61
5	Not at all	48.8%	62
6	Please state:	2.4%	3
answered			127
skipped			0

Three people stated they experience problems whilst attending their appointment, see below;

- My bus arrived late so was late for my appointment
- Some days find it hard to walk up a short hill for bus or I have to have a taxi
- Had to walk - thong lane not gritted. Pavements 'packed-ice' - no attempt clear (all the way into Holmfirth)

5. How well did the person you saw explain everything to you, including any treatment that you might need?			
Answer Choice		Response Percent	Response Total
1	Very well	89.7%	113
2	Fairly well	8.7%	11
3	Can't say	0.0%	0
4	Not very well	1.6%	2
5	Not very well at all	0.0%	0
answered			126
skipped			1

6. If you had any questions did you get answers that you could understand?			
Answer Choice		Response Percent	Response Total
1	Yes definitely	93.4%	114
2	Yes to some extent	4.9%	6
3	No not everything	1.6%	2
4	No definitely not	0.0%	0
answered			122
skipped			5

7. Overall did the service meet your needs?			
Answer Choice		Response Percent	Response Total
1	Yes completely	94.3%	116
2	Yes to extent	4.1%	5
3	Not sure	0.8%	1

4	No	0.8%	1
5	No not at all	0.0%	0
		answered	123
		skipped	4

8. Is there anything else that could improved?			
Answer Choice		Response Percent	Response Total
1		100.0%	60
		answered	60
		skipped	67

Out of the 60 people who responded to this question the majority of those 60 people answered no whilst others said, see below;

- The appointment in Q1 only took four weeks because I insisted on a Saturday appointment
- Can't think of anything
- Didn't feel comfortable sitting at the machine. Didn't feel comfortable wearing an eye patch.
- No, excellent service
- No it was excellent and I was made to feel very comfortable about the whole experience
- Keep Dewsbury District Hospital fully open
- No, not at the opticians
- No the service I received was excellent and I would recommend boots to anyone need that extra touch
- No, everything went to plan next appointment in 6 months
- It wasn't really explained to me prior to the appointment what I would have done and why. I did my own research and own medical knowledge some people may find a leaflet useful
- Had to wait 3 weeks for glasses to arrive very inconvenient to me

Have you any other comments?			
Answer Choice		Response Percent	Response Total
1		100.0%	59
		answered	59
		skipped	68

Of the 59 people who answered this question most people said no, see other comments below;

- Travel Mirfield to Pontefract
- Staff were polite, caring and friendly and give the patient confidence
- My screening was done at Neil Kayes optician in Holmfirth
- Having gone to Specsavers in the past which I found very impersonal, this visit was so friendly and professional and attentive
- No everything fine
- Really pleased with the whole of the service

- It was much better having it at the opticians than having to travel to the hospital. Felt like a person not a number.
- Carry out Cataract operations at DDH
- I think it would be in the interest of the public to have a public toilet in the opticians. If a person is waiting for a while during an appointment a public toilet should be available. The opticians I use in Specsavers in Dewsbury and do not provide this facility.
- I do not speak English so it was very good I had someone who tested me speak my language
- Always felt comfortable, staff very attentive and good customer skills
- Before any suggestions of further test by Mr Kaye I was handed a form re glaucoma screening. This form required answers to 11 questions. I was able to look at the form for 5 minutes before I was required to attend. Then I saw an unknown man not Mr Kaye who I do not remember introducing myself. While I was required to concentrate my attention on a central point varying intensity at varying angles from the central point, each eye was tested separately. During these tests I was in a position of some strain such that I had difficulty in maintaining the required position of my forehead against a bar.
- All the staff were very friendly and helpful
- I have received very good service from the optometrist I have attended for over 20 years
- Thanks to the NHS
- I received first class service
- Happy with service
- Much prefer this quick test at the opticians than waiting for an appointment at the hospital

Please tick the age group that applies to you.		
Answer Choice	Response Percent	Response Total
1 16 - 35 years	0.0%	0
2 36 - 50 years	12.8%	16
3 51 - 65 years	40.0%	50
4 66 - 80 years	43.2%	54
5 81 or older	4.0%	5
answered		125
skipped		2

Are male or female?		
Answer Choice	Response Percent	Response Total
1 Male	40.3%	50
2 Female	59.7%	74
answered		124
skipped		3
Which ethnic group do you belong to?		

Answer Choice		Response Percent	Response Total
1	White	99.2%	123
2	Black	0.0%	0
3	Asian or Asian British	0.8%	1
4	Mixed	0.0%	0
5	Chinese	0.0%	0
6	Other ethnic group	0.0%	0
		<i>answered</i>	124
		<i>skipped</i>	3